Positive beginnings? The role of the Key Person in Early Years adult-child relationships

Submitted by Marcos Theodore Lemos to the University of Exeter as a thesis for the degree of Doctor of Educational Psychology in Educational, Child and Community Psychology in May 2012.

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I certify that all material in this thesis which is not my own work has been identified and that no material has previously been submitted and approved for the award of a degree by this or any other University.

(Signature)
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Overview

This research project aims to explore the role of the Key Person in Early Years preschool and nursery settings. The Key Person role is specified in the Early Years Foundation Stage (EYFS) guidance, and aims to provide an adult figure with which the children can form a positive and productive learning relationship.

The present study originated from previous research conducted in the same authority which looked at the experiences of children in day care settings (Day, 2010). Day (2010) identified children’s attachment needs in day care settings as being an avenue for further research, and it was from this that the present study developed.

The current study seeks to understand the role of the Key Person in terms of how relationships are formed with children in Early Years settings, and what those relationships look like on a daily basis. This is an important line of enquiry, as an understanding of Early Years, adult-child relationships can help inform effective future practice for Early Years staff, as well as enable outside professionals (such as Educational Psychologists) to design more effective means of early intervention for the children who may need additional support.

The theoretical foundations for this research lie in attachment theory (Bowlby, 1969), following the language used by the Government Guidance on the role of the Key Person. Attachment theory is used here as a basis for understanding early adult-child relationships, and the review of the literature looks at research that has explored the impact of children’s attendance in day care settings.

The project is divided into two linked research papers. In the first paper, the role of the Key Person is explored through surveying and interviewing a sample of
Early Years staff. In doing this, the following research objectives were addressed:

- To examine the approaches that Key Persons use to form relationships with the children in their care.
- To explore Key Persons’ perceptions of their role within the setting and the challenges they face.
- To examine the awareness and impact of the current government guidance on Key Person practice.
- To examine how settings organise and evaluate the Key Person role.

In the second paper, the relationships between the Key Persons and the children they care for are explored through a series of case studies. This was in order to address the following research objectives:

- To explore the relationships between particular children with adults in Early Years settings through intensive case studies.
- To examine the Key Person-child relationship by comparing Key Person-child interactions with interactions with other adults in the setting.
- To compare cases of Key Person-child relationships between children who have identified social or emotional needs and those who do not.

The findings from paper one indicated that Key Persons do not generally seem to use the Government Guidance as a primary influence on the way they build positive relationships with their Key Children. Key Persons seemed to base their practice on experiential knowledge. Furthermore, the organisation of the role in most settings seemed to indicate a more administrative focus than a focus on building specific relationships.
Paper two showed that Key Persons generally had more interactions with their Key Children than other adults had with the same children. Differences were found in the types of interactions children experienced with different adults. Relationships were reported to be close with both groups of children, with Key Persons reporting more conflict with the children identified with social or emotional needs.

It is hoped that the findings of the two linked papers will inform EP practice in relation to Early Years settings, particularly in terms of developing early intervention. From professional experience, there seems to be a large amount of diversity in the way EP services work with preschool-aged children and the professionals who support them. Perhaps further uses for the findings in this research could be to inform future collaborative working, as well as areas to which EPs can contribute their body of research knowledge.

The following document presents each study separately as individual papers, each with appendices which contain additional information on methods and data analysis. The papers are followed by the literature review, university Ethics form and the bibliography for the entire study.
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Abbreviations

EP – Educational Psychologist
EYFS – Early Years Foundation Stage
KPAS – Key Person Attachment Scale
SDQ – Strengths and Difficulties Questionnaire
SEN – Special Educational Needs
STRS – Student-Teacher Relationship Scale
1. Paper 1

1.1. Abstract

This piece of research aims to explore the role of the Key Person in Early Years settings. It looks at the approaches that Key Persons use when building relationships with the children in their care, as well as the influences of context on their approaches. Data were obtained from 44 participants in eight settings within a Local Authority in the East of England. All participants completed a survey which gathered their views on elements of Key Person practice. Eleven Key Persons from the original sample then went on to participate in individual, half hour interviews with questions based on the survey items. The findings indicate that the majority of Key Persons value experiential knowledge as a main influence over their methods of approach when building positive relationships with children. Government Guidance was cited by 6.8% of Key Persons as being the factor which most influences how they form positive relationships with the children in their care. Key Person knowledge of attachment theory was inconsistent, with many interviewees having a basic understanding. Development of Key Persons’ knowledge in this area might be a useful addition to future training opportunities, as well as tailoring courses to take advantage of the preference for experiential forms of knowledge.
1.2. Introduction

The UK government currently provides free, part-time Early Years education for all children from the age of three years until they enter school. This is usually the September following their fourth birthday (Department for Education, 2011). Children can have access to more time in Early Years education if they have identified Special Educational Needs (SEN), or if their parents pay additional fees to the provider. Provision is also available for vulnerable children and children with SEN identified by their local authority, to start early education from the age of two years.

It is clear from this that the government places a high value on the early education of children, as demonstrated by the incentives for parents to enrol their child in a preschool or nursery. This is supported by a longitudinal study funded by the DfES into the importance of early education (Sylva, Melhuish, Sammons, Siraj-Blatchford and Taggart, 2004). Sylva et al (2004) reported that children who attended preschool experienced benefits in their development compared to those who did not attend, and that the quality of the interactive relationships with staff had an impact on outcomes. It is worth noting here that since this report, the Early Years Foundation Stage (EYFS) has seen revisions (the current version was published in March 2012 to take effect from September 2012).

Whether in recognition of the potential benefits, or due to increasing financial need for both parents to be in employment, the Childcare and Early Years Providers Survey (Office of National Statistics, 2010) recorded that the number of providers offering full day care in England has increased by 77 per cent since
2001. This has occurred alongside a reduction of 39 per cent in sessional care (where a session is up to 4 hours). This reduction appears to be due to this increase in full day care, where parents are demanding more hours. This is supported by evidence showing that 18 per cent of full day care providers had changed from offering sessional care, with the majority reporting that this was due to parental demand. Of course, it is difficult to infer a causal factor for the increase in parental demand, as the statistics for employment in households with dependent children remain fairly static in recent years. These statistics are general though, and do not really provide an indication of the situation for households with children below five.

The above description sets the context in which the current study is placed. Whilst it is noted that there are many questions that can be raised regarding the provision of appropriate early education and the degree to which participation is beneficial for the child (at the expense of time spent at home, particularly in the instance of families who are able to care for their children), this study focuses on the issues surrounding relationships. Specifically, the relationships the adults develop with the children in Early Years settings.

**The Key Person**

Before moving on to look at the theoretical underpinnings and current guidance, it is important to define what is meant by the term “Key Person”, and how this differs to the similar term; “Key Worker”. The “Key Person” role is to build positive relationships with particular children, and work closely with the families of those children. The term “Key Worker” refers to a role which involves communicating with different professionals to ensure that services coordinate,
and to work at a more systemic, strategic level within nurseries (Elfer, Goldschmied & Selleck, 2005). The "Key Person" role is the focus of this particular study.

The current government guidance on the role of the Key Person seems to place great weight on attachment theory as a driving point for the development of positive relationships in the Early Years. It is important to note that this research does not seek to examine different “attachment types”. Rather, it seeks to understand the adults’ perceptions of their roles in Early Years settings and the ways in which they ensure positive experiences for their key children. However, attachment theory, as the theoretical foundations of this study, cannot be ignored.

John Bowlby’s (1969) theory of infant attachment sought to understand the relationships between infants and their caregivers. Further developments through Bell and Ainsworth’s (1970) Strange Situation led to the identification of attachment types, and a plethora of studies researching the relationships between these types and a child’s future development.

Recognition of the impact of early attachments on outcomes for children as they develop is well established as noted by Thompson (2008). Thompson looks at factors most directly associated with Bowlby’s original ideas, for example; relationship functioning, emotional regulation and social-cognitive capabilities. The conclusion is that the literature continues to support the argument that children labelled as ‘securely attached’ experience more positive outcomes in many areas. Thompson notes that the reasons behind this are not clear, though he draws attention to the literature which suggests sensitivity is an important
factor. This may be quite relevant to understanding the relationships between Key Persons and children in Early Years settings, as the Key Person’s sensitivity to the child’s needs may be paramount to the dynamics of their relationship.

**Current guidance and the EYFS**

As mentioned previously, attachment theory appears to have had a rather significant impact on current guidance, policies and practice with children and young people (Slater, 2007). It is also integral to the work of agencies such as Sure Start and social care. In order to understand what some practitioners may already know, it seems important to review some of the guidance that the government provides for early education settings. The Department for Education have recently changed the information on their website; however, following a recent consultation on the EYFS, there does not seem to be any indication of significant change to the Key Person role. Information previously available stated that:

- “A Key Person helps the baby or child to become familiar with the setting and to feel confident and safe within it.

- A Key Person develops a genuine bond with children and offers a settled, close relationship.

- When children feel happy and secure in this way they are confident to explore and to try out new things.
• Even when children are older and can hold special people in mind for longer there is still a need for them to have a Key Person to depend on in the setting, such as their teacher or a teaching assistant.” – National Strategies (n.d.)

These guidelines came under the “Positive Relationships” principle, and whilst online access to this has now been archived, the translation of these points in to practice formed the initial focus of this piece of research. Due to this, they have remained within this paper.

It is important to acknowledge here that the initial literature review (section 5, page 159) missed some key terms; specifically “Key Person” and “Key Worker”. This resulted in an important literature review being missed that had been completed by Evangelou, Sylva, Kyriacou, Wild, and Glenny (2009).

The purpose of this review was to update and inform the evidence base behind the EYFS, and it includes sections on attachment, which link in to resilience and the literature surrounding the impact of day care on personal, social and emotional development.

Evangelou et al (2009) then go on to describe the “enabling contexts” of children’s development, highlighting the importance of positive, dyadic, adult-child relationships.

Whilst research surrounding the role of the Key Person is sparse, Ofsted (2009) have highlighted some of the best Key Person practice they had seen and what they felt was important in maintaining an outstanding service. Some of the themes they identified as important centred on the Key Person’s interactions with the child’s family, knowledge of each individual in their care, and a passion
and interest in children’s development. However, there may be considerable variation in how the role is implemented, evidenced by Sylva et al (2004), who reported diversity in the provision provided by preschool settings.

It would seem important then, from the issues discussed above, to understand the role of the Key Person from the practitioner’s perspective, particularly in terms of the service they deliver and the factors that they prioritise.

**Rationale**

Part of the rationale behind this research comes from the most recent edition of the British Psychological Society’s Educational and Child Psychology journal, which is on attachment. In the editorial, Grieg, Munn and Reynolds (2010) survey a sample of Educational Psychologists (EPs) on their practice in relation to attachment theory. They found that all respondents agreed that dealing with attachment difficulties should be part of the EP’s remit. This appears contrary to Slater’s (2007) claim that many EPs remain “sceptical” to the relevance of attachment theory in practice. Whilst it is clear that Grieg et al (2010) provide the more current view on this, it must also be recognised that their sample may not be representative of all practitioners, with the possibility that a substantial number still question the worth of the theory.

Randall (2010) emphasises the role of the EP in supporting the development of secure attachments in children. She suggests that the main areas for EP involvement lie in training opportunities which aim to develop practitioner’s skills. Specifically, a focus on developing strategies, the implications of attachment theory on practice, and developing practitioner’s reflective abilities, are highlighted. However, from reading Randall’s paper, it still appears to
convey a predominantly deficit model, which assumes most of the work to be
done is to support children presenting with difficulties. If we are to consider the
many levels on which the EP can work (Cameron, 2006), “dealing with
attachment difficulties” could potentially be a proactive approach as well as a
reactive approach. We have established earlier that the research indicates the
importance of early attachments (Thompson, 2008), therefore, it seems logical
to explore the current provision in the light of providing the best possible
opportunities for positive relationships to occur.

The rationale, built from the topics discussed in this introduction, is to further
serve the goal outlined in Randall’s (2010) paper. This goal is to support the
development of positive relationships between adults and children so as to
promote the positive outcomes that have been identified by the literature. This
research seeks to do this from a positive standpoint, not assuming the presence
of a deficit. Subsequently, the exploration of current practice will seek to
enhance practitioners’ understanding of what is happening in Early Years
settings and shed some light on the potential for EP involvement at a more
systemic level.

Furthermore, there appears to be a lack of research surrounding the role of the
Key Person. The importance of understanding this role may be of benefit to
more stakeholders than just those who perform it on a daily basis. Arguably,
anybody who works with Early Years settings may find this research to be of
use. For Educational Psychologists (EPs), knowing more about the role of the
Key Person may serve to better facilitate collaborative work and early
intervention for preschool children. Preschool work currently appears to be
underdeveloped in many authorities, with schools receiving the bulk of EP time.
A proactive and preventative approach may be to encourage the exploration of collaborative working models and increased preschool involvement, and this can begin with improving our understanding of the people and environments in which we seek to become more involved.

1.3. Methodology and Aims

1.3.1. Research aims and objectives

The aim of this piece of research was to explore the role of the Key Person, particularly with reference to the approaches they use when building relationships with the children in their care.

As a result of the above aim, the objectives for the first part of the study were as follows;

- To examine the approaches that Key Persons use to form relationships with the children in their care.
- To explore Key Persons’ perceptions of their role within the setting and the challenges they face.
- To examine the awareness and impact of the current government guidance on Key Person practice.
- To examine how settings organise and evaluate the Key Person role.

1.3.2. Epistemology, Ontology and Methodology

The overall study has mixed methodologies, as each paper takes a different main methodological approach to each set of research objectives. This reflects
a critical realist philosophical stance (Robson, 2002; Patomaki & Wight, 2000) that is flexible about the methodological approaches adopted. Critical realism assumes that there are underlying mechanisms which are inferred from actual events and phenomena, which can exist outside people’s experience (Robson, 2002). Knowledge is constructed in a social context and is influenced by values and assumptions, implying a theory of knowledge that recognises contextual influences.

In this paper, a survey methodology has been used in order to gather views and attitudes, and this was supplemented by collecting qualitative data through interviews. The main aim of this paper is to develop knowledge which is more generalisable rather than illuminative through a mixed-methods approach to the data collection and analysis.

1.3.3. Design

It is assumed that the knowledge necessary to address the objectives can be found in the views and experiences of Key Persons in Early Years settings. In order to seek a broad range of experiences within the given time constraints, a survey method combined with focussed interviews was selected. The survey contains both quantitative and qualitative items, which allowed Key Persons the opportunity to indicate their views in different ways. The semi-structured interviews then provided an open environment for issues to be discussed in greater depth. The knowledge resulting from this is a reflection of Key Persons’ perceptions of their role pertaining to the above research objectives. This has led the research to take on a mixed methods design, incorporating both the quantitative and qualitative elements mentioned above.
The survey was distributed to a sample of Key Persons working in nursery and preschool settings. The survey was then followed up by semi-structured interviews with a smaller sample of the survey respondents. The following section describes in detail the sample of participants and the data collection methods used.

1.3.4. Sample

Eight Early Years settings from two towns and a village within an authority in the East of England were sent copies of the Key Person Survey. The settings were selected due to their links to the researcher and the local Educational Psychology Service. This was in order to maximise responses based on the positive relationships already established between the researcher and the staff in the settings. Most of the settings catered to children aged three to five years, with a couple of settings accepting children from the age of two years. Of the two towns, one was a large, with a population of around 170,000; the other was a coastal town with a population of around 50,000. The village has a population of around 8,000.

A total of 60 surveys were sent out and were allocated based on the reported number of Key Persons in each setting. Forty-four surveys were returned, of which there were 42 female respondents and two male respondents. The mean age of respondents was 38.6 years (ranging from 19 to 63 years) and the mean length of practice was 5.75 years (ranging from three months to 20 years).

For the interviews, 11 Key Persons from six of the above settings agreed to participate. This still included representatives from both towns and the village. Ten of the participants were female and one was male.
1.3.5. Materials

The Key Person Survey was designed to address aspects of the research objectives through a series of 18, self-report items. Twelve items required a response on a five-point Likert scale (Likert, 1932, cited by Robson, 2002). The Likert scale was selected due to the usefulness of the bi-polar rating scale in the measurements of attitudes (Robson, 2002). Of the remaining six items in the survey; one asked Key Persons to rank a number of factors in order of what they felt were the most influential on their practice, three were qualitative, one required a yes or no response and one sought the Key Person’s length of practice (an example of the survey can be found in appendix 1.6.3, p. 58). The questions were created from a conceptual map (appendix 1.6.3, p. 57) which identified key lines of inquiry from the research objectives.

The survey and interviews were piloted informally in a setting with seven Key Persons, who were each given a copy of the questions and their views sought on the content.

Each interview was semi-structured, so that staff had the opportunity to express their individual feelings and opinions (King, 1994, cited by Robson, 2002). This was addressed through five main, open questions which were based on the items in the survey. The reason for basing the questions on the survey items was so that the interview responses could add further meaning to the quantitative data (King, 1994, cited by Robson, 2002). Within each question were a number of prompts to explore certain issues if they were not raised independently by the participant. An example of the full interview schedule can be found in appendix 1.6.2 (p.62). The interview used a format of open
questions, prompts and probes to draw information from participants on the topics being explored (Robson, 2002).

The semi-structured approach meant that questions could be changed and answers further explored, depending on what was raised during the interview and on whether the original wording was understood (Robson, 2002). However, the extent to which this was possible was limited by time constraints.

Questions on attachment were included in the interview due to the focus given on attachment theory in the Government Guidance on the role of the Key Person (National Strategies, n.d.). An example of the literature taken from the National Strategies website (n.d.) outlining the role of the Key Person was used as a basis for reference. This information is the same as that given on the cards provided with the EYFS (2007), although presented in a different format.

The theoretical foundations for both the survey and the interview schedule drew from Personal Construct Psychology (The Centre for Personal Construct Psychology, 2009). This was applied in generating aspects such as the ranking of influences in the survey, and the design of questions exploring participants’ individual perceptions of the Key Person role (Gucciardi & Gordon, 2008).

1.3.6. Data Analysis

Quantitative survey data were inputted into the Statistical Package for Social Sciences (SPSS), and item response frequencies were produced. Qualitative survey responses were recorded and then recurrences were tallied in order to identify frequencies.
All interviews were fully transcribed and then loaded into Nvivo qualitative analysis software. An example of a transcribed interview can be found in appendix 1.6.1 (p. 48). Initial codes were established from the research objectives, which then led into a thematic analysis of the content using methods identified by Braun and Clarke (2006). This involved six stages of data analysis; becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report (Braun and Clarke, 2006). The evolution of the data through these six steps is described in more detail in appendix 1.6.4 (p. 64).

1.3.7. Ethical considerations

The Key Persons were informed in the survey instructions that completing the items was indication of their consent to participate. Key Persons participating in the interviews signed formal consent forms. All participants were made aware that their responses would be treated confidentially, and that details of both individuals and settings would be protected.

1.4. Findings

The following section will report the findings of both the survey and the interviews alongside each other. This will be done under subheadings which reflect the research objectives.
1.4.1. The approaches that Key Persons use to form relationships with the children in their care

Key Persons were asked to identify the factors which had the most influence on their practice when forming positive relationships with their Key Children. A list of five factors was given, and Key Persons were asked to rank these factors in terms of the impact they have on their practice. Key Persons were also given the opportunity to add any additional influences that they felt impacted their practice.

Table 1a: Factors influencing Key Person practice (n=44)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Ranked 1st (%)</th>
<th>Ranked 2nd (%)</th>
<th>Ranked 3rd (%)</th>
<th>Ranked 4th (%)</th>
<th>Ranked 5th (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience</td>
<td>56.8</td>
<td>36</td>
<td>2.3</td>
<td>4.5</td>
<td>0</td>
</tr>
<tr>
<td>Ethos of the setting</td>
<td>43.2</td>
<td>31.8</td>
<td>6.8</td>
<td>13.6</td>
<td>4.5</td>
</tr>
<tr>
<td>Personal Beliefs</td>
<td>20.5</td>
<td>11.4</td>
<td>43.2</td>
<td>11.4</td>
<td>13.6</td>
</tr>
<tr>
<td>Government Guidance</td>
<td>6.8</td>
<td>20.5</td>
<td>25</td>
<td>22.7</td>
<td>25</td>
</tr>
<tr>
<td>Literature on early relationships</td>
<td>6.8</td>
<td>15.9</td>
<td>50</td>
<td>20.5</td>
<td>6.8</td>
</tr>
</tbody>
</table>

% in Bold is modal rank

Table 1a shows that experience was most frequently ranked as being the most influential factor in Key Person practice when building positive relationships. The ethos of the setting was also ranked highly. Very few Key Persons ranked experience under third place, with nobody ranking it as fifth. Government Guidance and literature on early relationships were both ranked first the least frequently, with Government Guidance ranking fifth the most frequently.
Table 1b: Additional influences on Key Person Practice

<table>
<thead>
<tr>
<th>Influence</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Partnership</td>
<td>11</td>
</tr>
<tr>
<td>Training</td>
<td>4</td>
</tr>
<tr>
<td>Colleagues</td>
<td>2</td>
</tr>
<tr>
<td>Cultural festivals</td>
<td>1</td>
</tr>
<tr>
<td>Children’s happiness and safety</td>
<td>1</td>
</tr>
<tr>
<td>Health and safety</td>
<td>1</td>
</tr>
<tr>
<td>Child protection</td>
<td>1</td>
</tr>
</tbody>
</table>

Nineteen participants felt that there were additional influences over those specified in table 1a (see table 1b). It is important to note here that whilst a large proportion of these responses indicated the importance of Parental Partnership to their practice, the majority of these responses came from two particular settings which are run by the same governing body. It therefore might be worth considering this as evidence of the impact of setting ethos on the practice of staff.

Parental partnership was highlighted by two of the participants at interview, and seemed to serve the purpose of providing the Key Person with regular information relating to the child’s needs:

“...they might have something that their mum has written down in their report to say oh the child likes tractors, so to calm that child you can start talking about tractors...” – Participant 8

The quote above highlights the use of this in the context of developing a relationship with the child. The Key Person has gathered information regarding the child’s interests from the parents so that it can be used as a tool for facilitating a positive interaction in the setting. Despite it occurring most frequently as an additional influence in the survey, it was less frequently cited at interview, with two out of 11 participants mentioning it. The most commonly cited influences at interview are shown in table 1c.
Table 1c: Descriptive accounts related to influential factors derived from analysis of interviews (n=11)

<table>
<thead>
<tr>
<th>Influential Factor</th>
<th>Description</th>
<th>Number of sources (out of 11)</th>
</tr>
</thead>
</table>
| Experience                 | This was most frequently cited as being an important influence on Key Person practice, as demonstrated by the following quote;  
  “I think experience is key, and like, when I first came into this job, I would like look at people around me that had had that experience in child care before...” – Participant 9 | 9                             |
| The child's emotional well-being | This included making sure the child was happy and having fun. Key Persons emphasised the importance of the environment in making this happen. Within this were examples of what were coded as “Child Centred Practice”; emphasis by the Key Person of the child as an individual and having a voice.  
  “…make the child feel comfortable, getting down to their level, just being there, letting them know that you’re their Key Person...” – Participant 4 | 5                             |
| Training                   | Key Person's felt that input from courses that they had attended had an impact on their practice.  
  “I've gained a lot, say, by going on training courses” – Participant 7 | 5                             |
| Personal attributes        | This refers to Key Persons indicating aspects of themselves that helped them build relationships. These included being fun, warm, friendly and having an open attitude.  
  “We try to be warm and friendly” – Participant 1 | 4                             |
| The child's development    | This factor included practice aimed at making sure the child was progressing as a learner, in all aspects of their development.  
  “To be a good role model... ... we give praise and encouragement, and umm, you know, to lead them to be, as I said, confident learners.” – Participant 3 | 3                             |
| Intuition                  | Some Key Persons felt that being able to build relationships came “naturally” to them, a concept demonstrated by this quote;  
  “I don’t know I think it’s just a natural thing... ...I have a natural affinity with children and love them and whether it’s a mother thing I don’t know.” – Participant 5 | 3                             |

It should be noted here that there was considerable variation in the responses given by participants during the interview. Some of this appeared to be due to
the understanding of the interview questions, and so questions were often reworded in order to seek the information needed. The responses were coded and a number of influences on the way Key Persons built relationships were identified (see Table 1c).

Additional to the factors shown in Table 1c, seven more influences were mentioned by Key Persons. However, those from two sources or less have not been included in this table due to word limits. A table containing the remaining identified influences can be found in appendix 1.6.5 (p. 68).

The importance of experience took on a couple of dimensions in the reports of Key Persons. There was the overall belief that time spent in the setting with children was imperative to their practice, but there was also recognition of other aspects of experience, such as learning from more experienced colleagues. Furthermore, a number of Key Persons highlighted that they had children of their own, indicating this as a further source of their experience.

In response to the research question that this section is addressing, the evidence suggests that Key Persons most frequently employ their previous experiences when building positive relationships with children. Whilst the use of training courses is highlighted, literature and guidance issued by the Government both seem to have little direct impact on a Key Person’s day to day practice in this area.
1.4.2. Key Persons’ perceptions of their role within the setting and the challenges they face

Key Persons were asked in the survey to write down what they felt were the most important things they did each day. All participants responded to this question. The responses were then coded for themes, and the frequency of each theme was recorded.

Table 1d. Most important elements of Key Person daily practice (n=44)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Participant response (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care/meeting needs</td>
<td>48</td>
</tr>
<tr>
<td>Liaise with parents</td>
<td>34</td>
</tr>
<tr>
<td>Interact with children</td>
<td>30</td>
</tr>
<tr>
<td>Promote development/Supporting learning</td>
<td>30</td>
</tr>
<tr>
<td>Support Children emotionally</td>
<td>27</td>
</tr>
<tr>
<td>Observe children/monitor development</td>
<td>25</td>
</tr>
<tr>
<td>Safety</td>
<td>23</td>
</tr>
<tr>
<td>Play with the children</td>
<td>22</td>
</tr>
<tr>
<td>Greet children</td>
<td>18</td>
</tr>
<tr>
<td>Build positive relationships</td>
<td>11</td>
</tr>
<tr>
<td>Planning</td>
<td>5</td>
</tr>
<tr>
<td>Carry out daily routine</td>
<td>5</td>
</tr>
<tr>
<td>Share information</td>
<td>2</td>
</tr>
<tr>
<td>Encourage positive behaviour and good self esteem</td>
<td>2</td>
</tr>
</tbody>
</table>

It is important to note that when looking at the data in Table 1d, there was not an even distribution of Key Persons between each setting. Context and community had an effect on the data also, which may reflect in the general frequencies of each factor.

Table 1d indicates that almost half of the sample (48%) felt that meeting the needs of the child in the context of care was the most important thing they did each day as a Key Person. Liaising with parents, interacting with the children, and supporting their developmental and learning needs were also some of the more frequently cited tasks of importance.
At interview, participants were first asked what they felt was the most important thing they do each day, and then this was followed by asking if there was anything else they did which was important.

The primary factors (those mentioned with the first question) identified by Key Persons at interview (in order of frequency cited) were; interacting with the children, ensuring the child’s emotional well-being, caring for the child (providing food, drink and toileting), monitoring development, promoting development, general support (being there for the child), making sure the child is safe, and liaising with parents.

The secondary factors (those mentioned in the follow-up question) identified by participants at interview (in order of frequency cited) were; monitoring development, promoting development, safety, liaising with parents, providing general support, ensuring the child’s emotional well-being, caring for the child, and supporting the other adults in the setting.

It seems that Key Persons generally considered interacting with the children and ensuring their well-being as being the most important aspects of their jobs. The order of responses suggests that these were thought of quicker than responsibilities relating to child development. A distinction has been drawn between monitoring development and promoting development in that the former relates to completing paperwork and observations, whereas the latter relates to providing opportunities to support learning or the acquisition of skills.

Table 1e shows that the majority of survey respondents (81.8%) strongly agreed that forming positive relationships with their Key Children was the most important aspect of their work. None disagreed with this; however a small
percentage responded neutrally (2.3%). Interestingly, in a separate item, around 13% of respondents felt that supporting learning was more important than forming relationships, which could indicate either a lack of internal consistency in the items or some shifting in individual Key Person attitudes.

There was a greater variation in response surrounding the Key Person’s time to form positive relationships, and this was also reflected in the interview responses. Whilst the majority of respondents felt they had sufficient time, around a fifth of respondents were neutral or disagreed. At interview, respondents generally felt that they had enough time, but there were conflicting opinions as to what an “ideal” number of Key Children should be, ranging from around three children up to 15. It should be considered that not all Key Persons interviewed were full-time members of staff. However, there seemed to be a disproportionate increase in numbers of Key Children irrespective of working patterns. Some Key Persons reported having additional responsibilities which impacted on the number of children they were responsible for, such as being Special Educational Needs Coordinator (SENCo) or having a management role.
Table 1e. Key Person survey response frequencies (n=44)

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree (%)</th>
<th>Agree (%)</th>
<th>Neutral (%)</th>
<th>Disagree (%)</th>
<th>Strongly Disagree (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forming positive relationships with the children in my care is the most important aspect of my work</td>
<td>81.8</td>
<td>15.9</td>
<td>2.3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I feel that the role of the Key Person in the day care setting should be more towards meeting learning objectives than forming positive relationships with the children</td>
<td>2.3</td>
<td>11.4</td>
<td>40.9</td>
<td>38.6</td>
<td>6.8</td>
</tr>
<tr>
<td>I feel I have sufficient time in my setting to develop a positive relationships with all the children that I am Key Person for</td>
<td>31.8</td>
<td>43.2</td>
<td>18.2</td>
<td>6.8</td>
<td>0</td>
</tr>
<tr>
<td>I find it challenging to form positive relationships with the children in my care as well as support their learning through the EYFS</td>
<td>2.3</td>
<td>11.4</td>
<td>40.9</td>
<td>38.6</td>
<td>6.8</td>
</tr>
<tr>
<td>The other Key Persons in my setting perform their role in a very similar way to me</td>
<td>18.2</td>
<td>65.9</td>
<td>13.6</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Most survey respondents seemed to indicate that forming relationships with children as well as supporting their learning did not present a challenge, and this was reflected at interview. The paperwork associated with the role (such as keeping a Learning Journey) was the most frequently reported challenge, mentioned by eight of the 11 interview participants. This seemed to be regardless of the number of Key Children they had. Other more frequently mentioned challenges included ensuring time was spent with each Key Child, additional responsibilities (such as SENCo or managerial roles) and factors related to managing the children in setting (such as organising snack times and participation in activities).
Key Persons were also asked at interview about whether they felt their role had changed, whether it might change in the future, and what might cause it to change. Most Key Persons recognised change in the role and the capacity for it to change further. Interestingly, Key Persons cited Government influence most frequently as a driver for change, with experience and training also prominent factors.

The sample of Key Persons represented by the survey seems to mostly perceive their role as that of a carer. Furthermore, participants at interview seemed to feel their role was to interact with the children and support their emotional well-being, which could also be seen as indicative of a carer role.

Whilst recognised as an important part of the role, monitoring and supporting development both appeared as relatively “mid-range” factors.

1.4.3. The awareness and impact of the current government guidance on Key Person practice

Forty two of the 44 respondents in the survey reported that they were familiar with the Government guidance on the role of the Key Person. At interview, eight of the respondents reported that they were aware of the guidance, but only two of these answered with confidence. The remaining six gave responses indicating that they may have seen the guidance, but might not be able to describe the details, as shown in the following typical quote:

“I have probably read the literature somewhere” – Participant 5

The remaining three Key Persons reported that they were not aware of the guidance. The discrepancy here between the survey responses and the
interview responses (a difference of one) is caused by one of the interview participants changing her mind, from saying in the survey that she was aware, to saying in the interview that she was not:

“I did say yes initially and then I think no, I'm actually not, I'm not sure if I am...” – Participant 9

At interview, the Shared Care aspect of the guidance was most frequently cited as most useful, alongside using the guidance as a set of general guidelines.

“Umm, the sharing, shared care, that's because obviously the parents are bringing the children in to us and we are then caring for their children with the fullest standard as they would expect really.” – Participant 8

In the survey, 36% of Key Persons in the sample responded to the item asking them what they felt was most useful. The majority of these respondents felt that all aspects of the EYFS documentation were useful, with a smaller number citing the guidance on the role of the Key Person and the material on developing and maintaining links with parents. This is shown in Table 1f.

Table 1f: Aspects of the Guidance that Key Persons found most useful based on interview analysis

<table>
<thead>
<tr>
<th>Aspect of Guidance</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>The EYFS documentation (as a whole)</td>
<td>5</td>
</tr>
<tr>
<td>Guidance on Key Person and role in child development</td>
<td>3</td>
</tr>
<tr>
<td>Parental links</td>
<td>3</td>
</tr>
<tr>
<td>That children learn to be independent from a base of</td>
<td>2</td>
</tr>
<tr>
<td>loving and secure relationships with parents and key</td>
<td></td>
</tr>
<tr>
<td>worker</td>
<td></td>
</tr>
<tr>
<td>Effective practice section</td>
<td>1</td>
</tr>
<tr>
<td>Cards</td>
<td>1</td>
</tr>
<tr>
<td>Six areas of learning and policy</td>
<td>1</td>
</tr>
</tbody>
</table>

From the survey and interview responses described above, it could be inferred that Key Persons do not refer to the guidance particularly frequently, and the impact on their practice might not be very high. This is supported by the data in
table 1g, showing that only 11.4% of respondents “strongly agreed” that they use the guidance as a basis for their practice. The majority of the sample “agreed” or were “neutral”. Similarly, 52.3% of participants responded with neutrality as to whether they kept up to date with guidance and literature.

Table 1g. Guidance response frequencies (n=44)

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree (%)</th>
<th>Agree (%)</th>
<th>Neutral (%)</th>
<th>Disagree (%)</th>
<th>Strongly Disagree (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I use the Government Guidance in the Early Years Foundation Stage (EYFS) as a basis for my role as a Key Person.</td>
<td>11.4</td>
<td>38.6</td>
<td>36.4</td>
<td>6.8</td>
<td>0</td>
</tr>
<tr>
<td>I keep myself up to date with the research and Government Guidance on child-adult relationships.</td>
<td>0</td>
<td>43.2</td>
<td>52.3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The Government Guidance given on the Key Person role in the EYFS is appropriate for the job that I feel I am doing in the setting.</td>
<td>2.3</td>
<td>61.4</td>
<td>31.8</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The interview sample also seemed to reflect the survey data in suggesting that participants seemed to find it difficult keeping up to date (Table 1g). A minority of the sample reported that they were proactive, but the majority cited time as a barrier and also that somebody else in the setting was responsible for sharing new information.

This was also reflected in the responses to the attachment questions, where the majority of Key Persons provided what might be termed as “common sense” responses to the items. Two of the participants cited well-known researchers (Mary Ainsworth and John Bowlby) in attachment theory as sources of their understanding of the term “secure attachment”. However, many of the other Key
Persons cited experience, intuition and common sense as the sources of their understanding:

“I think it's common sense to be honest, you know, I think a lot of it's common sense and experience because you get to know, you know, if a child's, you will get to know over the time what might phase a child, what might make them feel unsettled...” – Participant 3

It appears from the accumulated evidence that whilst Key Persons are generally aware of the Government Guidance on their role, few say that they use it as a basis for their practice. Key Persons seem to value practical, experiential sources of knowledge over literature, and this seems in part owing to the lack of time they have available to access such materials.

1.4.4. How settings organise and evaluate the Key Person role

During interviews, each participant was asked how their setting organised the role of the Key Person. Within this, questions were asked about how children were allocated and how the role was reviewed and evaluated. Across the six settings represented in interview, all but one of the settings reported that they allocated children based on matching the days the child attended to staff rotas, spreading the load evenly across the adults. The one remaining setting reported that they tried to allocate based on child choice, where they invited the child to spend a session at the setting prior to starting and then allocated the child to the adult they seemed to interact with the most positively.

All interviewees agreed that the children under their care had the freedom to choose who they form positive relationships with, even if they did not have the freedom to choose who their Key Person was. The “shared care” aspect of the
guidance was evident in the responses given by participants, and is highlighted in this quote:

“They can, they, we’re not always with our children, we mix between all of the children so they’ve got three adults that they can form whatever bond they want with them, with us and we don’t say you have to come to me, you don’t have to go to xxx you don’t have to go to xxxx, it’s just whoever they feel they can talk to they can go to.” – Participant 11

The data in Table 1h seems to support this, with the majority of survey respondents “agreeing” or “strongly agreeing” that children are given the freedom to choose the adults they form positive relationships with.

In reference to evaluating the role, all settings reported to have team meetings. However, the frequency of these seemed to vary, with some settings offering weekly meetings and others offering half-termly meetings. All settings reported that variety of topics could be discussed at meetings; the most commonly mentioned being planning and issues surrounding individual children. Table 1h reveals that the majority of survey respondents “agreed” or “strongly agreed” that their role was reviewed in meetings, with only a minority “disagreeing”.

Key Persons indicated at interview that the main methods used for evaluating their role was through staff meetings, however three participants made reference to having appraisals with their supervisor. Also, three Key Persons indicated a level of ad-hoc peer supervision in their setting, which was also echoed by the other participants in a later question. From this, it would seem that Key Persons feel able to discuss concerns and issues with each other at convenient points during the day and not just in staff meetings or one-to-one sessions.
Table 1h. Key Person practice response frequencies (n=44)

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree (%)</th>
<th>Agree (%)</th>
<th>Neutral (%)</th>
<th>Disagree (%)</th>
<th>Strongly Disagree (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have frequent opportunities to further my professional development through training and courses.</td>
<td>11.4</td>
<td>68.2</td>
<td>15.9</td>
<td>2.3</td>
<td>0</td>
</tr>
<tr>
<td>My role as a Key Person is reviewed and discussed with other Key Persons in staff reviews and meetings.</td>
<td>9.1</td>
<td>56.8</td>
<td>27.3</td>
<td>4.5</td>
<td>0</td>
</tr>
<tr>
<td>In my setting the title of ‘Key Person’ is a formality and the children are given the freedom to choose which adults they will form positive relationships with.</td>
<td>29.5</td>
<td>36.4</td>
<td>29.5</td>
<td>4.5</td>
<td>0</td>
</tr>
<tr>
<td>I feel that I am fully supported in my development to become the best Key Person that I can be.</td>
<td>34.1</td>
<td>47.7</td>
<td>15.9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I feel I have sufficient time in my setting to develop a positive relationship with all the children that I am Key Person for.</td>
<td>31.8</td>
<td>43.2</td>
<td>18.2</td>
<td>6.8</td>
<td>0</td>
</tr>
</tbody>
</table>

Ten of the 11 Key Persons interviewed reported that they felt very supported in reference to continuing their professional development. Key Persons described opportunities to attend courses and gain further qualifications, and seemed to indicate that this was easily available to them. The remaining Key Person who felt less supported reported that:

“...I have felt let down in the past, I’ve got to say, because one minute they’re saying; oh you’re brilliant, you’re wonderful, you’re a practitioner... the next minute they’re saying; well actually, you’ve now got to train and do this, because otherwise, you’re not keeping up to date with it ... sometimes they move the goal posts so vastly, and umm, you just think, well, I’ve been doing it all these years, does that not account for anything? Because you can sit and read a book and get a certificate on something but if you haven’t actually physically done it, you know ... I don’t think that’s sort of helpful really.” - Participant 1
This comment demonstrates this particular participant’s core belief in the value of her experience and seems to indicate some frustration at the updating of policies and ways of working. It also demonstrates how practical knowledge is more valued than theoretical knowledge in Key Person practice.

It seems that there is some general consistency in the organisation of the Key Person role. Whilst there are some variations (for example, in the numbers of Key Children and frequency of staff meetings), participants indicated that the role is generally well-supported. Children generally seem to be allocated to adults based on working patterns and sessions attended, but are given the freedom to form relationships with any of the other adults in setting. The shared care element of the role was evident here, as it seems that whilst a Key Person may have a child named under them, other staff contribute to that child’s development and experience.

### 1.5. Discussion

This section will now discuss the findings that have been described in the previous section. The strengths and limitations of this piece of research will then be discussed, before the potential implications of the findings will be identified with reference to the role of the EP. Finally, there will be some discussion around opportunities for further research and closing comments.

#### 1.5.1. Summary of findings

This piece of research has explored the role of the Key Person and looked at the approaches they use to build positive relationships with the children in their
care. As stated in the introduction, in line with the research objectives, this research examined how the Government’s ideas of the role of the Key Person translate into every day practice. From the evidence collected, it seems that this question can be partly answered in this study, with further exploration in part two. This section has been divided into headings representing the research objectives so that the findings are laid out clearly.

**To examine the approaches that Key Persons use to form relationships with the children in their care**

The sample of Key Persons in this study generally drew on their experiences as practitioners when building their relationships with children. Setting ethos also seemed to form an important role in the process, indicating that upholding the values of a preschool or nursery was important. Key Persons described this as being integral to the formation of an environment in which the child can feel safe and comfortable. This seems to fit with the Government description that;

“A Key Person helps the baby or child to become familiar with the setting and to feel confident and safe within it.” – National Strategies (n.d.)

The data seems to suggest that Key Persons value practical knowledge over theoretical knowledge, which may explain why knowledge of specific theories (like attachment theory) was basic.

Within and between data sets, there seemed to be some contrary findings. Specifically, there were observed differences in the main, reported, influential factors between the survey and interview. This might suggest that the list of five
factors given in the survey might have been an over-simplistic item for assessing this.

To examine Key Persons’ perceptions of their role within the setting and the challenges they face

There seemed to be evidence of sensitivity to needs in Key Person responses at interview. This was highlighted as a possible area of importance in relationship development by Thompson (2008). Key Persons seemed to appreciate the individual needs of their children as well as perceive themselves to be carers.

Interviews suggested that Key Persons saw themselves as dynamic practitioners, with many recognising changes in their practice and predicting further changes to come. However, the exploration of change highlighted a possible contradiction among the findings. Whilst Key Persons had not ranked Government Guidance particularly high in terms of the influence it had on their practice when building relationships, it appeared to be paramount as a driver for change. Reasons for this could be due to how the question was explored, perhaps not being specific enough, or addressing another dimension of practice to relationship building. On the other hand, it could reflect a core belief that overall, the guidance provides a consistent, background factor across all settings, with more context and individual-specific factors influencing the daily, observable practice. This might suggest a model of Key Person practice which has different levels of influential factors, with Guidance and literature at the top of the hierarchy, filtering down to the more valued experiences and practical elements reported by the participants.
There also seemed to be some disparity amongst Key Persons as to the most important aspects of the role. This also varied between settings. This suggests that Key Persons might not have a particularly clear or consistent professional identity. Sylva et al (2004) noted diversity in provision between preschool settings, and inconsistencies in professional identity (leading from differences in how settings and individuals perceive the role) might contribute to this.

Keeping up with the paperwork which recorded each child’s developmental progress was the main challenge that Key Persons identified.

**To examine the awareness and impact of the current Government Guidance on Key Person practice**

Whilst most of the sample was aware of the current Government Guidance on their role, it appeared to have less impact on general practice than other factors. Key Persons had little criticism of the guidance, but seemed to feel it was basic and self-explanatory. However, as mentioned in the previous section, Key Persons seemed to feel that guidance impacted on how the role changed over time.

**To examine how settings organise and evaluate the Key Person role**

The organisation of the role is such that, whilst children are not always able to choose who their Key Person is, they can usually choose which adults they spend more time with. Child allocation was mainly organised by patterns of working rather than child preference, with the exception of one setting. This might suggest an administrative aspect to the role of the Key Person, which might also impact the way the role is used to support early relationships. Key
Persons reported that children were free to form relationships with any adult. Therefore, being the identified “Key Person” for a specific child in a setting which allocates based on working patterns and not child preference may indicate that, in those instances, the Key Person is more of an administrative formality for that child. This might mean that the key adult-child relationships are being made with other adults.

Settings held regular meetings and appraisals were mentioned, however there did not seem to be any other forms of measuring the effectiveness of the Key Person role. Children’s development is recorded through Learning Journeys, which is one way of marking progression in setting, but assessing aspects of the Key Person role specific to relationship building seemed less formal.

1.5.2. Strengths and limitations of the research

The mixed methods design of the research aimed at providing a spread of data which could address the research objectives from multiple perspectives. Whilst it did not achieve triangulation, two sources enabled convergence and divergence between data sets to be tested.

Furthermore, due to the positive relationships with some of the participating settings, it appeared that the majority of interview participants felt comfortable to provide their views openly and honestly. This may have reduced researcher effects. However, in the settings that were not familiar to me prior to the study, Key Persons may have felt more anxious at interview (this appeared to be the case for two of the participants). This might have led to different responses or less openness with the interview questions.
Whilst the survey was piloted, it might have been useful to do this on a larger scale and to then test for internal consistency between the items. Examples of conflicting responses were present in the survey, which could have resulted from issues in consistency.

Limitations on the amount of interview time meant that, in some cases, it was difficult to fully explore some issues. This, coupled with difficulty in securing a quiet, private setting for interviews to take place in, may have impacted the quality of the data that were obtained. Also, some Key Persons who had not been in the role for much time were unable to answer some of the questions. Whilst this is not a limitation of the methods used in the study, it may reflect the overall quality of the data collected. Furthermore, there were some question misunderstandings. These were addressed by rephrasing the question, but there still may have been an impact on the data obtained.

Further limitations of the research also concern some of the research materials. For example, Key Persons may have confused the “Government Guidance” and “literature” aspects of the influential factors, possibly thinking that the two are the same. This might have generated the similar responses observed in the findings. Also, the use of the National Strategies (n.d.) as a point of reference instead of the EYFS (2007) cards might have presented the subject matter in an unfamiliar light. Had the EYFS (2007) cards been used, Key Persons may have more readily recognised the guidance. This could have led to the uncertainty and perceived lack of confidence that Key Persons displayed when responding to the guidance questions.
1.5.3. Implications for practice

This research has implications for EP practice at all levels of the role identified by Cameron (2006).

Children were reported to have freedom in being able to form positive relationships with any of the adults in the setting. At the level of the child, this provides evidence that working with the child’s Key Person alone may not be as beneficial as working with a number of adults in the setting. This has implications for the attachment needs of the children, as it can be difficult for staff to remain aware of a child’s emotional needs in a group situation (Ahnert et al, 2006). This may be even more so if there is ambiguity over who is monitoring a particular child, something which could be possible if they spend proportionately more time with another adult. Identifying if the child prefers the company of another adult over their Key Person may be useful in gathering information and developing appropriate support. EPs engaging in preschool work could also ensure that interventions and strategies are useful both at home and in the setting, given the level of parental partnership indicated by participants in this research.

At the level of the setting, EPs could work with staff to develop training programmes which recognise and add context to the practical experiences that Key Persons value. Key Persons seem familiar with attachment theory, but perhaps workshops on building positive relationships and the applications of attachment theory might be a useful resource to Key Persons. This would support Randall’s (2010) aims outlined in the introduction. EPs could also work with settings to develop robust methods of evaluating the Key Person role which
could be context specific and review aspects of their relationships with their Key Children.

At the level of policy, this piece of research provides evidence Key Persons seem to value practical knowledge as opposed to theoretical knowledge. This means that it might be useful to focus on practical, reflective courses as means of delivering up-to-date research and guidance to staff. This might help ensure that they are able to access and apply it to practice more effectively. This could help the Key Person role become more consistent across settings, leading to less variation in the quality of service being accessed by families. EPs could also work with training providers to review and develop course materials which build on the experiential aspects that Key Persons seem to value.

1.5.4. Opportunities for further research

Whilst it should be considered that part two of this study explores Key Person-Child relationships in greater depth, there are still some possibilities for further research at this stage.

Increasing the survey sample, perhaps by using an online distribution, might be a starting point in an attempt to see if the views collected here are reflected at a national level. Furthermore, it might be useful to collect data from parents in order to ascertain what their views of the Key Person role are and the service they feel that they are getting.

Research into current access and training for the role might also yield an understanding of what is taught, what practical tasks are carried out and whether there is any need for development in course content and materials. It is
understood that a review of training for Early Years practitioners has recently taken place (Nutbrown, 2012).

1.5.5. Conclusions

Key Persons seem to be adaptable, motivated and engaged professionals, and it seems of paramount importance that they are fully supported in order to continue providing children with the best start in life. However, some of the evidence gathered suggests that in some instances, the label may be more of an administrative one than an indicator of a strong, adult-child relationship. Study two of this piece of research will further explore the interactions Key Persons have with their Key Children on a daily basis, with the aim of understanding more about the Key Person/Key Child relationship.
1.6. Appendices

1.6.1. Data Collected

i) Sample of Quantitative data

Figures 1 and 2 give figure samples of the SPSS data obtained from the survey.

Figure 1 shows the variable view of the data sheet that was created, and Figure 2 shows the data view. The image shows up to question 13 of the survey items, there were 18 items in total, with the remaining five out of view in the image. Examples of completed questionnaires are available on request.

Figure 1. Variable view of SPSS data sheet
Figure 2. Data view of SPSS data sheet
ii) Sample of transcribed interview

This sample is half of one transcribed interview. All interview recordings and full transcriptions are available on request.

Participant 5

R: What do you consider to be the most important thing you do each day?

P: For him specifically?

R: For the children in general you are the Key Person for.

P: I mean just being there, just be available, I mean, I'm always looking around the room, making contact with them, I'm not, I mean today was an exception in actually interacting with **** quite so much, not normally like that. So it's quite nice today. But it's the same with any of the children, I don't impose myself on them, I'll sit wherever it is, whatever it is I'm doing but at the same time my eyes are round the room and looking at them and making sure they're happy or even what they're doing so I can make notes, you know, if they're doing something that I thinks’ relevant to their development.

R: What makes this important?

P: Ooh. Well you want to see that they're developing to start really. Well if you don't take, if you don't keep your eyes on the children you can miss something so significant. Or hear something significant. Umm, because of the way that development matters is, umm, there's a lot of stepping stones in there, I still call them, that could be overlooked. And you know in your heart the child has done that, but you could miss that unless you're not watching them or listening to them most of the time.

R: Mmm, so there's important aspects of evidence then of their progression?

P: Yeah, yeah.

R: Is there anything else you do each day which is important for the children you're Key Person for?

P: Umm, well from that point of view I'm the health and safety person so I do make sure that everywhere is safe. Hence why I was going round picking up rabbit poo this morning, that's what I was doing. So you know’s coming out for the sports, I make sure that's there. Nothing’s apart from that, nothing special in particular, but its more the case if anything arises as the child arrives, I mean this morning again, that was a one off and never before has he come in and actually started crying and whether that's a-typical of children who are gonna be leaving in September, they all, quite a lot of them start having wobbles and at the moment I'm putting that down to a pre school wobble, so umm, we'll just be
there. They might not necessarily want me but umm, I'm there for any one of them who have a wobble whether they're my key child or not.

R: Mmm so you .... before they go to

P: Well if they're starting school in September, quite often the children are changing their characters. And umm, I mean they can change for the worse in their confidence as it were, they can get a bit more over confident and over enthusiastic shall we say, verbally. But they can also wobble, they'll get tearful, they won't want to leave mum and suddenly become tearful for no reason at all, which is, we’ve seen it over the years and we just call it the preschool wobble.

R: Yeah, interesting. Umm, what factors do you feel have had the most influence on the way you practice when you build relationships with children?

P: Mmmm, it just comes, I don't, I don’t specifically go out with any ideas or ideals, and as I say I don’t impose myself on any child, we normally get allocated a child when they first start and quite often we will swap them, and actually ****’s one of my swaps you see, as it were, as times change, umm, right from when they first start you will tend to be the one that they can rely on and go to, give them the security when they first start umm, quite often the child will find you. Umm, and it’s even like the children who aren’t my key children show preference and same with other, my key children might show preference to another person. But because of, I think the way we work, because we work as a team that, umm, I think Key Person doesn’t hold such a big title in, it probably very relevant to some children but not quite so relevant to other children, but we can, because we work as a team, we will say to each other, again, you’re in a situation where something specific has been done or said, then the other person, you know, pass that information on. So to me I don’t hold that as, you know; you are the Key Person of and therefore you should do, it doesn’t necessarily work that way. But it does as a whole.

R: You mentioned your knowledge and what you apply when you’re building relationships just comes. Where do you feel it comes from?

P: I think probably years of practice. I mean I’ve been here probably 13, 14 years I’ve been working with children. And I’ve done a lot of training, I mean, raised three children of my own and now I have a granddaughter who lives with me, so umm, I, I don’t know I think it's just a natural thing, that well I mean friends might say to you; how on earth do you work with children? It's so nat.. it’s just natural, I have a natural affinity with children and love them and whether it’s a mother thing I don’t know.

R: How long have you been in the role for?
P: Think it's 13, 14 years, I've lost track now I think. How old my youngest is, I remember starting as my youngest daughter started secondary school and then I started here, so, it's at least 12 years, yeah, 12, 13 years.

R: Do you think your practice has changed during this time?

P: Oh, loads has it, yes, yes it certainly has, I mean, when I first started it was, all this record keeping wasn't done, I mean, the supervisor was, umm, did all of that, and then nobody needed to be trained, it was when the national curriculum was brought in, was it, 2000 or whenever it was now, cos I remember, cos umm, our supervisor couldn't go because nobody else was trained, I had to go and I can remember sitting there thinking what a urgh, is this all about? I hadn't got a clue they might've been talking Greek at me and I had to bring it back and pass it on and to colleagues and it was only from there that the training began, the level 2's, level 3's, and umm, again it was a case of, you know, who would like to do this and my edit here seems to be; I'll do it if you like, that's always me, I'll do it, I'll do it, which I did and I'm very pleased I did actually. That's part of my track record.

R: Mmm so there have been changes in the way that you record information and what goes on and also in terms of your role and how you've been?

P: Oh that has changed incredibly, yes, yeah I mean, you say now I'd be deputy and I'd never have done that before, I think it's been, how do I'd explain it, I don't know, I think that when I'd done my training it was always emphasised upon us that we are professionals. We're not just a mum that comes along and plays with the kids, it used to be the thought that's how it was, but we are professional people, we know what we're talking about, umm, and it's I think its quite an exciting place to be is when you get other, other people coming in and they're doing their training and you can pass that on and they can bring stuff back and... she say; in my day we did so and so, and yes there's been a lot of changes, albeit subtle but umm, yes its very different but I think it's for the good.

R: Do you think your practice might change more in the future?

P: Most likely, most likely things do change if the EYFS thingy is changing as well so there's not so many goals and stepping stones that should make life a lot easier. Yeah I think will be, that'll be a very good thing cos, I think there's a little bit too much in development matters at the moment and you tend to keep focussing on those things rather than thr child and the children, although once again, say your eyes are looking, ears are listening, it's surprising what you can pick up, you say evidencing wise.

R: My next question was; what do you think might cause the change in your practice, you mentioned the changes in the EYFS?

P: Mmm, I think that will, yes.
R: Are there any things you think that might cause you to change the way you practice?

P: Ummmm, well possibly now with the dropping number of children coming in September so we’re shutting the sessions, umm, so, we could restaff, I don’t know and if we do get a new building and they’re talking about, you know, different possibilities with a new building, to do breakfast clubs and all days nurseries and all sorts of things, so, but its just a case of I just go with the flow, there’s nothing yet that’s come along that I think; no I'm not doing that, it just seems to be natural progression and so I’ll give it a go and most things so far are for the better, most things.

R: Are you familiar with the Government Guidance given on the role of the Key Worker or Key Person?

P: I have probably read the literature somewhere. If you was asking a quote from it, no. I do try and keep up with everything that’s relevant, up to date. I must admit I haven't done any training for yonks, I've missed that. I went through a whole period of doing level 2, level 3, then I did the SENCo training then I’ve done, and I had quite a bit for that and the last thing I’ve done is the health and safety training cos different people leave and its a case of; I'll do that, so umm, yes I haven't done any relevant training for a while but then we always get the paperwork and passed on the reading. We read it but sinks in or not don’t ask me.

R: I brought in what I found on the national strategies website which is a summary of the Key Person, part of the aspects of the Key Person. Umm, it’s this stuff. Umm, what do you think the most useful aspect of this sort of guidance is?

P: Umm, I suppose if every you’re doubting your own practice, by reading that you can either see your miles off of whats thinking or you are on the right track. Cos umm, I don’t feel you can have fixed rules, fixed, what's the right word, strategies I suppose you can say, because it doesn’t; cos children are so variable and therefore you have to be variable to each child so to have a guideline line like, you know you’re not gonna stick to it cos children are so variable.

R: What do you think the umm, sort of, rationale, the reasoning behind the government producing something like this might be?

P: To get value for money probably! What, I don't know, can only presume ever since the funding came in because it only used to be for the four year olds and then it came down to 3 yr olds. And when that happened that’s when paperwork seems to increase, and the demands on, like umm, evidence and all this and so
I can only presume, think, that they might feel that they should have to come out with all of this to justify funding. Cos really it’s a lot of money that they do give. I’m sure they wanna see value for money.

R: Do you feel this guidance is appropriate for the job that you are doing at the moment?

P: You mean how I’m working how I’m working myself or... this job?

R: Yeah.

P: Possibly not. Being of an older few years, I might have my own, but I mean, it’s one of those, I do have my own sort of thoughts and ideas and ways and that's one good thing about having ladies up and coming on the courses cos they can say; oh the latest thing is to do blah blah blah, but then even if I do have my own thoughts about it I should always come back to thinks like this and think, it’s like having a prejudice on something just you can have your own prejudices but this is what you should be doing so therefore you should be doing that. So, yes, to have something like that if you can’t have that kind of personal factor in things, well you can’t because you could be a prejudiced if you did have a personal factor or, say for arguments sake I was the sort of; oh they could do with a good beating with a cane, well of course you can’t have that in this you think this is how it must be done, so therefore to have this to your answer is, yes. I’m good at going round and round and round and round the houses!

R: Do you think it could be changed? If so, what would do you think might make it better or more appropriate?

P: Well anything is always up for changes, but the only way they could do that would be by, umm, surveying to see if people agreed with what they considered important and maybe in the actual job itself we might have, you know, different views to what is stated there so, that's about the only way I could change it, ask the real people.

R: Umm, you mentioned before about keeping up to date with this sort of thing and additional parts of the EYFS and that sort of thing; How easy is it to keep up to date with it all?

P: Umm, probably not very, I mean, it’s always there this stuff is always being sent to us. I mean its easier because of the girls on the course, they will bring it back and they will cascade it back down to us and umm, and other different folk like our area senco, she’s very good at passing anything back. She gives me, as senco here she gives me a lot of information. It’s probably the time factors the hardest thing, you know is ok I’ll read that at some point. I mean I'm fortunate in my house position that I can, I can do that, it’s not quite so easy for others, but I can. Not that I always do, but I try to.
R: How easy is it to keep up to date with other literature relating to your role and that might be for example around attachments and relationships and that sort of thing?

P: I’d say once again its not that easy. If I was just to come here, that's it and go away but you don’t go away the job kind of follows you around all the time, so its not easy to do it but it is quite possible to do it.
1.6.2. Details of Procedures

i) Distribution of surveys

Initially, 50 surveys were to be distributed, and six settings were identified through connections to the local Educational Psychology Service. Each setting was approached in person, and the aims of the study explained to a senior member of staff. The senior staff member then made a decision as to whether or not to agree to the survey being distributed to the setting staff.

Once agreed, surveys were delivered in person, and a pick-up date for completed surveys was arranged with staff. Surveys were copied and stapled in person using public photocopying facilities.

The following term, two additional settings were identified for involvement in the second part of the study, and the survey was then distributed to them also.

ii) Selection of interview participants

Surveys included a register of interest form at the back, so staff who were interested in participating further (in the interviews and for the case studies in paper two) could leave their details. Settings were also prompted to check for additional interest during the survey pick-ups.

Once Key Persons registered their interest in an interview, they were contacted personally (usually by phone) in order to arrange a convenient time and place. This was always in the setting, and usually at the start or end of a session.
Key Persons that had registered interest in participating in paper two’s case studies were prioritised, as their interview data would be used in both parts of the research.

iii) Interview procedure

Interviews took place in settings, and usually at the start or end of a session. Key Persons were asked to sign an informed consent form, and given details relating to withdrawal of participation, and the anonymity of their data.

Interviews were scheduled to last 30 minutes. A Dictaphone was used to record the interview, and the sound files were saved onto a laptop. Notes were also taken in some instances where there was background noise, and stored securely in a locked room.

Questions were asked in the order on the interview schedule.

Following the interview, participants were debriefed and thanked for their time.
1.6.3. Details of Data Collection

i) Development of questionnaire and interview questions

The Key Person Questionnaire was formulated from the research objectives in Paper One. In order to do this, a conceptual map was drawn up, which outlined the aspects of the Key Person role which the study aimed to explore. This included all factors that seemed necessary to the formation and maintenance of the adult-child relationships in the settings. The conceptual map used to formulate the research questions is shown in figure 1. The questions in the interview schedule were subsequently adapted from the survey questions. This was done using Gucciardi, and Gordon’s (2008) application of Personal Construct Psychology (PCP) to generating interview questions. This meant that the focus of items was to find out individual perceptions of the issues being explored, and resulted in features such as the ranking of influences in the survey. More formal PCP methods such as laddering and repertory grids were not used (Centre for Personal Construct Psychology, 2009). The survey and interview schedule were both piloted in an Early Years setting, following which a consultation was held with staff in order to gain feedback.
Paper 1 Appendices

Figure 3. Conceptual map

What influences practice?

What challenges does a Key Person face?

What causes change in practice?

How do Key Persons form positive relationships?

How do Key Persons view their role?

What do they consider to be key parts of the role?

Do Key Persons use the Government Guidance?

How is the role organised?

Key Person role

Allocation of children?

Review and evaluation?
ii) **Key Person Questionnaire**

Dear Key Person,

This questionnaire is designed to gather information on how you build positive relationships with the children in your care, and the factors that you consider to be important in this process. It is part of a wider research study which is exploring the role of the Key Person in Early Years settings and I would very much appreciate you taking the time to complete the questionnaire. Through filling out the survey, you indicate that you have given consent for this information to be used for the above purposes. Information will be kept confidential and anonymous.

Gender .................. Age ......................

Setting ..................

Number of children you are the Key Person for ......................

1) How long have you been a Key Person for? ..........................................

2) In your job as Key Person, what are the most important things you do each day?
   ........................................................................................................
   ........................................................................................................
   ........................................................................................................
   ........................................................................................................
   ........................................................................................................

3) Which factors have had most influence on your practice when forming positive relationships with children? Please rank them with ‘1’ being the most important and ‘5’ being the least important. You can put two items as ranking equally.

☐ Government Guidance

☐ Experience

☐ Personal beliefs

☐ Literature on early relationships

☐ The ethos of your current setting
4) Are there any factors not mentioned above that influence your practice? If yes, please list them below:
............................................................................................................................................................................
............................................................................................................................................................................
............................................................................................................................................................................
For most of the following items, please rate on the 5-point scale how much you agree or disagree with the statement.

5) Are you aware of the Government Guidance on the role of the Key Person?

☐ Yes ☐ No

If ‘Yes’, please proceed to item 6, if ‘no’, please proceed to item 10.

6) I use the Government Guidance in the Early Years Foundation Stage (EYFS) as a basis for my role as a Key Person.

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7) The most useful aspect of the Government Guidance is:.........................
............................................................................................................................................................................
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8) I keep myself up to date with the research and Government Guidance on child-adult relationships.

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9) The Government Guidance given on the Key Person role in the EYFS is appropriate for the job that I feel I am doing in the setting.

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</table>
10) Forming positive relationships with the children in my care is the most important aspect of my work.

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neither agree nor disagree</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
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</table>

11) I feel I have sufficient time in my setting to develop a positive relationship with all the children that I am Key Person for.

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neither agree nor disagree</th>
<th>disagree</th>
<th>strongly disagree</th>
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<td>1</td>
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</table>

12) I feel that I am fully supported in my development to become the best Key Person that I can be.

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neither agree nor disagree</th>
<th>disagree</th>
<th>strongly disagree</th>
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</table>

13) In my setting the title of 'Key Person' is a formality and the children are given the freedom to choose which adults they will form positive relationships with.

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neither agree nor disagree</th>
<th>disagree</th>
<th>strongly disagree</th>
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<td>1</td>
<td>2</td>
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</tbody>
</table>

14) My role as a Key Person is reviewed and discussed with other Key Persons in staff reviews and meetings.

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neither agree nor disagree</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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</tr>
</tbody>
</table>
15) The other Key Persons in my setting perform their role in a very similar way to me.

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neither agree nor disagree</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
<tbody>
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<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
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</tbody>
</table>

16) I feel that the role of Key Persons in the day care setting should be more towards meeting learning objectives than forming positive relationships with the children.

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neither agree nor disagree</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

17) I find it challenging to form positive relationships with the children in my care as well as support their learning through the EYFS.

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neither agree nor disagree</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

18) I have frequent opportunities to further my professional development through training and courses.

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>agree</th>
<th>neither agree nor disagree</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Thank you for taking the time to participate in this part of the research. If you have any questions regarding the study, or this questionnaire, please contact the researcher using the details below.
iii) Key Person Interview Schedule

1) What do you consider to be the most important thing you do each day?
   - What makes this important?
   - Is there anything else which is important?
   - What makes these other things important?

2) What factors do you feel have the most influence on your practice when building relationships with children?
   - What is it about (factor) that influences your practice?
   - (Explore factor/s given – experience, literature, guidance?)
   - How long has it influenced your practice for?
   - How long have you been in the role?
   - Has your practice changed during this time?
   - Do you think it might change in the future?
   - What might cause change?

3) Are you familiar with the Government Guidance given on the Key Person role in the EYFS?
   - Do you know its details?
   - (If yes) What is the most useful aspect of this guidance?
   - (Show the guidance)
   - What do you think is the rationale for this guidance?
   - (Explore attachment aspects)
   - Do you feel it is appropriate for the job that you are doing?
   - Could it be changed?
   - If so, what would make it better/more appropriate?
   - How easy is it to keep up to date with the above?
   - How easy is it to keep up to date with other literature relating to the role of the Key Person? – i.e. attachment and relationships
   - What opportunities do you get in setting to do this?
   - What further opportunities do you get for CPD?
   - How supported do you feel in this?
   - What is your understanding of secure attachments?
   - Where do you feel they come from?
   - Where has this understanding come from?

4) Do you feel you have sufficient time in your setting to develop meaningful relationships with all the children that you are Key Person for?
   - How many children are you Key Person for?
   - Is that too many/too few?
   - What challenges do you face with that number?
Does supporting their learning in addition to forming positive relationships, present a challenge?
Are there any other challenges that you face in your role that have not been mentioned?

5) How is the Key Person role organised here?
   - What freedom are the children given to choose which adults they form positive relationships with?
   - How is the role reviewed and evaluated, and often does this happen?
   - Are there opportunities to discuss the role with colleagues?
   - What happens in staff meetings? What issues are usually discussed?
   - How often do you hold these meetings?
   - Do all the Persons in the setting perform the role in the same way?
   - If not/if so, why?
   - Do you think this is important?
1.6.4. Details of Data Analysis

i) SPSS survey analysis

Data from the surveys was entered into SPSS (see appendix 1.6.1 for examples of the data sheet). Frequencies were calculated using the analysis function.

ii) Coding of transcriptions

Nvivo was used to analyse the interview data. It was chosen primarily as a means to organise the data (instead of using print-outs and coloured pens), and themes were developed and assigned on the program manually without using any of the more advanced features and processes. This was done in the sequence of; transcribing the data personally, initially assigning the data to codes based on the research questions, and then drawing out themes. This is described in more detail below.

The Key Person interviews were analysed using the six steps of Thematic Analysis described by Braun and Clarke (2006). This method was chosen as the purpose of the analysis was to identify themes relating to elements of Key Person practice.

Step 1: Becoming familiar with the data

Interviews were recorded using a Dictaphone, and then transcribed using Windows Media Player to play the audio files, and Microsoft Word as the word processor. Doing this process personally allowed a familiarity with the data to be developed, additional to that gained during the interview process.
Step 2: Generating initial codes

Interview transcriptions were entered onto the Nvivo software, and nodes representing areas of the research questions were created. Figure 4 shows the original nodes; Developing Relationships, Impact of Guidance and Literature, Organisation of Role, and Perceptions of Practice.

Figure 4. Nvivo nodes

The relevant questions were then coded according to which research objective they were designed to address. Each line of enquiry was given a node within the original objective that it related to. This can be seen in Figure 5.
Step 3: Searching for themes

Within each subsection, themes were identified from the interview transcriptions. Initially, new themes were given a name and grouped under the enquiry they were responding to.

Step 4: Reviewing themes

As the analysis developed, some codes were renamed in order to more effectively label related items, and some coded items were allocated to different nodes. Figure 6 illustrates this process.
Figure 6. Renaming codes

<table>
<thead>
<tr>
<th>Name</th>
<th>Sources</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceptions of Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Challenges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional responsibilities</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Lack of experience</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Managing children</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Monitoring and detecting development</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Paperwork</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Taking work home</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Time with children</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Time with parents</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Changes in practice</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>What has caused changed</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>What has changed</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>What might cause change</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>Will it change in the future</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Most important things</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Care</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Interacting with the children</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Liaso with parents</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Make sure children are happy</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Monitoring development</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Safety</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Supporting adults</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Perform the role in the same way</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Importance of this</td>
<td>11</td>
<td>11</td>
</tr>
</tbody>
</table>

Step 5: Defining and naming themes

Once a set of final themes had emerged, these were defined and named based on the type of data they contained. For example, the theme “Experience”, which was generated from the Key Person responses to questions regarding the influences on their practice, contained examples where Key Persons had discussed the use and value of experiential knowledge.

Step 6: Producing the report

The findings were then written up alongside the survey data.
1.6.5. Additional influential factor codes

Table 1 shows codes which were mentioned by two sources or fewer. These were removed from paper one due to word limit restrictions.

Table 1. Additional influential factors on Key Person practice

<table>
<thead>
<tr>
<th>Influential Factor</th>
<th>Description</th>
<th>Number of sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethos</td>
<td>This reflected the feeling that upholding the values of the setting was an important influence on how relationships are built.</td>
<td>2</td>
</tr>
<tr>
<td>Information sharing</td>
<td>This referred to information obtained from parents/carers, other professionals and other members of staff within the setting.</td>
<td>2</td>
</tr>
<tr>
<td>Literature</td>
<td>This included information obtained from additional reading and research.</td>
<td>2</td>
</tr>
<tr>
<td>Parental links</td>
<td>This factor reflects emphasis on maintaining strong lines of communication with parents/carers.</td>
<td>2</td>
</tr>
<tr>
<td>Safety</td>
<td>This included practice centred on ensuring the child’s safety in the setting.</td>
<td>2</td>
</tr>
<tr>
<td>Watching colleagues</td>
<td>This is where Key Persons felt their practice had been influenced by observing how their colleagues approached the role.</td>
<td>2</td>
</tr>
<tr>
<td>Personal beliefs</td>
<td>This included personal perspectives on how the role should be performed which were not tied to literature, guidance, ethos or experience.</td>
<td>1</td>
</tr>
</tbody>
</table>
1.6.6. Ethical Considerations

Ethical approval was sought from the University Ethics Committee prior to beginning data collection (see copy of the University Ethics Form in section 4, p. 166). The form applies to both parts of the study.

Ethical issues present in the first part of the study were minimal, as only adults were involved and the methods of data collection included a survey and interviews. Care was taken to ensure that participants in the interviews were comfortable and happy to answer the questions. A debriefing was offered to ensure that participants were able to discuss any issues which caused distress, as well as the opportunity to reflect on the procedure and interview schedule.
2. Paper 2

2.1. Abstract

This piece of research explores the role of the Key Person in Early Years settings through focusing on the interactions between staff and children in their care. A series of intensive case studies were carried out with 10 children from five settings. Within each setting, two children were selected for participation; one that the setting identified as having social or emotional needs and one with no identified special educational needs (SEN). Each child was observed twice during a morning or afternoon session, and Key Persons were asked to complete the Strengths and Difficulties Questionnaire (SDQ), the Student-Teacher Relationship Scale (STRS) and the Key Person Attachment Scale (KPAS). Key Persons also participated in half-hour interviews in order to gather their views on their perceptions of their role. The results indicated that children with differing needs have different experiences with their Key Person. Key Persons reported greater levels of conflict with the children with social or emotional needs, and engaged in more care-type interactions during a regular session, than those with no SEN. The findings have implications for early intervention in preschool and nursery settings, as well as the development of methods to effectively meet the needs of children who have specific needs.
2.2. Introduction

The importance of early relationships on the future outcomes of children is frequently cited (Thompson, 2008). Whilst much of this relates to relationships in the home, there seems to be increasing numbers of children spending more time with adults that are not their parents. This includes children aged from three years, who are eligible for a place in a preschool or nursery. Evidence suggests that the demand for early education places is increasing, and this may partly be owing to the Government’s encouragement and emphasis on its importance (Office of National Statistics, 2010).

Preschool and nursery settings in the UK usually adopt the Early Years Foundation Stage (EYFS) guidance, a play-based curriculum which aims to prepare children for starting school in the term they turn five. It is made up of six sections which relate to different areas of the child’s learning and development. In addition to the curriculum, children who attend preschool or nursery are given the opportunity to interact socially with the other children and adults in the setting. This piece of research is interested in the interactions that the child has with the adults, particularly the Key Person, the adult assigned to be most directly involved with any particular child.

The focus of this research is relationships, which have been an area of research for many years, and have generated numerous well-known studies. Key, early studies in the field include Harlow’s research on the attachment of monkeys (Messer, 2004, p. 344), and Schaffer and Emerson (1964), who emphasised the importance of positive interactions in the relationship forming process.
Attachment theory

The theoretical groundings of this research can be traced back to John Bowlby’s (1969) four phases involved in the development of attachment behaviours. These phases begin with the infant not discriminating between different adults, and end with reciprocal relationships (Messer, 2004, p. 345). Building on this, Mary Ainsworth and Silvia Bell (1970) designed the Strange Situation as a method of assessing infant attachment. This led to the description of three attachment types in children; avoidant, secure and ambivalent. A fourth type, disorganised, was later described by Main, Kaplan & Cassidy (1985). Part of the distinction between these various attachment types was the infant’s attempts to strike a balance between their comfort and safety needs, and their need to explore their environment (Ainsworth, 1985).

Research suggests that a child’s early attachments can have an important impact on aspects of their future development. As well as psychosocial impacts (Thompson, 2008), there also seems to be a relationship between attachment and academic achievement (MacKay, Reynolds & Kearney, 2010). This seems to be mediated by increases in competent exploratory behaviour (Moss and St-Laurent, 2001). This might suggest that more securely attached children are able to more competently explore their environment, increasing their potential for independent learning.

Researching the outcomes of attachments has been problematic in the past. This is partly due to the difficulty in establishing attachment needs as causal, where so many other aspects of a child’s life could be having an impact (Rutter, 1995). The concept of internal working models, which depict attachment as
more of a dynamic and flexible process, also raises questions as to the long
term impact of certain factors, given the assumption that things could “change”
(Thompson & Raikes, 2003). This makes a strong argument for the beneficial
impact that an early, positive relationship with an adult may have on a child who
might have experienced a turbulent relationship with their caregiver.

To add weight to the idea that attachment types may be dynamic is the notion of
attachment-related interventions such as Nurture Groups (The Nurture Group
Network, n.d.). Nurture groups seek to replicate aspects of the home
environment for vulnerable children (Cooper & Tiknaz, 2005). Success in these
groups demonstrates that even at primary age, the positive impact of quality
adult-child relationships can be observed. It could be argued then, that the
quality of adult-child relationships in an Early Years environment could have an
impact on a child’s development in that setting, leading to repercussive impacts
when the child starts school.

Research on the impact of UK early education on children’s general
development is currently rather sparse. However, research into the effects of
spending time in day care on child attachment is not. Whilst it is recognised that
there may be differences between UK early education settings and the day care
settings described by the following researchers, the important thing to note is
that they both provide an environment for the child away from the home and
primary caregiver.

Research in this field stems from concerns raised as to whether placing children
in day care was having a negative effect on their early attachments (Bowlby,
1951). However, despite a wealth of literature, there appears to be insufficient
evidence to either support or refute this. It has been suggested that this could partly be due to the large range in methodology, provision and circumstances that may be affecting the data collected (Belsky, 1986). Furthermore, the quality of the interactions that the child experiences at home could also be a substantial influence. Subsequently, Greenspan (2003) identified certain risk factors which seem linked to the response young children have to day care provision. These include the nature of the interactions in the setting, the child’s information processing abilities, and family stress. Despite this, Belsky (2001) still argues that day care can result in negative effects, such as a less harmonious infant-carer relationship and increased aggression. This is especially for younger children who spend increasing amounts of time away from their primary caregiver. Regardless of the true nature of the impact of time spent in day care, one thing seems quite clear; further research which investigates the effects of early education on children’s attachments may simply add more disparity to the literature.

Instead of focusing on the effects of time in early education on attachments, this research focuses on other factors which could have effects; namely the relationships between the adults and the children. Howes & Spieker (1999, p. 317) suggest that professional caregivers may represent alternative attachment figures for children whose primary caregivers are unavailable. Whether or not this has been considered by the UK Government, guidance in the EYFS places importance on the relationships between the Key Person and the child, and cites attachment theory as the basis for this.
The Key Person

From the guidance, it seems clear that the Key Person role is intended to be a potential attachment figure for the child in the setting, with all the benefits carried therewith. What is not clear is how well this translates to front-line practice (National Strategies, n.d.).

A line of enquiry here might be to explore attachment types and relationships in an Early Years setting, and this has been done to a degree by De Schipper, Tavechhio and Van IJzendoorn (2008). This research explored children’s attachment relationships with their day care care-givers in the Netherlands.

The findings of De Schipper et al’s research (2008) suggest that the quality of the positive interactions from the professional care-givers was not related to the child’s attachment security. However, the frequency of positive care-giving was related. The authors draw a link to Ahnert, Pinquart and Lamb (2006), who suggest that, as group interactions dominate, it may be difficult for staff to remain fully aware of all their children’s emotional needs. This is an interesting issue, and is particularly relevant to the current UK guidance and the Key Person role. The first part of this study suggested that staff in UK settings form informal relationships with many of the children, including those who are not their Key Children. If meeting children’s emotional needs is largely done through group rather than individual interactions, then perhaps it may be worth considering further research on how to accomplish this effectively. It is important to note here that as this research was not conducted in the UK, there may be issues surrounding generalising the findings to our population.
The current research

This piece of research is the second part of a study which aims to explore the Key Person-Child relationship. The first part of the study looked at Key Person practice and the factors which influence the way Key Persons build relationships with the children they care for. This part of the study will be looking more closely at those relationships with the aim of understanding how the Key Person maintains them during day to day practice.

Despite the lack of clarity surrounding the research which provides the rationale for the Key Person approach, there does seem to be a recognised level of good practice in settings. A report by Ofsted (2009) identified some important indicators of this good practice (such as knowledge of each individual in their care and a passion and interest in children’s development), but did not seem to explore the more intricate aspects of the role, for example; the interactions and relationships that the Key Persons have with their Key Children.

Rationale

In order to summarise the rationale for this research, it seems important to note that thus far, there does not appear to have been any research which considers the Key Person in the context of the current UK government guidance for Early Years. Whilst De Schipper et al’s (2008) research runs along the similar theme of exploring the attachment relationships between the Dutch equivalent and their children, it still remains specific to their context and has omitted the views and opinions of the day care staff as a source of potentially valuable information. The current study approaches the issue from a different
perspective, and one which will hopefully yield information which is useful for UK providers, whilst also exploring the current nationally espoused approach.

2.3. Methodology and Aims

2.3.1. Research aims and objectives

The term “attachment” has been used throughout this paper thus far, and will continue to be used. However, it is important to note that, due to the difficulty in accurately assessing attachment types, this research instead looked at the development of positive adult-child relationships.

The primary aim of this research, therefore, was to explore the quality of the relationships that are formed between Key Persons and their Key Children. This will be done through examining Key Persons’ approaches to practice and their current awareness of the government guidance on their role.

• To understand the dynamics in the relationship between particular Key Persons and their Key Children through intensive case studies.

• To examine the nature and quality of the relationships between the Key Person and child in terms of the child’s needs, the closeness of the relationship, and the types of interaction the Key Person has with the child.

• To compare cases of Key Person-child relationships between children who have identified emotional/behavioural needs and those who do not.
2.3.2. Research objective reformulation

These initial research aims had to be modified once the study began because of the difficulties in the data collection. It was therefore necessary to reformulate the research objectives in the context of what data could be collected and analysed.

The reformulated objectives are as follows:

- To explore the relationships between particular children with adults in Early Years settings through intensive case studies.
- To examine the Key Person-child relationship by comparing Key Person-child interactions with interactions with other adults in the setting.
- To compare cases of Key Person-child relationships between children who have identified emotional/behavioural needs and those who do not.

2.3.3. Epistemology, Ontology and Methodology

The critical realist philosophical stance (Robson, 2002; Patomaki & Wight, 2000) applies to both papers and this is reflected in the overall study which used mixed methodologies matched to the different research objectives. In this paper, a case study methodology has been used in order to explore interactions and relationships of particular cases in context, and this has incorporated a mixed methods approach to the data collection and analysis. Using multiple case studies means that the knowledge developed is more illuminative than generalisable, due to the focus on particular children in their contexts.
2.3.4. Design

The knowledge being sought is about the interactions between the adults and children in the settings, and in the views of the Key Person on their practice and relationships with the children. In order to produce this knowledge and meet the research objectives, information on the interactions between Key Persons and their Key Children must be obtained, as well as the views of the Key Persons on their role and relationships. The nature of this research was exploratory, and as such there are no hypotheses to test.

This piece of research used a case study approach, defined as;

“Development of detailed, intensive knowledge about a single ‘case’, or of a small number of related ‘cases’.” – Robson, 2002, p. 89.

In order to address the research objectives in this way, a pragmatic approach was taken and a mixed methods design was selected (Robson, 2002). Key Person views were obtained qualitatively through semi-structured interviews, and the relationships between the adults and children were explored through observations within the Early Years setting. Adult-child relationships were also further explored through the use of two quantitative scales.

2.3.5. Sample

The sample consisted of 10 children from five settings (two children from each setting), across three different towns in the same county in South-East England. A summary of the child participants is provided in Table 2a, below and a summary of the adult participants is provided in Table 2b.
Table 2a: Summary of child participant data. Children’s ages are given at the time of the first observation. The SDQ score for overall stress represents the accumulative total score of all scales on the SDQ.

<table>
<thead>
<tr>
<th>Child Participant (special educational need in brackets)</th>
<th>SDQ overall score</th>
<th>Age (years. months)</th>
<th>Key Person</th>
<th>Setting</th>
<th>Time in setting (months)</th>
<th>No. of sessions per week (1 session = half a day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (none)</td>
<td>2</td>
<td>4.1</td>
<td>A1</td>
<td>A</td>
<td>16</td>
<td>5</td>
</tr>
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<td>4.2</td>
<td>A2</td>
<td></td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td>3 (none)</td>
<td>4</td>
<td>4</td>
<td>B1</td>
<td>B</td>
<td>28</td>
<td>6</td>
</tr>
<tr>
<td>4 (social or emotional needs)</td>
<td>26</td>
<td>4</td>
<td>B2</td>
<td></td>
<td>33</td>
<td>6</td>
</tr>
<tr>
<td>5 (none)</td>
<td>6</td>
<td>3.4</td>
<td>C1</td>
<td>C</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>6 (social or emotional needs)</td>
<td>13</td>
<td>2.10</td>
<td></td>
<td></td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>7 (none)</td>
<td>6</td>
<td>3.11</td>
<td>D1</td>
<td>D</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>8 (social or emotional needs)</td>
<td>4</td>
<td>3.11</td>
<td>D2</td>
<td></td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>9 (none)</td>
<td>5</td>
<td>3.7</td>
<td>E1</td>
<td>E</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>10 (social or emotional needs)</td>
<td>16</td>
<td>3.6</td>
<td></td>
<td></td>
<td>7</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 2b: Summary of adult participant data

<table>
<thead>
<tr>
<th>Key Person</th>
<th>Setting</th>
<th>Age</th>
<th>Length of Practice (years)</th>
<th>Number of Key Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>A</td>
<td>58</td>
<td>30</td>
<td>8</td>
</tr>
<tr>
<td>A2</td>
<td>A</td>
<td>56</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>B1</td>
<td>B</td>
<td>21</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>B2</td>
<td>B</td>
<td>39</td>
<td>2.5</td>
<td>4</td>
</tr>
<tr>
<td>C1</td>
<td>C</td>
<td>41</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>D1</td>
<td>D</td>
<td>19</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>D2</td>
<td>D</td>
<td>44</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>E1</td>
<td>E</td>
<td>19</td>
<td>0.25</td>
<td>15</td>
</tr>
</tbody>
</table>

Of the five settings, two were attached to a primary school, one was attached to a Sure Start Children’s centre and two were “standalone” settings (one based in a church and the other, part of a community centre). One setting provides specialist provision for children with Special Educational Needs (SEN) and two of the settings are part of a three-setting group run by the same committee.
Children were selected by the settings, having been given details of the study requirements (appendix 2.6.1, p. 113). Whilst attempts were made to match age, gender, length of time in setting and attendance, this was not always possible. Attempts were also made for both children in the setting to have the same Key Person, however this was only possible in two of the case studies. Settings were asked to identify one child that they considered to have social, emotional or behavioural needs and one child with no SEN. The Strengths and Difficulties Questionnaire (SDQ) was then used for all children to assess their level of need.

It is important to note that the nature and severity of identified need varied between settings and between each child. Each setting was asked why they had selected their particular children. Detailed backgrounds were not sought for two reasons. Firstly, the focus of the study lay in the relationship between the Key Person and the child, and not between the child and adults outside the setting. The second reason is that whilst knowledge of the factors behind a child’s needs might help us to understand their relationships and behaviours, knowledge of these might also influence the collection and interpretation of the data. The reasons given by settings for selection can be found in appendix 2.6.1, (p. 112). Whilst the use of contextual knowledge relating to each child’s need is recognised, the reason for choosing children with social or emotional needs as a comparison group was because of the difficulties they can experience in their relationships (Dfes, 2001 Code of Practice).
2.3.6. Materials

Interviews
Semi-structured interviews were conducted with the eight participating Key Persons. Each participant was interviewed once, with each interview lasting between 15 and 35 minutes. The procedure and interview schedule used in this part of the research was identical to that used in the first part of this research (see paper one). This consisted of five main questions with a series of sub-questions under each. For more detail on how the questions were generated, as well as an example of the schedule, please see appendix 1.6.3 (p. 56 onwards).

Observations
Observations were used in order to directly explore the regular interactions experienced by children in Early Years settings. In all instances, observations were non-participant, with the children not being made aware that the observer was there for them (Robson, 2002).

Two types of formal, observations were carried out on all child participants. One of these was a semi-structured observation schedule, and one was a structured observation schedule. Both used coding schemes to collect information (Robson, 2002). The semi-structured observation schedule involved observing the child for the duration of a session (either a morning or an afternoon), including snack time and carpet times. This was done twice for each child. A formal observation schedule was designed to record the interactions between the adults and the children through event-sampling by looking at; whether the interaction was with the child’s Key Person or another adult, the purpose of the
interaction (to engage in play, for care, etc), the length of the interaction, whether physical contact was made, whether eye contact was made, and which party ended the interaction. The second type of observation was more focussed, lasting for 10 minutes with each Key Person-child pair. This was carried out once for each participant. An adult-child observation schedule adapted from Rait (2009) was used in this instance. The purpose of this observation was to assess the closeness of the relationship during a play scenario, based on the interaction skills of the Key Person and the responses of the child. This was done through rating various aspects of the interaction. More details, including examples of schedules, can be found in appendix 2.6.3 (p. 123).

**Assessment of child needs**

The SDQ is a questionnaire which can be used to screen for mental health for children aged 3-16 years. It contains 25 items on psychological attributes and an impact supplement. The UK norms for the SDQ were obtained from a sample of over 10,000 participants aged 5-15 years (Meltzer, Gatward, Goodman, & Ford, 2000) during a National Statistics Survey. The norms for children aged 3-4 years were obtained through a study in Spain (Ezpeleta, 2011). For further details, including cut-offs, please see appendix 2.6.3 (p. 139). Whilst there are issues presenting with norms from a non-English-speaking population, the SDQ was chosen to be the most suitable measure for the purposes in this study due to its quick administration and scoring.
Adult-Child relationships

The Student-Teacher Relationship Scale, short-form (STRS) (Pianta, 1992), was used to assess the levels of closeness and conflict between Key Persons and their Key Children. This is a 15 item, adult-report scale, with normative data for children aged 4-8 years. The scale contains items which are designed to measure an adult's closeness to a particular child, as well as items which are designed to measure the amount of conflict experienced in the relationship. Please see appendix 2.6.3 (p. 141) for further information.

Child attachment behaviours

Information on child attachment behaviours were initially sought using the Key Person Attachment Diary, adapted from the Parent Attachment Diary (Dozier & Stovall, 2000). However, despite modifications having been made from piloting the diary in a preschool setting, this provided insufficient data to draw inferences from and so was further adapted to form a scale for Key Persons to complete. This was then named the Key Person Attachment Scale (KPAS). Whilst it does not take in to consideration the adult's responses to the child's behaviours (and the child’s subsequent responses), it provides some information about the initial reactions of the child in a distressing situation, and provides some indication as to the attachment needs of the child. Further details can be found in appendix 2.6.3 (p. 131).
2.3.7. Data analysis

All interviews were fully transcribed and loaded into Nvivo qualitative analysis software for the analysis of paper one. An example of a transcribed interview can be found in appendix 1.6.1 (p. 48). Thematic analysis was conducted (Braun & Clark, 2006) in order to identify themes within the data which could be used to add additional depth to the observation and scale data. Braun and Clark’s (2006) process involved becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. The first three steps were conducted in the analysis of paper one. In the current study, eight of the 11 interview participants from paper one took part, and so the data from the remaining three were removed. This produced a new set of data specific to the case study participants. More details on the processes involved in coding and identifying themes can be found in appendix 2.6.4 (p. 143).

Due to the small sample size, tests of statistical significance between means from the observations were not deemed to be appropriate. Subsequently, descriptive statistics were used to analyse this data. Observation frequencies (relating to the number of interactions) were calculated based on averages in an hour. This was due to the slight differences in the time spent in settings. Total figures across both observations were divided by the total time spent in each setting to give the resulting figures. Furthermore, frequencies of eye contact and physical contact were produced as percentages due to difficulties in recording these factors for every interaction (it was sometimes hard to see if eye contact or physical contact was made). Subsequently, it was decided that viewing frequencies as percentages of the clearly observed interactions would help
counter this difficulty. All figures were then entered into Microsoft Excel to generate means and graphs.

Interaction types were coded and allocated into eight categories; Play, Care, Casual, Learning, Reprimand, Management, Spontaneous Praise and Information Seeking. These data were present in qualitative form, and so the thematic analysis process that was applied to the interviews was also applied here (Braun & Clark, 2006). Please see appendix 2.6.3 (p. 125) for full descriptions of the categories, and the types of interactions that were coded under each.

The STRS and the KPAS were scored by hand (details can be found in appendix 2.6.3, p. 138 for the STRS and p. 141 for the KPAS), and data were also inputted in to Excel to generate descriptive statistics. The SDQ was scored using the online scoring system at http://www.sdqscore.org/.

All numerical data from observations and scales was inputted into SPSS and correlations were calculated in order to identify potential relationships between factors. A table detailing significant correlations can be found at appendix 2.6.4 (p. 143).

2.3.8. Ethical considerations

Informed consent was sought from all participating Key Persons and from the parents/carers of the participating children. The main presenting ethical issue in this research was concerning the observations, and the issues surrounding observing participants who are not aware they are being observed (the
children). This was managed through fully informing the parents/carers and minimising the impact the observations had on the children’s activities.

2.4. Findings

It is important to note that the nature of the case study methods used means that each case has generated a unique set of data. However, some general means were generated from the sample in order to explore potential relationships which might affect the whole group. It is important to note that whilst the means may be indicative of potential relationships, the small sample size must be considered when attempting to generalise the results.

The following section will describe these general findings based on each of the three main lines of enquiry; the observations, the diary and scales, and the interviews. Comparisons will be made throughout between the children with identified needs and those without.

2.4.1. Correlations

Correlations calculated in SPSS provide evidence to the validity of the measures used in relation to the observation schedules. Table C in appendix 2.6.4 (p. 118) summarises the significant correlations (to 0.05 and below). It is important to note that there was a small sample size, and so this must be considered when assessing the results.

Furthermore, additional correlations were generated in order to understand the potential effects of individual child and Key Person data on the findings. The
significant correlations (>0.05) found are summarised in table D in appendix 2.6.4 (p. 119). These correlations suggest that the age of the child, the number of sessions they attend per week, and the length of time in the setting did not correlate to SDQ overall scores, STRS scores or KPAS scores. These variables are highlighted due to the attempts made to match them as closely as possible. Subsequently, knowledge of the impact of differences in these areas (as well as the Key Person variables) is important in terms of the validity of the data.

2.4.2. Data gathered from scales

SDQ data

The SDQ data were taken in order to verify the settings’ claims of additional need in the children identified with social or emotional needs. In all cases but one, the children identified by the setting as having social or emotional needs scored higher in “Overall Stress” than the children who were selected for having no SEN (see table 2a, p. 79). Scores above 10 for the girls and above 12 for the boys are outside of the normal range (Ezpeleta, 2011). In the anomalous case, the identified child score two points lower than their peer, but was identified by the setting as having difficulties in their peer relationships. It was decided to continue with the case study in this instance due to time constraints and the lack of other suitable participants in this setting.

KPAS data

Figures 3a to 3c show that the children identified by settings as having social or emotional needs were scored by Key Persons as displaying, on average, more proximity seeking behaviours, more avoidant behaviours and more resistant
behaviours than their peers. The biggest observable difference between average scores is with the resistant behaviours.

All children were given a “classification” based on which category they scored highest in. Three of the five children with social or emotional needs were classed as “Proximity Seeking” and two were classed as “Resistant”. Three of the five children with no SEN were also classed as “Proximity Seeking”, and the remaining two were classed as “Avoidant”. Interestingly, the children with social or emotional needs who were classed as “Proximity Seeking” initiated more interactions than the “Resistant” children. However, with the children who had no SEN, this was reversed, with the “Avoidant” children initiating slightly more interactions.

Figure 3a. Scores on the KPAS Proximity scale for each child (n=10)
Figure 3b. Scores on the KPAS Avoidance scale for each child (n=10)

Figure 3c. Scores on the KPAS Resistant scale for each child (n=10)
**STRS data**

The STRS scores (figures 3d and 3e) show a very slight increase in closeness for children with no SEN (35.4) over children with social or emotional needs (35). Due to the small sample size, it is difficult to say here whether or not this difference would increase to be notable if more participants were recruited. However, looking at the instances when both observed children were under the same Key Person, one participant scored both children equally on closeness and the other scored the child with social or emotional needs higher on closeness. In the case of the latter, the identified child spent a proportionately large amount of their time following the Key Person and sitting with her and this might have contributed to the greater feeling of closeness. This might suggest that the differences in the closeness score might not reflect a general trend.

Key Persons reported, on average, a higher level of conflict with the identified children (12.6) than with the children with no SEN (10.8). If we look again at the two cases where the Key Person was the same for both children, this is true for one participant, who scored the child with need higher for conflict. However, the other participant scored the child with no SEN higher for conflict. This, again, seems to be resulting from the specifics of this case, where the child with social or emotional needs spent a lot of time tearful and preoccupied with when their mother would return, resulting in much of the interaction between the two being reassurance from the Key Person and comfort-seeking from the child. Subsequently, the possibilities for conflict were lower.

Additionally, a significant, negative correlation was found between closeness and the number of Key Children that the Key Person was responsible for.
Figure 3d. Scores on the STRS Closeness scale for each child (n=10)

Figure 3e. Scores on the STRS Conflict scale for each child (n=10)
The results from the scales show differences in the behaviours of the children in each category of need, as well as differences in the levels of conflict between the Key Person and their Key Children. Whilst there is a recorded difference in closeness, it is difficult to establish whether this is a generalisable finding, or whether it is specific to this data set.

2.4.3. Observations

Figure 3f shows that, on average, the children with social or emotional needs had more interactions with adults during the observations (20.62 per hour). Figure 3f also shows that the children with social or emotional needs had more interactions with their Key Person (11.24 per hour) than with any other adults in the setting (9.48 per hour). The children with no SEN had more interactions with other adults (7.64 per hour) in the setting than with their Key Person (6.52 per hour). However, it is important to note here that the figure for “other adults” reflects interactions with a number of different adults. Whilst data were not collected on time spent with specific other adults, the data suggests that all children might have spent more time with their Key Person than any other individual adult. This can be inferred from the small difference between the interaction averages for the children with no SEN.
In both categories, the Key Person initiated more interactions with the child than any other adults in the setting (figure 3g). This difference was smaller for children with no SEN than it was for the children with social or emotional needs.

Figure 3g. Average number of child initiated interactions with and without the Key Person per hour for each category of need
Figure 3h. Average number of adult-initiated (AI) interactions and child-initiated (CI) interactions per hour for each need category with all adults.

Figure 3h shows that the children with social or emotional needs initiated more interactions with adults (10.9 per hour) than adults initiated with them (9.78 per hour). Conversely, the children with no SEN initiated fewer interactions with adults (4.84 per hour) than the adults initiated with them (9.47 per hour).

It appears that adults in the settings were initiating the similar numbers of interactions with all children, but the children with social or emotional needs were seeking more interactions than the children with no SEN.

In general, Key Persons were initiating more interactions with their Key Children (5.8 per hour) than their Key Children were initiating with them (3.77 per hour, see figure 3i). For the children with no SEN, the Key Person initiated more than twice the interactions, whereas for the children with social or emotional needs, this difference was quite small. The discrepancy between this and the data in figure 3h could be explained by the fact that the Key Person (in most cases being one of many adults) was not always available to the child when they needed an adult, and so they may be seeking out the other adults in these
instances. The Key Persons initiated, on average, approximately one more interaction per hour with the children with social or emotional needs than with the children with no SEN.

Figure 3i. The average number of Key Person initiated interactions and the average number of child initiated interactions with the Key Person

Figure 3j shows that the children with no SEN made more appropriate eye contact in their interactions with their Key Person (75.8%) than with other adults (62.2%) in the setting. Conversely, the children with social or emotional needs made more eye contact in their interactions with other adults (64.8%) than in their interactions with their Key Person (60.8%).

In figure 3k, it can be seen that both groups of children made more physical contact in their interactions with their Key Person (no SEN; 20.2%, social or emotional needs; 24.4%) than with other adults in the setting (no SEN; 15.2%, social or emotional needs; 15.8%). The difference between the values for both groups is slightly greater in the interactions with the Key Person, with the
children with social or emotional needs experiencing more interactions with physical contact.

Figure 3j. Percentage of observed interactions during which appropriate eye contact was made, not made and made briefly/fleetingly with the Key Person and with other adults

Figure 3k. Percentage of interactions in which physical contact was made and not made with the Key Person and with other adults
Figures 3l through 3p show some differences and similarities in the types of interactions each group experienced with their Key Persons, and with other adults. Each group appeared to respond to the adults in the setting differently, and in order to report this concisely, the key differences have been summarised in the bullet points below. It is important to note that the types of interactions are represented as proportions.

- Children with no SEN engaged in more care-type interactions with other adults (32% of interactions) than with their Key Person (14%). The reverse was observed for children with social or emotional needs (37% with the Key Person and 30% with other adults).
- Children with no SEN engaged in more learning, play and management-type interactions with their Key Person.
- Children with social or emotional needs engaged in more information-seeking/giving and fewer management-type interactions with other adults.
- The other interaction types were similar between groups, however it is interesting to note that the children with social or emotional needs experienced more spontaneous praise from other adults (5% and 2%), and this was reversed for children with no SEN (2% and 5%).
Figure 3l. The percentages of interaction types with the Key Person for the children with no SEN

No SEN with the Key Person

- Play
- Care
- Casual
- Learning
- Reprimands
- Management
- Praise
- Information

Figure 3m. The percentages of interaction types with other adults for the children with no SEN

No SEN with other adults

- Play
- Care
- Casual
- Learning
- Reprimands
- Management
- Praise
- Information
Figure 3n. The percentages of interaction types with the Key Person for the children with social or emotional needs

![Pie chart showing interaction types with the Key Person](image)

Though both groups scored a similar total on the focussed observation (social or emotional needs; 21.5, no SEN; 21.6), figure 3q shows some observable differences in the scores for each section. The most notable of these is the score for positive eye contact, for which the social or emotional needs group
scored lower (2.1) than the children with no SEN (2.9). The social or emotional needs group scored slightly higher for physical closeness child initiated and for following the child’s lead. In terms of general scores for all children, praise was lower than any other section, with very few instances of clear, labelled praise during the focussed observations. Key Persons scored universally well for their tone of voice and their help and encouragement during the focussed observations.

Figure 3q. Average scores for each section on the focussed observation, for each category of need. A score of 3 is the highest achievable in each section, and so an average of 3 indicates a section where all Key Persons scored 3

The observation data shows that there were some differences in the experiences of both groups of children during the course of a session. These differences were in the amount of adult contact they had, the type of adult contact that they had, and the ways in which the children responded to those adults and vice versa. There were also differences in the types of contact children had with their Key Person and with other adults in the setting.
2.4.4. Interviews

The interview data from each participant collected for paper one was used in the case studies to add further depth to the observation data.

As with the other participants in paper one, the sample of Key Persons used for the case studies reported at interview that the most influential factor on their practice when forming positive relationships with children was experience.

The Key Persons were asked at interview what they felt was the most important thing they did each day. These data were then cross-referenced with the observational data, and can be seen in table 2c.
Table 2c. Factors Key Persons reported as being the most important thing they do each day alongside the most frequent interaction type they had with their Key Child in the observations. Some quotes have been shortened.

<table>
<thead>
<tr>
<th>Key Person</th>
<th>Most important element of practice</th>
<th>Most frequent interaction type</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>“Socialising with the children, talking to the children, and, making sure that they have a good time.”</td>
<td>No SEN - Management</td>
</tr>
<tr>
<td>A2</td>
<td>“I mean just being there, just be available, I mean, I'm always looking around the room, making contact with them... ... making sure they're happy or even what they're doing so I can make notes, you know, if they're doing something that I think's relevant to their development.”</td>
<td>Social or emotional needs - Care</td>
</tr>
<tr>
<td>B1</td>
<td>“Just making sure the children are alright and comfortable in their environment and that I’m there to support them if they ever need anything, if they have any questions, just to guide them along the right lines.”</td>
<td>No SEN - Learning</td>
</tr>
<tr>
<td>B2</td>
<td>“I think it’s being there for a particular child, for support, umm, as obviously they’re quite young. Umm, they all live with their mums and their home securities, so I think that’s the main thing for me, you know, being there, being supportive, playing with them, where I think a lot of the learning comes in naturally anyway.”</td>
<td>Social or emotional needs - Care/Reprimand</td>
</tr>
<tr>
<td>C1</td>
<td>“To care for the children and make sure they’re safe.”</td>
<td>No SEN – Learning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social or emotional needs - Care</td>
</tr>
<tr>
<td>D1</td>
<td>“To make sure that the child is happy within the setting, and if there is something to be done to make sure their parents agree to them... ... and just their health and make sure they're safe and happy for the day.”</td>
<td>No SEN - Management</td>
</tr>
<tr>
<td>D2</td>
<td>“Engaging with the child, making sure their emotional well-being is ok, that they feel happy and settled and everything, liaising with parents of the child... Monitoring like their development as well as their emotional well-being really on a daily basis.”</td>
<td>Social or emotional needs - Learning</td>
</tr>
<tr>
<td>E1</td>
<td>“Welcoming the children in the morning and making sure all their needs are met throughout the day really. Just make sure they’ve got drink and food and whatever they need.”</td>
<td>No SEN – Play</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social or emotional needs - Care</td>
</tr>
</tbody>
</table>
When looking at the data in table 2c, it is important to note that the interaction types differed generally for children with no SEN and children with social or emotional needs. This is noticeable in the table, particularly where the Key Person had two children in the case study. In these instances, the most frequent interaction types differed, suggesting that the Key Person was adapting their practice to try and meet the needs of that child. In terms of matching interview responses to observation values, this is difficult to do due to the aforementioned impact of the child’s needs on the Key Person’s practice. However, it is interesting to note that, in two of the four instances where the Key Person has mentioned promoting or monitoring development, learning has been the most frequent interaction type. The other two instances were for children with social or emotional needs, and care-type interactions were most frequent. Whilst this is a small detail, it might suggest that, where the Key Person has considered monitoring and promoting learning as part of their daily practice, they may be more likely to engage in this in reality. It also suggests consistency between the internal perceptions of the role and the reality of it for these Key Persons.

2.5. Discussion

In the following section the findings from the present study will be discussed, along with the strengths and limitations of the research. This will lead on to a discussion of the implications for EP practice and the opportunities for further research.
2.5.1. Summary of findings

In order to effectively summarise the findings, this section has been organised into subheadings that reflect the research objectives. Findings relevant to the third objective; to compare cases of Key Person-child relationships between children who have identified emotional/behavioural needs and those who do not; will be discussed throughout the first two objectives.

To explore the interactions particular children experience with adults in Early Years settings through intensive case studies

Whilst the means identified in the data present an important aspect of the findings, it is important to note that the case study approach provided other important sources of data. A substantial amount of time was spent in the setting observing each pair, during which many casual observations and reflections were made which were not part of the formal observation schedules.

The observational data shows that the Key Persons involved in the study had good interaction skills when compared with data from a group of parents trained as part of an intervention (Rait, 2009). The focussed observation suggests that the Key Person is flexible in adjusting their approach to meeting the needs of different child, evidenced through the increase in following the child’s lead for children with social or emotional needs. This might demonstrate the Key Person’s attempts to minimise conflict by granting more control to the child in a close play situation.

Praising the children in their care seemed to be an area of comparative weakness in all Key Person practice, with few examples of spontaneous praise
and few examples of labelled praise in focussed observations. During the session observations, Key Person’s (and other adults) did use stock phrases such as “good boy” and “good girl” to praise their Key Children, however this was usually during a play or learning interaction and seldom done spontaneously to highlight something the child was doing well independently.

All children seemed to experience, on average, proportionately more interactions with their Key Person than any other adults in the setting. Whilst data that charted interactions between specific other adults was not collected, this assertion can be extrapolated from the average number of interactions of the children with their Key Persons and other adults. Given that the minimum total number of adults in the settings was three (for one setting, the remaining had at least five or more), the number of interactions with one adult (the Key Person) was greater than the number of interactions spread between the remaining adults in the setting. Whilst casual observations indicated that some children may have preferences as to which other adults they sought interactions from, settings rotated the locations of their staff and the children were able to mix with all adults present.

**To examine the Key Person-child relationship by comparing Key Person-child interactions with interactions with other adults in the setting**

There were some key differences between the types of interactions that the children had with their Key Person and with the other adults. This also varied between each category of need. It seems that the children with social or emotional needs had more care-type interactions with all of the adults (this was even more so for interactions with the Key Person), suggesting less
independence than the children with no SEN. Care-type interactions were most frequent with other adults for children with no SEN, but with the Key Person, learning and management-type interactions were most frequent. This might indicate that (as the children with no SEN had more interactions on average with other adults) they may be less dependent on their Key Person, allowing their relationship to be more focused on early learning and management of their activities.

It appeared that all children were physically closer to their Key Person than to other adults, as indicated by the higher levels of physical interactions observed. However, whilst the children with no SEN made more appropriate eye contact with their Key Person, the children with social or emotional needs made more appropriate eye contact with other adults in the setting. A possible explanation for this could be that the children may not be as close to their Key Person as they are to other adults in the setting. However, this would not be consistent with the amount of physical closeness observed between the Key Persons and their Key Children.

The present results suggest that Key Persons are approaching their Key Children more often than other adults in the setting. This would be paramount to supporting the attachment security through the frequency of positive care-giving, as reported by De Schipper et al (2008). It also means that, whilst paper one suggests that Key Persons feel the children have the freedom to choose who they form positive relationships with, this freedom might be somewhat artificial.

Reflecting on individual cases, it seemed that the children generally experienced a closer relationship with their Key Person than they did with other
adults. This was the case for all but one of the pairs, where the child seemed to prefer the company of another adult in the setting. However, prior knowledge of who the participants were might have affected this judgement.

2.5.2. Strengths and limitations of the research

One of the strengths of this research is the volume of varied data that was collected for all case studies. This allowed for a number of options for data analysis, and for a variety of data sources to contribute to the overall findings. This meant that, in the case where a method of data collection failed, there was more information to fall back on and to help supplement the findings. Whilst generalising the findings is problematic due to them being context specific, the naturalistic observations gave the study a degree of ecological validity. Furthermore, they allowed the opportunity to spend relatively large amounts of time in preschool and nursery settings, which helped the children become accustomed to the presence of a stranger and helped build positive, professional relationships with the adults. This meant that adults may have been more forthcoming and open in interviews.

As with all similar studies, the presence of a researcher in an environment may automatically have an impact on the behaviour of those in it. Despite measures being taken to reduce observer bias (such as generating a comprehensive observation schedule), these effects must still be considered when viewing the results.

Limitations in the diary methodology initially used meant that child attachment information was difficult to obtain. From the feedback given by the Key Persons, despite piloting and making alterations, the final version of the diary was still an
inappropriate method for collecting attachment data in this instance. Possible ways of addressing this might have been to run additional pilot studies with different measures in order to identify an alternative. However, this adds further evidence as to the difficulties in measuring attachment needs identified by Lim et al (2010).

Despite measures being taken to ensure participants were all evenly matched, there was variation in gender, age and the severity of need. This is particularly with reference to child eight, who scored lower than her counterpart, despite being identified by the setting as having some social or emotional needs. The inclusion of this case may have affected the overall means, however it was not possible to identify a different child at this point due to the Key Children available and the time constraints on the study as a whole. This reflects a limitation with the participant selection method as a whole, which meant that children in settings were not screened, and were selected based on which Key Persons opted in, and which children the settings felt were appropriate. However, the advantage of this method of participant selection was that settings may have felt that they had a more active participation in the study.

A final point to note here is that not all children had the same Key Person, and so variation in the individual practice of each member of staff must also be considered.

2.5.3. Implications for practice

This research has implications for EP practice at all levels of the role identified by Cameron (2006).
Firstly, at the level of the individual child, it provides an insight into the experiences of children in Early Years settings in relation to the interactions they have with adults. This information is useful to EPs in that it may help them better understand the relationships the children have with their Key Person, which may then help when providing advice and developing appropriate provision and support. For example, it may be useful work with the Key Person in order to find ways of creating more learning opportunities for individual children with social or emotional needs, perhaps through remodelling some of the care-type interactions.

At the level of the setting, an understanding of the differences that individual children experience in terms of their interactions and relationships may steer the development of whole-group interventions. Also, EPs may be in the position to work with settings to develop practice in terms of how adults distribute their time and attention, and how they cater to the children’s needs. The apparent differences in the interactions experienced with the Key Person and with other adults indicate that the children may fulfil different needs with each. It might therefore be useful to develop staff skills to stream-line this effect so that needs may be met more effectively across the setting.

At the level of the Local Authority and wider, it seems that leaving the Key Person role intact with little or no modification may be in the best interests of the children enrolled. A recent report on the training of preschool and nursery staff revealed concerns regarding training and qualifications for staff, and whilst the data here may show some areas of good practice, it also shows areas which could be considered for further development in training courses. Examples of
this could be in the application of attachment theory to practice, and supporting children through group processes.

2.5.4. Opportunities for further research

A notable limitation of this research is that whilst it Key Person interactions to those with other adults, it did not identify other, specific, adult-child relationships during the observations. This might be useful to do in a follow-up, in order to see if the majority of children have more direct contact their Key Person over any other individual adult, and whether this is different depending on how settings organise the role. Whilst casual observations in settings would suggest that, from the sample, most children had more contact with their Key Person than anyone else, this cannot be stated with more confidence.

It might also be useful to further explore the attachment needs of this age-group through a more effective measure. This might mean training in order to carry out a particular assessment, and also might mean focussing on a smaller sample set, but it would provide further insight into how the relationships are meeting children’s needs and what role the Key Person may have in a more formal attachment intervention.

2.5.5. Summary and conclusions

Reviewing the findings from both this paper and paper one, the label of “Key Person” could be seen to serve an administrative function; a particular individual to be responsible for monitoring specific children and liaising with parents. This is more so given that Key Persons seem to feel that the children are free to form relationships with any adult in the setting. This would suggest that settings may
not feel they need to give a specific adult the responsibility of forming a relationship with a specific child. Furthermore, if adult-child relationships in care settings are more associated with the adults’ responses at a group rather than at an individual level (Ahnert, 2006), specific focus on dyadic relationships might be less useful in the context of a preschool or nursery. However, this does not detract from the evidence gathered suggesting the close, positive relationships that the Key Persons in the study seemed to share with their Key Children. These close relationships may be promoting the development of attachment security through the frequency of interactions (De Schipper et al, 2008). This means that, whilst elements of the role may outwardly reflect administrative elements, daily practice still seems to support the “attachment” element.

The above perhaps highlights the need to revise or develop the professional identity of the Key Person. Diverse levels of experience and training, coupled with relatively frequent changes in guidance and the expectations of their role might be contributing to the differences in provision and practice observed. Some Key Persons seem to see themselves more as carers, others as educators. Perhaps developing this may be an important step in the future development of the profession.
2.6. Appendices

2.6.1. Data Collected

i) Additional participant information

After settings selected their participants, each setting was asked why they had nominated the specific children. The responses are detailed in the table below.

Table A. Additional participant information

<table>
<thead>
<tr>
<th>Child Participant (need in brackets)</th>
<th>Reason for involvement</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (none)</td>
<td>A child developing within the average range.</td>
<td>A</td>
</tr>
<tr>
<td>2 (social or emotional needs)</td>
<td>Concerns for the child’s emotional well-being. Staff felt that there were signs of gender confusion, as the child liked to play and talk as though they were the opposite gender.</td>
<td></td>
</tr>
<tr>
<td>3 (none)</td>
<td>A child developing within the average range.</td>
<td>B</td>
</tr>
<tr>
<td>4 (social or emotional needs)</td>
<td>Concerns regarding the child’s behaviour and relationships with peers. Difficulties with cooperative play and sharing were described.</td>
<td></td>
</tr>
<tr>
<td>5 (none)</td>
<td>A child developing within the average range.</td>
<td>C</td>
</tr>
<tr>
<td>6 (social or emotional needs)</td>
<td>Child is lively and boisterous, not to the level of serious concern, but behaviour is more difficult to manage than others in the setting.</td>
<td></td>
</tr>
<tr>
<td>7 (none)</td>
<td>A child developing within the average range.</td>
<td>D</td>
</tr>
<tr>
<td>8 (social or emotional needs)</td>
<td>Concerns regarding the child’s peer interactions and sharing.</td>
<td></td>
</tr>
<tr>
<td>9 (none)</td>
<td>A child developing within the average range.</td>
<td>E</td>
</tr>
<tr>
<td>10 (social or emotional needs)</td>
<td>Concerns regarding the child’s behaviours in setting. The child spends most of a session tearful and clinging to the Key Person asking when mum will return.</td>
<td></td>
</tr>
</tbody>
</table>
ii) Participant requirements given to settings

- As many Key People as possible to complete a copy of the questionnaire (approx 5 mins).
- A case study of 2 children, both of the same gender and as close together in terms of age and time in setting as possible. Child 1; identified by the setting as having social, emotional or behavioural needs. Child 2; no identified needs. It would be ideal if these children were under the same Key Person, however I understand this might be difficult.
- Parental consent will need to be sought from the carers of both children.
- The Key Person(s) involved will be asked to;
  - Fill out a Strengths and Difficulties Questionnaire (SDQ) for the children involved.
  - Participate in a 30 minute interview, covering questions raised in the survey.
  - Fill out a short diary at the end of the next 10 sessions with that child. The diary has 2 sections; the first consists of tick-boxes and only needs to be filled out if the child has hurt themselves during the session, and the second is to be filled out each time, asking the Key Person to describe a positive experience they shared with the child (approx 10 mins).
- Finally, I will need to visit the setting and observe each child twice for a whole session. For two children, this would mean four visits in total. The observation will be as unobtrusive as possible, with the exception of a brief, focussed observation for 10 mins, requiring the Key Person to play and interact with the target child. This will be done once for each child.
### iii) Examples of data

An Excel spreadsheet was used to manage and analyse data from the observations and the scales. Table B contains an example of this.

**Table B. Example of the Excel spreadsheet for the child data**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Child</th>
<th>Need</th>
<th>Prox av</th>
<th>Avoid Av</th>
<th>Resist Av</th>
<th>Closeness (/40)</th>
<th>Closeness Percentage</th>
<th>Conflict (/35)</th>
<th>Conflict Percentage</th>
<th>Av no. Interactions/hr</th>
<th>Al</th>
<th>Al Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>A</td>
<td>SE</td>
<td>0.5</td>
<td>0</td>
<td>-1.5</td>
<td>29</td>
<td>72.5</td>
<td>14</td>
<td>40</td>
<td>20.2</td>
<td>8.3</td>
<td>4.2</td>
</tr>
<tr>
<td>S</td>
<td>G</td>
<td>SE</td>
<td>0.5</td>
<td>-0.4</td>
<td>1</td>
<td>36</td>
<td>90</td>
<td>18</td>
<td>51.42857</td>
<td>14.5</td>
<td>10.7</td>
<td>3.6</td>
</tr>
<tr>
<td>U</td>
<td>T</td>
<td>SE</td>
<td>0.25</td>
<td>0.6</td>
<td>1</td>
<td>39</td>
<td>97.5</td>
<td>16</td>
<td>45.71429</td>
<td>19.5</td>
<td>8.6</td>
<td>4.8</td>
</tr>
<tr>
<td>W</td>
<td>S</td>
<td>SE</td>
<td>1</td>
<td>-1</td>
<td>-1</td>
<td>37</td>
<td>92.5</td>
<td>7</td>
<td>20</td>
<td>23.7</td>
<td>11</td>
<td>8.2</td>
</tr>
<tr>
<td>H</td>
<td>Co</td>
<td>SE</td>
<td>1</td>
<td>-1.6</td>
<td>-1</td>
<td>34</td>
<td>85</td>
<td>8</td>
<td>22.85714</td>
<td>25.2</td>
<td>10.3</td>
<td>8.2</td>
</tr>
<tr>
<td>M</td>
<td>To</td>
<td>None</td>
<td>2</td>
<td>-1.8</td>
<td>-2</td>
<td>40</td>
<td>100</td>
<td>9</td>
<td>25.71429</td>
<td>16.8</td>
<td>12.8</td>
<td>7.3</td>
</tr>
<tr>
<td>S</td>
<td>C</td>
<td>None</td>
<td>0.5</td>
<td>-1.2</td>
<td>-1.5</td>
<td>40</td>
<td>100</td>
<td>7</td>
<td>20</td>
<td>13</td>
<td>7.6</td>
<td>3.8</td>
</tr>
<tr>
<td>U</td>
<td>B</td>
<td>None</td>
<td>0.5</td>
<td>0</td>
<td>0</td>
<td>39</td>
<td>97.5</td>
<td>14</td>
<td>40</td>
<td>13.1</td>
<td>8.6</td>
<td>5.7</td>
</tr>
<tr>
<td>W</td>
<td>O</td>
<td>None</td>
<td>-1.25</td>
<td>-1</td>
<td>-2</td>
<td>30</td>
<td>75</td>
<td>10</td>
<td>28.57143</td>
<td>12.4</td>
<td>7</td>
<td>3.3</td>
</tr>
<tr>
<td>H</td>
<td>An</td>
<td>None</td>
<td>-0.5</td>
<td>-0.4</td>
<td>-1</td>
<td>28</td>
<td>70</td>
<td>14</td>
<td>40</td>
<td>15.4</td>
<td>9.8</td>
<td>3.8</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td></td>
<td>0.45</td>
<td>-0.68</td>
<td>-0.8</td>
<td>35.2</td>
<td>88</td>
<td>11.7</td>
<td>33.42857</td>
<td>17.38</td>
<td>9.47</td>
<td>5.29</td>
</tr>
</tbody>
</table>

Figure A shows the child data from the scales and observations that were entered into SPSS. This was used for running correlations on the data. Figure B shows the variable view of the same data sheet.
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Figure A. Data view of SPSS data sheet

![Data view of SPSS data sheet](image-url)
An example of an interview transcript can be found in appendix 1.6.1 (p. 48).

Full data files and spreadsheets from SPSS and Excel are available on request.
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iv) Significant correlations

Tables C and D give details of some of the significant correlations found. This list is not exhaustive, and only correlations between variables that were significant and relevant to supporting the findings have been included due to word limit restrictions.
Table C. Significant correlations between Inventory/scale variables and observation variables.

<table>
<thead>
<tr>
<th>Inventory/scale variables</th>
<th>Positive correlations within observation variables</th>
<th>Negative correlations within observation variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDQ total stress – A total score obtained from the scores of the subscales</td>
<td>No eye contact made during interactions, brief or fleeting eye contact made during interactions</td>
<td>Positive eye contact score on focussed observation</td>
</tr>
<tr>
<td>SDQ behaviour – A high score indicated greater behavioural difficulties</td>
<td>Adult initiated interactions without the Key Person, no eye contact made during interactions</td>
<td>Positive eye contact score on focussed observation, eye contact made during interactions</td>
</tr>
<tr>
<td>SDQ hyperactivity – A high score indicated greater levels of hyperactivity</td>
<td>Child initiated interactions with the Key Person, care-type interactions with the Key Person</td>
<td></td>
</tr>
<tr>
<td>SDQ emotional difficulties – a high score indicated greater emotional difficulties</td>
<td>No eye contact made during interactions, brief or fleeting eye contact made during interactions</td>
<td>Interactions lasting longer than 5 minutes, positive eye contact score on focussed observation, total relationship score on focussed observation, eye contact made during interactions, learning-type interactions with the Key Person</td>
</tr>
<tr>
<td>STRS conflict – A high score indicated greater levels of conflict between the adult and child</td>
<td>Adult initiated interactions, adult initiated interactions with the Key Person</td>
<td></td>
</tr>
<tr>
<td>KPRS proximity seeking – A high score indicated more proximity seeking behaviours</td>
<td>Brief or fleeting eye contact made during interactions</td>
<td>Interactions lasting longer than 5 minutes, positive eye contact score on focussed observation, total relationship score on focussed observation, eye contact made during interactions</td>
</tr>
<tr>
<td>KPRS resistant – A high score indicated more resistant behaviours</td>
<td>Brief or fleeting eye contact made during interactions</td>
<td></td>
</tr>
<tr>
<td>KPRS avoidant – A high score indicated more avoidant behaviours</td>
<td>Brief or fleeting eye contact made during interactions</td>
<td>Interactions lasting longer than 5 minutes, total relationship score for focussed observation</td>
</tr>
</tbody>
</table>
Table D. Significant correlations between independent variables, scale and observation findings.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Positive correlations</th>
<th>Negative correlations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>Physical closeness child initiated (focussed observation), joint interactions (focussed observation), kind and helpful behaviour (SDQ), medium interactions with other adults (observation), management-type interactions with other adults.</td>
<td>Brief interactions with other adults (observation), play-type interactions with other adults (observation), play-type interactions with all adults (observation).</td>
</tr>
<tr>
<td><strong>Number of sessions a week</strong></td>
<td>Physical contact with other adults (observation), information seeking/giving-type interactions with the Key Person (observation), information seeking/giving-type interactions with all adults.</td>
<td>Care-type interactions with all adults (observation).</td>
</tr>
<tr>
<td><strong>Length of time in setting</strong></td>
<td>Physical contact with all adults (observation), Physical contact with the Key Person, (observation), kind and helpful behaviour (SDQ), all interactions lasting more than 2 minutes with the Key Person (observation), interactions lasting between 2-5 minutes with other adults (observation).</td>
<td>Interactions lasting less than 2 minutes with the Key Person (observation), Interactions lasting less than 2 minutes with other adults (observation).</td>
</tr>
<tr>
<td><strong>Key Person</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>Interactions with other adults ended by the child (observation).</td>
<td></td>
</tr>
<tr>
<td><strong>Length of practice</strong></td>
<td>Proximity-seeking behaviour (KPRS), management-type interactions between the Key Person and child (observation).</td>
<td></td>
</tr>
<tr>
<td><strong>Number of Key Children</strong></td>
<td>Eye contact between the Key Person and child (observation), interactions ended by the Key Person, interactions ended by other adults, interactions lasting less than 2 minutes between the child and Key Person (observation).</td>
<td>Closeness (STRS), interactions lasting 2-5 minutes between the child and Key Person (observation).</td>
</tr>
</tbody>
</table>
2.6.2. Details of Procedures

i) Setting-up and consent

Initially, three settings were involved, with a total of six children. These participants were selected from those registering interest during the first part of the study, and the observations took place during the summer term of the 2010/2011 academic year. Settings were asked to identify children that they felt were suitable for participation, and matching as closely as possible to the requirements (appendix 2.6.1, p. 113).

A letter was sent to parents of the identified children explaining the aims of the study, and seeking their consent for their child to be observed in the setting. Once consent was obtained, the observations were arranged with the setting.

In the autumn term of the 2011/2012 academic year, a second cohort consisting of four children across two settings was identified. Settings were approached and provided with the participant requirements, and then offered Key Persons and children to participate. Consent was sought in the same way as before.

ii) Naturalistic observation

Two naturalistic observations were arranged for each child, each lasting the entirety of a morning or afternoon setting. In the instances where a child attended for both, one observation was done in a morning and the other in an afternoon.

At the start of the observation, a stop-watch was started so that events could be logged according to the time at which they occurred. This was also to monitor the amount of time spent observing each child.
The Naturalistic Observation Schedule (appendix 2.6.3, p. 126) was used to record details of the observations.

iii) Focussed observation

A focussed observation was done once for each child involved in the study. This was done during either the first or second observation, and at a time when the Key Person was able to spend 10, uninterrupted minutes with the child.

Each Key Person was asked to approach the child and ask them to pick an activity for them to do together. This was then observed for 10 minutes (timed on a stopwatch). During this time, the Key Person-Child Interaction Schedule was completed.

At the end of the 10 minutes, the Key Person was informed that the focussed observation had finished.

iv) Scales and diaries

Key Persons were asked to fill out an SDQ for each participating child at the start of the study. Key Persons were also given the Key Person Attachment Diary and provided with instructions as to how to complete it. In the initial cohort, each Key Person was given 20 copies of the diary, however a low response rate led to the decision to give Key Persons 10 copies of the diary in the second cohort. This was to reduce the demands of the task on the Key Person, in the hope that this might produce a better response rate. However, this did not improve the response rate, and so the diary was redesigned to take the form of a scale for single completion. This was given to all Key Persons in both cohorts. It is important to note that the Key Persons in the first study
completed the scale retrospectively; however, they all reported that they could remember the children sufficiently to do so. At this time, the STRS was also distributed with the revised scale.

v) Interviews

The interviews for this part of the study were the same as the interviews used in study one. Please refer to appendix 1.6.2 (p. 55) for details of the procedure.
2.6.3. Details of Data Collection

i) Development of the Naturalistic Observation Schedule

The Naturalistic Observation Schedule is a semi-structured schedule that was developed solely for use in this research. Event-sampling was selected as the main format for the schedule as it allowed complete data on the numbers of interactions to be collected. This meant, however, that on some occasions when there was a lot of activity, it was difficult to collect as much detail as it might have been had time-interval sampling been used.

The Naturalistic Observation Schedule was developed from the research objectives, specifically to record elements of interactions that might be indicative of relationship dynamics (such as eye contact, physical contact, who initiated the interaction, who ended the interaction). This was done by drawing up a conceptual map which considered features of interactions and, from this, generating specific criteria that the schedule needed to consider. These criteria were:

- The frequency of interactions with adults, including the Key Person. This will be to establish an approximation of how often the child interacts with their Key Person in relation to the other adults in the setting.
- Who starts the interaction? Is it the adult or the child?
- The nature or purpose of the interactions; for example; will they be for care, free-play, or structured learning?
- What happens during the interactions; what language is used? Is eye contact/physical contact made?
- How the interactions are ended; does the child or adult terminate?
The structured elements included the recording of events, time intervals, physical contact and eye contact. The semi-structured element included recording details of the interactions. During the observations, initial codes were assigned to some of these, and adapted once consistent patterns began emerging. However, it was not until the data analysis process that these were formally coded.

A formal schedule was used over anecdotal, qualitative information recording, in order to reduce the effects of the observer’s preconceptions on the data collection. However, whilst it was usually fairly clear as to what constituted an interaction (an adult and the child making noticeable contact with each other), it was sometimes difficult to establish what the nature of the interaction was, who started the interaction and who ended it. It was also difficult to hear all verbal communication and observe all eye contact made, due to being in a busy, active setting. This should be considered when viewing the results.

In order to establish a standard format across all observations, it was decided that an interaction was started by whoever actively sought the other individual, and ended by the individual whose attention moved to a different task/individual first.

The choice of sections allowed for both qualitative and quantitative data to be collected during the observations. Indicators used in the Key Person-Child Interaction Schedule were also used in the Naturalistic Observation Schedule in order compare data collected in the focussed observations with data collected in the natural observations.
The schedule was filled out during the course of a morning or afternoon session and included carpet time and snack time. A stopwatch was started at the beginning of each observation so that the time of each interaction could be noted. Interaction lengths were also noted as being either less than two minutes long, between two and five minutes long and over five minutes long.

The “Between Interaction Activities” supplement was also completed so that information on the child’s activities independent of adults was recorded. This data has not been included in the final report. This is due to limits in both the time scales involved and the word count of the final report. Due to the volume of data collected, priority was placed on the data that was key to addressing the research objectives.

During analysis, the data collected in the “nature of interaction” section was analysed and coded under one of the following sub-groups; Play, Care, Casual, Learning, Reprimand, Management, Spontaneous Praise and Information Seeking/giving. Definitions of the types of interactions found in each are given in table E.
Table E. Code definitions for interaction types

<table>
<thead>
<tr>
<th>Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Play</td>
<td>Interactions which involved talking about and engaging in imaginative play.</td>
</tr>
<tr>
<td>Care</td>
<td>Interactions which involved aspects of care, such as toileting, provision of food, help with putting on shoes and coat, etc.</td>
</tr>
<tr>
<td>Casual</td>
<td>Passing acknowledgements and quick “hello’s”.</td>
</tr>
<tr>
<td>Learning</td>
<td>Interactions that involved specifically developing an area of learning, such as literacy, numeracy, crafts, and questions about the real world.</td>
</tr>
<tr>
<td>Reprimand</td>
<td>Adult intervention to halt a behaviour or in a dispute where the target child is attributed blame.</td>
</tr>
<tr>
<td>Management</td>
<td>Instructions given to the child to perform a general task. For example; retrieving something, sitting for snack or tidying up.</td>
</tr>
<tr>
<td>Spontaneous Praise</td>
<td>Praise given without prior, direct instruction. For example; commenting that the child is sitting nicely, or that they have lined up well.</td>
</tr>
<tr>
<td>Information seeking/giving</td>
<td>Discussion between the adult and child with the purpose of finding out about aspects of the other’s life. For example; asking about weekend activities.</td>
</tr>
</tbody>
</table>
ii) Example of the Naturalistic observation schedule

Key Person/Child interactions

<table>
<thead>
<tr>
<th>Interaction no. (note time of occurrence from start of obs)</th>
<th>Is the interaction with the child’s Key Person?</th>
<th>Nature of interaction</th>
<th>Eye contact? Specify</th>
<th>Physical contact? Specify</th>
<th>Language used? Specify</th>
<th>Ending</th>
</tr>
</thead>
<tbody>
<tr>
<td>No: Time:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No: Time:</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No: Time:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No: Time:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No: Time:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No: Time:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Between Interaction activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time spent on activity (note time of occurrence from start of obs)</th>
<th>Peer interactions?</th>
<th>Nature of peer interactions (if they occurred)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
iii) Key Person-Child interaction schedule

Permission was sought to adapt the Key Person-Child Interaction schedule from an observation schedule used in a study conducted by Rait (2010). Rait (2010) used the observation schedule to assess the quality of adult-child interactions between a sample of parents/carers and their children (aged between 18 months and five years). Due to having received training in the use of the schedule, and participating in the tests for inter-rater reliability, this seemed to be an appropriate choice of observation schedule to use with the Key Persons and their Key Children. The schedule was used in a 10 minute focussed observation, in which the Key Person was instructed to ask the child to choose an activity for them both to participate in. In order to further establish inter-rater reliability, a colleague from the local Educational Psychology Service also attended a nursery session. Both observers produced identical scores on all items except for “Physical Closeness Key Person initiated”. Following further discussion, an agreement was made on the appropriate score.

Comparison data were sought from the original study (Rait, 2010) in order to better interpret the current findings. However, the original study used the schedule in a set of three, five minute observations, giving means that totalled the scores across all three. As this was not a practical approach for use in a preschool or nursery, only one, 10 minute observation was carried out. Subsequently, the means from the original study have been divided by three to give a score which can be compared with the present data. It is important to consider here, however, that only the first observation condition in the original study matched the specifics of the single observation used presently. The other two, whilst similar, put additional strain on the adult-child relationship by giving
the adult more control over the activity. The table below shows the adjusted mean scores from the original study (before and after an intervention) alongside the mean scores from the present study. The score represents the total of all subscales on the schedule, with a higher score indicating greater interaction skills from the adult and a stronger adult-child relationship. It is important to note here that the participants from the original study are parents and carers selected due to difficulties with behaviour management in the home.

Table F. Comparative data for the Key Person-child interaction schedule. Source: Rait, 2010.

<table>
<thead>
<tr>
<th>Study and condition</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original study</td>
<td></td>
</tr>
<tr>
<td>Pre intervention</td>
<td>13.91</td>
</tr>
<tr>
<td>Post intervention</td>
<td>17.22</td>
</tr>
<tr>
<td>Current study</td>
<td></td>
</tr>
<tr>
<td>No SEN</td>
<td>21.6</td>
</tr>
<tr>
<td>social or emotional needs</td>
<td>21.5</td>
</tr>
<tr>
<td>All children</td>
<td>21.55</td>
</tr>
</tbody>
</table>

The data in the table suggest that the Key Persons are skilled at interacting with the children in their care, and as a result are able to form strong, positive relationships.
### Key Person-Child interaction schedule

<table>
<thead>
<tr>
<th>Score</th>
<th>Participant:</th>
<th>Observation Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### *If unsure consider No of e.g.s (3ec/1e.g.)*

<table>
<thead>
<tr>
<th>1</th>
<th><strong>Positive eye contact:</strong> Refers to amount and quality</th>
<th>Eye contact is generally poor and fleeting.</th>
<th>Some warm and mutual eye contact</th>
<th>High level of warm, natural and affectionate eye contact.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td><strong>Physical closeness child initiated:</strong> Refers to level of proximity, comfort and pleasure.</td>
<td>No response. Negative and/or is rejected by the Key Person. Is uncomfortable shrugs/pushes</td>
<td>Some contact responded to positively, verbally and/or physically.</td>
<td>Close proximity that is warm comfortable/pleasurable</td>
</tr>
<tr>
<td>3</td>
<td><strong>Physical closeness Key Person initiated:</strong> Refers to level of proximity, comfort and pleasure.</td>
<td>No response. Negative or rejected by child. Is uncomfortable, pushes, shrugs/wriggles away</td>
<td>Some contact responded to positively, verbally and/or physically.</td>
<td>Close proximity that is warm comfortable/pleasurable</td>
</tr>
<tr>
<td>4</td>
<td><strong>Follows child’s lead:</strong> Refers to level of attentiveness and interest that encourages play.</td>
<td>Inflexible in their approach e.g. simple labelling, watching etc.</td>
<td>General interest, tries to follow child, brief descriptions, expands on child’s words.</td>
<td>High interest/attentive, changes pace/activity, flexible, uses commentary effectively</td>
</tr>
<tr>
<td>5</td>
<td><strong>Praise:</strong> Refers to the amount and quality of praise offered.</td>
<td>Stock phrases e.g. “good boy” any negative comment e.g. “naughty girl”</td>
<td>Any unlabelled praise that appears warm and enthusiastic.</td>
<td>1/2 e.g.s of labelled praise and/or any 5+ praise that is warm, genuine and enthusiastic.</td>
</tr>
<tr>
<td>6</td>
<td><strong>Helps and encourages:</strong> Refers to the quality of encouragement and help offered to support play.</td>
<td>If the Key Person appears to lack interest in helping, takes over or is unable to identify that the child needs help.</td>
<td>Helps physically/verbally some of the time, at other times lacks interest.</td>
<td>Is proactive, natural, timely and supportive, enables child to keep control.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Engages in joint activities:</strong> Refers to level of pleasure and cooperation.</td>
<td>When it occurs it is uninvolved, over-controlling and/or uncomfortable for the child.</td>
<td>Some level of cooperation and pleasure within the context of the activity</td>
<td>Is enthusiastic and child appears happy with the Key Persons joint attention and engagement.</td>
</tr>
<tr>
<td>8</td>
<td><strong>Tone of voice:</strong> Refers to the amount of warmth the Key Person expresses through her verbal communication.</td>
<td>Uses positive verbalisations but non-verbal are negative. Sounds negative or hostile.</td>
<td>Mainly flat with occasional warmth in tone of voice.</td>
<td>Is consistently warm, genuine and positive; firm when necessary.</td>
</tr>
</tbody>
</table>
iv) Key Person Attachment Diary and scale

The Parent Attachment Diary (Dozier and Stovall, 2000), was chosen as a method for collecting attachment data on child participants. The diary was originally intended to be used by parents with their children in the home, but as it required no formal training to administer, it seemed the most suitable method to adapt for use with the Key Person. The diary seeks attachment information by asking adults to report on behaviours observed after a child has been frightened, left alone, or hurt themselves. After obtaining permission from the authors, the language in the diary was adapted so that it related to the Key Person and not the parent. Copies of the diary were then taken in to a setting to be piloted for one week.

Following the pilot study, a consultation was held with the setting staff to discuss the strengths and limitations of the diary method. Staff indicated that whilst the format was clear and comprehensive, some of the sections were not appropriate for events in the setting; namely the sections where the child was frightened or left alone.

Following this consultation, the above sections were removed, and the version of the diary handed out to Key Persons in the summer term was as follows:
Key Person Relationship Diary (adapted from Parent Attachment Diary, Dozier & Stovall, 2000)

Please complete at least one section from the following diary every session for the next twenty in which the target child is attending. It is important that you fill it out in relation to only one child that you are the Key Person for. This will have been discussed previously and consent will have been obtained from the parent.

The diary is designed to look at the relationship between you and the child during a point of stress. It is understood that there may be days when the child does not become hurt, and so the second section of the diary is for you to write down a positive experience you had with the child during that day.

There are two sections in the diary and not all of them may apply to the experiences you have each day. For each time you complete the diary, please skip ahead to the section most relevant. These sections are;

1) A time when the child was physically hurt.
2) A positive experience you shared with the child.
1. Think of one time today when your child got physically hurt and answer the following:

A. What did your child do to let you know he/she was hurt? **TICK ALL THAT APPLY.**

- [ ] Looked at me for reassurance
- [ ] Acted as if nothing was wrong
- [ ] Acted angry/frustrated (e.g. stomped feet, kicked legs)
- [ ] Looked at me very briefly then looked away and went on
- [ ] Signalled to be picked up or held, reached for me
- [ ] Did not indicate he/she wanted or needed me
- [ ] Cried and remained where he/she was, did not signal for me
- [ ] Whimpered or cried briefly and kept on going, did not look at me

B. What was your **immediate** response(s)? **TICK ALL THAT APPLY.**

- [ ] Hugged and/or held child
- [ ] Rubbed back, stomach, head, etc
- [ ] Did not touch child in any way
- [ ] Asked child to get up
- [ ] Spoke firmly to child
- [ ] Remained silent
- [ ] Put child in crib, playpen
- [ ] Gave child medicine, plaster, etc
- [ ] Said something like “oh you’re fine, you’re not hurt” or told child not to be upset
- [ ] Something else (please specify)........................................................................................................

C. What did your child do next? **TICK ALL THAT APPLY.**

- [ ] Was soon calmed or soothed
- [ ] Pushed me away angrily or in frustration
- [ ] Stomped and/or kicked feet
- [ ] Remained upset, was difficult to soothe
- [ ] Did not indicate he/she needed my help
- [ ] Turned away when picked up or made contact
- [ ] Sunk into me or held onto me until calmed down
- [ ] Did not easily let me hold him/her but remained upset (e.g. arched back, put arm in between us)
- [ ] Held on to me or went after me if I tried to put him/her down or go away
Something else (please specify)..............................................................................................................

Describe this situation in 2-3 sentences
..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................

2. Think of one time today when you shared a positive experience with your child.
   A. Describe the situation ..............................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................

   B. Describe the child's response.................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................

   C. Describe your response............................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................

Following the first set of data collection, it became apparent that Key Persons were finding it difficult to complete the diary. Mixed numbers of responses returned for each child, and this seemed due to factors such as child attendance and the frequency of suitable events to record.

As a result of this, the diary data did not seem suitable to be used for the purposes of analysis as it was incomplete for most children. In order to address this and to ensure the same amount of data were collected for all children, the diary was adapted further.

The aim was to adapt the diary into a scale which would ask the Key Person to answer the items hypothetically. This meant that a suitable event did not have to take place within a time frame, and the Key Person could use their experience of working with that child to answer the items. This scale was supported with the Student-Teacher Relationship Scale, as a further means of gathering relationship data.

Some limitations of this approach need to be noted. Firstly, the scale is not able to collect data all the areas that the diary addressed, as generating further hypothetical child responses and adult responses to these would be problematic. Secondly, as this modification was made in the autumn term, the participants in the summer term had to complete the scale from recall. Whilst the Key Persons reported that they had no trouble remembering the children involved in the study, this separation of time must be considered when viewing the results.

The final version of the Key Person Attachment Scale is provided below. The dimensions measured by each item are represented by letters in brackets, and
these are defined in the next paragraph. These bracketed letters were not on the version handed out to Key Persons.
Key Person – Child Attachment Scale (adapted from Parent Attachment Diary, Dozier & Stovall, 2000)

This questionnaire is designed to gather information about your relationships with your Key Children. Each questionnaire completed is about ONE Key Child only.

Child’s name: ......................................................................................................................

Think of some previous times when your child got physically hurt or became upset, and tick the appropriate boxes in the following items:

How likely is your child to behave in the following ways?

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Highly unlikely</th>
<th>Unlikely</th>
<th>Unsure</th>
<th>Likely</th>
<th>Highly likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look at me for reassurance (PS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Act as if nothing is wrong (A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Act angry/frustrated (e.g. stomp feet, kick legs) (R)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Look at me very briefly then look away and go on (A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signal to be picked up or held, reach for me (PS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will not indicate he/she wants or needs me (A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefers to seek comfort from another adult (F)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Go off by him/herself (A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Act cool or aloof (F)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Call for me (PS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Come to me (PS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cry (F)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cry and remain where he/she is, will not signal for me (R)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whimper or cry briefly and keep on going, will not look at me (A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Something else                                                            | Please specify........................................................................................................

Thank you for taking the time to complete this scale.
An example of the scoring for the scale is given below:

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Highly unlikely</th>
<th>Unlikely</th>
<th>Unsure</th>
<th>Likely</th>
<th>Highly likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look at me for reassurance</td>
<td>-2</td>
<td>-1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Items were scored on a scale of -2 to 2. Items related to either Resistant (R), Avoidant (A) or Proximity Seeking (PS) behaviours, with two Filler (F) items.

Once totals were obtained for each dimension, they were divided by the number of item responses for that dimension to give an average score.
v) Strengths and Difficulties Questionnaire (SDQ)

The SDQ was used for the purposes of assessing the strengths and difficulties of the children identified by the settings, and chosen over alternatives such as the Rutter (1967) questionnaire and the Children’s Behaviour Checklist Achenbach (1991a) for a number of reasons. These were:

- The SDQ is quick and simple to administer and score.
- The authors state the age-range for use to be 3-16, although it should be noted that the standardisation figures for the children under 5 originate from a Spanish study. However, the data were used for the main purpose of between-participant comparisons and not identifying clinical cut-offs.
- Studies using the SDQ alongside other questionnaires, such as the Rutter questionnaire and the Children’s Behaviour Checklist, report high correlations between the components measured by the scales (Goodman, 1997; Goodman & Scott, 1999).

SDQs were scored before the first observation took place. However, if the score did not validate the setting’s assessment, there were limitations with respect to finding alternative participants due to time constraints and the Key Children available. For example, in one setting, (during the autumn term data collection), the child with social or emotional needs scored lower on the SDQ than the child with no identified SEN. In this instance, there were only two Key Persons who had agreed to participate, and only two children within their allocations that the setting felt were suitable and closely matched in terms of their age, gender and attendance.
This could have been overcome had SDQ been used to screen all the children in the setting in order to identify individuals to participate. However, this was not done due for ethical reasons which might have involved obtaining consent for all children to be screened (which could have been a time consuming process), and also because not all Key Persons had volunteered to participate. The opportunity sampling used here meant that the children that could potentially be involved in the study needed to be Key Children for the Key Persons that had volunteered.

The norms for the SDQ for children aged three-four years were gathered in a Spanish study (Ezpeleta, 2011). 94 teachers across 54 schools completed the SDQ in the second phase of a study. The norms generated are represented in table G, with the data for the current study in table H. “Borderline” scores represent percentile 80 and “abnormal” scores represent percentile 90. The scores given are for the “total stress”, which is the sum of the scales emotional difficulties, hyperactivity, behavioural difficulties and difficulties getting along with others.

It is important to note that these norms have been generated from a non-English speaking population using a translated questionnaire. However, the scores still provide a guide as to score ranges, and the scores from the current study can still be compared between cases.

Table G. SDQ data from the normative study. Source: Ezpeleta, 2011.

<table>
<thead>
<tr>
<th>Sample</th>
<th>Normal range</th>
<th>Borderline</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys aged three</td>
<td>0-12</td>
<td>13-15</td>
<td>16-40</td>
</tr>
<tr>
<td>Girls aged three</td>
<td>0-10</td>
<td>11-15</td>
<td>16-40</td>
</tr>
<tr>
<td>Boys aged four</td>
<td>0-12</td>
<td>13-16</td>
<td>17-40</td>
</tr>
<tr>
<td>Girls aged four</td>
<td>0-10</td>
<td>11-13</td>
<td>14-40</td>
</tr>
</tbody>
</table>
Table H. SDQ data from the present study

<table>
<thead>
<tr>
<th>Child</th>
<th>Gender</th>
<th>Age</th>
<th>Score (total stress)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M</td>
<td>4.1</td>
<td>2 – normal range</td>
</tr>
<tr>
<td>2</td>
<td>M</td>
<td>4.2</td>
<td>10 - normal range</td>
</tr>
<tr>
<td>3</td>
<td>F</td>
<td>4</td>
<td>4 - normal range</td>
</tr>
<tr>
<td>4</td>
<td>M</td>
<td>4</td>
<td>26 – abnormal range</td>
</tr>
<tr>
<td>5</td>
<td>F</td>
<td>3.4</td>
<td>6 - normal range</td>
</tr>
<tr>
<td>6</td>
<td>M</td>
<td>2.10</td>
<td>13 – borderline range</td>
</tr>
<tr>
<td>7</td>
<td>F</td>
<td>3.11</td>
<td>6 - normal range</td>
</tr>
<tr>
<td>8</td>
<td>F</td>
<td>3.11</td>
<td>4 - normal range</td>
</tr>
<tr>
<td>9</td>
<td>F</td>
<td>3.7</td>
<td>5 - normal range</td>
</tr>
<tr>
<td>10</td>
<td>F</td>
<td>3.6</td>
<td>16 – abnormal range</td>
</tr>
<tr>
<td>Mean – No SEN</td>
<td>-</td>
<td>-</td>
<td>4.6 – normal range for all groups</td>
</tr>
<tr>
<td>Mean - social or emotional needs</td>
<td>-</td>
<td>-</td>
<td>13.8 – borderline range for all groups</td>
</tr>
<tr>
<td>Mean – All children</td>
<td>-</td>
<td>-</td>
<td>9.2 – normal range for all groups</td>
</tr>
</tbody>
</table>
vi) Student-Teacher Relationship Scale (STRS)

Permission was sought from the author of the scale to use it for the purposes of this study. Normative data for the STRS was collected from a sample of 1535 children aged between four and eight years across a number of states in the United States of America (Pianta, 2001). The mean scores available in the normative data reflect the long form of the scale. In the present study, the short form of the scale was used. This comprised of items measuring conflict and closeness and omitted items measuring dependency. This choice was made due to it being the recommended version by the author, and also due to time constraints for both the researcher and the Key Persons completing the scales. The scale was scored using a guide from the author (Pianta, 2001).

Cronbach’s alpha for the closeness items is .84 and for the conflict items is .85 (Jerome, Hamre & Pianta, 2008). Mean scores generated for Kindergarten children in a study conducted by the author of the scale (Pianta, 2008) can be found in table I alongside means from the present study. The original study examined general trends in teacher reports for 878 children.

<table>
<thead>
<tr>
<th>Study</th>
<th>Closeness</th>
<th>Conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pianta, 2008</td>
<td>34.25</td>
<td>10.4</td>
</tr>
<tr>
<td>Present study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No SEN</td>
<td>35.4</td>
<td>10.8</td>
</tr>
<tr>
<td>social or emotional needs</td>
<td>35</td>
<td>12.6</td>
</tr>
<tr>
<td>All children</td>
<td>35.2</td>
<td>11.7</td>
</tr>
</tbody>
</table>

The data shows that in all cases, scores for closeness and conflict were higher in the present study. It is important to note, however, that the original study shown above was carried out in the USA and Kindergarten-aged children are at
least four years old at the start of their school year. This means that the mean age of the children in the original study may have been higher than the mean age of the children in the present study (as some participants were three, and one was still two).
2.6.4. Details of Data Analysis

i) SPSS correlations

SPSS was used to generate correlations of all the numerical data obtained from the scales the observations. These data were used to validate some of the methods used through examining the relationships that were produced.

ii) Excel spreadsheets

Excel was used to manage all the data from the observations and scales. Excel was chosen over SPSS due to the ease at which it can present data in clear graphs and tables. Excel was used to calculate means and percentages from across the range of data, and was used to produce the graphs present in the final report.

iii) Coding of interview transcriptions

Interviews were coded and transcribed in the same way as was done in paper one (see appendix 1.6.4, p. 64). However, not all the participants in the first part of the study participated in the case studies. Subsequently, a duplicate data set was created, and the data from the participants who did not participate in the case studies was removed. This allowed the initial codes from the first analysis to remain intact.

As a result, the new data file represented the views and codes obtained from the participants that took part in the case studies. Stages four onwards (reviewing themes, defining and naming themes, and producing the report) of Braun and Clarke’s (2006) approach to Thematic Analysis were repeated for this new data set to ensure that the themes used before were still appropriate.
These data were then used to cross-reference some of the findings from the observations.

iv) Observations

The structured observation schedule (Key Person/Child interaction Schedule) was scored and entered into Excel in order to generate means. The quantitative aspects of the semi-structured observation schedule (Naturalistic Observation Schedule) were also recorded and entered into Excel.

The qualitative notes on the interaction types were then coded, initially using some of the codes from the transcribed interviews and codes that had been assigned informally during the observations. These were revised during the analysis process to fit around the data collected once a range of different interaction types had been identified.

2.6.5. Ethical Considerations

The University Ethics form was completed prior to the commencement of data collection (section 4, p. 166). Informed consent was obtained from all Key Persons involved, as well as from the parents/carers of the children involved in the case-studies. Parents were also informed of the research and procedure through a letter. Whilst there are issues surrounding the observation of individuals who are not aware of being observed, these were managed through informing the parents/carers and through ensuring that the observations had minimal impact on the children in the setting.

Parents/carers and Key Persons were given contact details which they could use if they had any questions regarding the research. At the end of the study,
settings and parents/carers were thanked, and Key Persons were offered debriefing. All settings will be offered a summary of the findings once they are available.
3. Procedure for the Whole Study

The following section is a step-by-step description of the research procedure used for both papers, describing the recruitment of the participants, the use of the research materials, and the sequence of data analysis.

1. Six settings were selected in the summer term of 2011 based on their familiarity with the researcher through previous casework.

2. **First visit:** Each setting was visited in person, and asked if they would be willing to participate in the research. Three levels of participation were offered; the completion of the survey by willing Key Persons, the participation in interviews and the participation in the case studies. Each level included the previous level.

3. **Second visit:** Surveys were delivered to interested settings. Attached to the survey was a register of interest for the further levels of the study (the interviews and the case studies). A date was arranged for a third visit in order to collect completed surveys. This was usually the following week.
4. **Third visit**: Surveys were collected and settings were asked if they had any staff interested in the further levels of involvement. For interviews, dates were arranged with the interested staff member. All Key Persons who volunteered for the case study were also interviewed, and once an interest in the case study was registered, settings were given the participant requirements and a discussion was held as to which children may be suitable and which Key Persons would be willing to take part.

5. When two children had been identified by the settings (one as typically developing and one as presenting with social or emotional needs), consent forms and a letter to parents explaining the aims of the study and the details of their consent (such as the right to withdraw and the treatment of confidential information) were sent. Participating Key Persons were also asked to complete consent forms.

6. Once consent had been obtained, a visit was arranged to deliver the case study materials. This included sufficient copies of the diary (20 copies for 20 sessions), consent forms for the Key Persons, and an SDQ to be completed for each child. The Key Person was asked to complete the SDQ and consent forms at the time, and the observation sessions were then booked in. SDQs were scored before the first observation took place.
7. Each child was observed twice for a complete morning or afternoon session using the Naturalistic Observation Schedule (see appendix 2.6.3, page 126), and during one of the sessions, the Key Person was asked to complete the focused observation activity (see appendix 2.6.3, page 132).

8. For Key Persons participating in the case study, interviews were either conducted prior to commencing the observations, or at one end of one of the observation sessions (depending on Key Person availability). Key Persons were also asked for feedback on their progress with the diary, which highlighted some initial concerns.

9. When all observations and interviews were completed, a date was arranged to collect the completed diary forms. Key Persons were then thanked and debriefed at these visits.

10. The initial data analysis process was started during the school summer break and continued into the autumn term. In the autumn term, additional time was available to collect more data. Three further settings were identified and contacted through EP service connections, however one setting declined participation. The remaining two settings agreed to take part on all levels, and the procedure was once again followed from step 5.
11. During the observations, staff were asked to report on their progress with the diary. This further highlighted the existing limitations and the KPAS was developed in order to address the issues (see appendix 2.6.3, page 135).

12. After the final observations, the remaining diary forms were collected and the Key Persons were thanked for their time and debriefed.

13. During the collection of the new data, the data analysis process halted and, following the end of the data collection, was resumed. All new data were added to the existing data, and further analysis was conducted to take it in to account.
4. Executive Summary for Participating Settings

Background

During the summer term of the 2010-2011 academic year and the autumn term of the 2011-2012 academic year, a number of early years settings (including your own) participated in a piece of research exploring the role of Key Persons and their relationships with their Key Children.

Aims

The aims of this piece of research were to explore the role of the Key Person, and the approaches they use when building relationships with the children in their care, and the quality of the relationships that are formed between Key Persons and their Key Children.

Methods

The research involved Key Persons completing a survey which asked for their views on aspects of their role. This included what Key Persons considered to be the most important aspect of their job, as well as their knowledge and use of the Government Guidance and attachment theory. Some settings also participated in interviews and case studies, which explored Key Person practice even further.

The case studies involved observing two children from each setting and the interactions they had with their Key Persons and the other adults. The settings were asked to select one child that they assessed to be typically developing, and another that had some social or emotional needs.
The number of interactions between the children and adults were recorded, as well as who started the interactions, and whether eye contact and physical contact were made. Notes were also taken on the types of interactions that were taking place. A focussed observation was also carried out once for each child and Key Person pair, which looked more closely at how they interacted during an activity of the child’s choice.

Findings

The results of the survey and interviews showed a clear preference amongst Key Persons for the use of experience in informing everyday practice over other factors such as the Government Guidance, setting ethos and personal beliefs. Whilst most Key Persons were aware of the guidance, not all seemed confident in how well they knew it.

There was a lot of variation in what Key Persons considered to be the most important aspect of their role, although there was consistent evidence of their sensitivity to the needs of their Key Children.

The case studies showed that the children with social or emotional needs initiated more interactions with the Key Person and other adults than the children who were typically developing. Key Persons initiated, on average, one more interaction per hour with the children with social or emotional needs than with the typically developing children. All children seemed to have more interactions with their Key Person than with any other adult in the setting.
Implications

The implications of the observation findings suggest that children with social or emotional needs might benefit from access to more contact in the setting than the typically developing children. This is important to consider in light of allocating children to Key Persons, as it might be useful to allocate fewer children to a Key Person if they need to spend more time with some who have a greater level of need.

Most settings reported that children are allocated a Key Person based on staff rotas and child attendance. However, they also said that despite this, children still had the freedom to choose who they form positive relationships with. This suggests that it might be useful for settings to monitor relationships between children and adults, with a view to reassigning allocations if the Key Person and Key Child have difficulty forming a relationship.

The findings suggest that there might be different aspects to the Key Person role. One aspect seems to serve an administrative purpose, with the Key Persons being responsible for monitoring the development of their Key Children. There is also a care role, where the Key Person builds a relationship with their Key Child, supporting their needs at an emotional level as well as a practical (food, toileting) level. The shared care element of Key Person practice was noted throughout the study, as participants described how they support each other in monitoring the development and learning of the children.

Overall, the study portrayed Key Persons as flexible, caring and committed individuals, who demonstrated clear skills in building positive relationships with the children in their care.
Finally, I would like to take this opportunity to thank all the settings and Key Persons that participated and contributed to this research, and for making it such an interesting and enjoyable experience. If there are any questions about the findings described in this summary, please contact me using the details given below.

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5. Literature Review

This literature review has been marked and is not to form part of the thesis examination. It is included here for completeness.

This review of the literature aims at uncovering, considering and critically responding to, the past and present theory and research which may be pertinent to the study for which it represents.

The theoretical basis for this research lies in the psychology of early relationships, perhaps the most well known of these being attachment theory. Within the word-limit restrictions of this review it would be impossible to cover all the literature relating to the theories of early attachments and relationships. Therefore, whilst acknowledging an awareness of the expanse of research in the field, only what are perceived to be key texts and papers will be looked at in depth.

In order to approach this task effectively, the review will take be broken into three sections. Firstly, a historic overview of the literature surrounding early relationships and attachments will be provided, with key pieces of research considered. This will form the basis for the second section which will review current thinking in the aforementioned field. Finally, research specific to early education settings and the role of the Key Person will be explored.

The search databases used in this literature were EBSCO, PsycARTICLES and JSTOR, all of which were accessed through the University of Exeter’s online library. The names, key words and terms used in searches were; attachment,
day care, child care, relationships, adult child relationships, attachment stability, Bowlby and Harlow.

Further articles were identified through the reading in reference lists. It was through this method that the *Handbook of Attachment* (Cassidy & Shaver, 2008) and *Attachment and Loss* (Bowlby, 1969) were discovered as potentially key resources.

The online search engine ‘Google’ was also used to search for the current government guidance. To do this, ‘Early Years Foundation Stage’ was typed into the search box and the site was identified through the links which came up.

**Early relationships and attachment theory; the past**

Attachment theory appears to be ever-evolving; from its beginnings in the work of John Bowlby (Thompson & Raikes, 2003), to present day research. There is a huge catalogue of literature charting this journey which investigates the effects of the various assumptions of attachment theory on aspects of a child’s development. The aim (broadly) of the research that this review is attached to, is to explore the development and maintenance of the relationships between adults and children in Early Years settings.

Relationships appear to have been an area of research for psychologists for many years, and have been the focus of numerous well-known studies. Prior to attachment theory as it is recognised today, some of the ideas regarding the importance of relationships in early life stemmed from psychoanalytical and learning theories. Bowlby (1969, p. 178) identified four theories from this body of literature; the theory of Secondary Drive, the theory of Primary Object
Sucking, the theory of Primary Object Clinging and the theory of Primary Return-to-Womb Craving. These theories focussed on physiological needs, the infants relation to its mother’s breast, the infants need to ‘cling’ to another human being and the infant’s need to return to the womb due to their anger at being expelled from it. Some of the key early studies which contested early views include Harlow and his monkeys (Messer, 2004, p. 344), and Schaffer and Emerson (1964) who emphasised the importance of positive interactions in the attachment forming process. Harlow’s (1958) influential research demonstrated that the comfort of physical contact appears to outweigh the provision of food, suggesting that the act of nursing is primarily therefore to facilitate this intimate contact regularly.

Bowlby then went on to develop an alternative to the ideas outlined above, identifying four phases involved in the development of attachment behaviours. These phases start with the infant not discriminating between different adults, and evolve to forming preferences, distress at separation and finally reciprocal relationships (Bowlby, 1969, p. 266-267). Another key theory which Bowlby developed, which is pertinent to this research, is the sensitivity hypothesis, which states that a caregiver who is more sensitive to the child’s needs, promotes a more secure attachment relationship. The relevance to this piece of research will be discussed in more detail in a later section of this review.

Building on the idea of attachment behaviours, Mary Ainsworth and Silvia Bell (1970) designed the Strange Situation as a method of assessing infant attachment. This is perhaps one of the most influential and well-known early studies of the theory. Ainsworth’s strange situation placed infants in a room in a sequence of scenarios during which the infants behaviour was observed. These
scenarios were as follows; the parent and infant alone; a stranger with the parent and infant; the stranger and infant alone; the parent returning and the stranger leaving; the infant alone; the stranger returning and being alone with the infant; and finally the parent returning to the infant and the stranger leaving. The focus of Ainsworth’s observations were the anxiety the infant experienced when separated from the parent, the anxiety the infant experienced in the company of the stranger and the reaction of the infant when reunited with the parent. These observations led to the description of three attachment types in children; avoidant, secure and ambivalent. The addition of a fourth type, disorganised, was described by Main, Kaplan & Cassidy (1985). Part of the premise, and subsequently distinction, behind these various attachment types was the infant’s attempts to strike a balance between their comfort and safety needs and their need to explore their environment (Ainsworth, 1985).

Ainsworth’s strange situation has since become regarded by some as the ‘Gold Standard’ of attachment measures (Lim et al, 2010). The coding approach requires a high level of training and usually has a high within-laboratory, inter-rater reliability (Solomon & George, 2008). However, it has also been recognised that there are still issues around measuring relationships with other caregivers and for exploring attachments in non-Western cultures.

**Why is attachment important?**

If one is to argue for the impact of early attachments on outcomes for children as they develop, perhaps a key piece of reading is a chapter in the *Handbook of Attachment* by Thompson (2008). Thompson’s chapter revisits the questions surrounding the relationships between attachment and later development,
framing them in the light of current understanding. He looks specifically at factors most directly associated with Bowlby’s original ideas, for example relationship functioning, emotional regulation and social-cognitive capabilities. Thompson (2008, p. 361) concludes that the literature continues to support the argument that children labelled as ‘securely attached’ experience more positive outcomes in many areas. However, he makes note that the reasons behind this are not clear. Thompson draws attention to the literature which suggests sensitivity is an important factor. This may be quite relevant to understanding the attachment relationships between Key Persons and children in Early Years settings as the Key Person’s sensitivity to the child’s needs may be paramount to the dynamics of their relationship.

There also seems to be a relationship between attachment and academic attainment, which interestingly seems mediated by increases in competent exploratory behaviour (Moss and St-Laurent, 2001). This is also picked up by Whipple, Bernier and Mageau (2009), who suggest that a complementary way of looking at infant attachment could be through the eyes of Self Determination Theory. The link here is that the child’s caregiver can either support or hinder their natural, intrinsic motivation which drives them to explore their environment (Whipple et al, 2009). This could be quite an important factor to consider in the current study owing to the exploratory and play-based nature of the Early Years Foundation Stage (EYFS). The extent to which the Key Persons facilitate this exploration and discovery could be a factor indicative of the quality of their relationship with the child.

An interesting issue raised when considering the implications of early attachment, is the stability of such attachments. Is a child able to change the
nature of their attachment to key adults; for example from insecure to secure of vice versa? Does this subsequently have an effect on their later life outcomes? A piece of research by Bar-Haim, Sutton, Fox and Marvin (2000), explored the stability of attachments longitudinally in a population of 48 infants. They looked at the attachments of the infants at 14, 24 and 58 months through Ainsworth’s Strange Situation. Their findings indicated that attachments were more stable between 14 and 24 months and less so between 14 and 58, and between 24 and 58 respectively. Despite there being aspects of the research which may be worth considering (in terms of its validity and application); for example that the sample of 48 children came from predominantly white, middle to upper-class families in one United States city, it is important to consider the argument that if instability is detected in one population, it could theoretically be detected in another. More interestingly, the researchers used what they term as a ‘modified’ Strange Situation’ test at 24 and 58 months. There does not appear to be any justification for this, and so it might be assumed that the reasons were to adjust the procedure to be more appropriate for older children. Additional to this, the 58 month old children were also coded with a more ‘age-appropriate’ coding system which was developed by different authors, although apparently still in line with Ainsworth’s original system. The subsequent differences here in methodology could have contributed to the resulting findings, more so than the population used, through process of the differences in measurement drawing out something slightly different to the original. Another aspect to the findings of this research which may be of interest and relevance here is that the mothers of the children whose attachments did not remain stable reported more negative life events than those whose did remain stable. This could have important
implications to Early Years providers as, if the time spent in the setting is frequented with negative or positive life events, a child entering with one attachment type could hypothetically leave with another. On the other hand, this also raises some questions; for example, is a child able to have multiple attachments, some of which secure and some insecure? If a child arrived in a setting with difficulties arising from their relationship with their primary care giver, could they build a secure attachment with an adult in the setting and what impact would this have on that child’s future?

The perspective that attachments are not entirely stable is further supported by research into adolescent attachment patterns (Scharfe & Cole, 2006; Zimmerman & Becker-Stoll, 2002), with the suggestion that stability may be mediated by events causing distress. However, it seems implied from the literature that attachment types remain, more often than not, fairly constant (Thompson, 2008; Scharfe & Cole, 2006; Zimmerman & Becker-Stoll, 2002).

The effectiveness of attachment interventions could be considered to be an argument contrary to this. It is, however, important to bear in mind that an intervention could work through changing attachment types, or by providing the child with the means by which to achieve the most from their current attachment type. Therefore interpreting any successful intervention as evidence for the stability (or instability) of attachment types could be problematic. An interesting paper by MacKay, Reynolds and Kearney (2010) looks at nurture groups and the impact they appear to have on academic achievement. It uses information gathered from an ongoing study that is taking place in Glasgow, and as well as supporting the notion that attachment impacts academic attainment, they also support claim that the original Boxall Nurture Group intervention is one for
attachment. MacKay et al (2010) describe the characteristics of a ‘traditional’ nurture group, and it appears from this that the groups seek to build secure and positive attachments within the setting as well as provide the child with skills and competencies.

It is still worth considering the inherent problems with attachment research, not least of which relate to some of the later difficulties experienced by “insecurely attached” children, which could also be the result of factors other than their attachment to their parents (Rutter, 1995). Furthermore, the concept of internal working models, which depict attachment as more of a dynamic and flexible process, raises questions as to the long term impact of certain factors, given the assumption that things could “change” (Thompson & Raikes, 2003). Perhaps it is more the case that the interplay of additional factors surrounding the child’s early experiences are more indicative of the effects those experiences may have than the early relationship that child has with their caregiver.

The above section has provided a literature-based argument regarding the impact of attachment on development. It seems that, from the examples given above, attachment types appear to impact later life outcomes, with more secure attachments resulting in more positive outcomes (Thompson, 2008). This review will now look more closely at day care provision and the possible implications on children’s attachments.
Day Care

Owing partly to Bowlby’s work, there were concerns raised as to whether placing children in day care was having a negative effect on their early attachments (Bowlby, 1951). However, despite a wealth of research being conducted into this area, there appears to be insufficient evidence to either support or refute this. It has been suggested that this could be in part due to a large range in methodology, provision and circumstances that may be affecting the data collected (Belsky, 1986). Belsky (2001), however, still argues for the continuing negative effects of day care, specifically for younger children who spend longer periods in non-maternal settings. It could also be the case that effects are also influenced by the quality of interactions when the child is at home. Greenspan (2003) identified certain risk factors which seem linked to the effect day care has on young children. These include the nature of the interactions in the setting, the child’s information processing abilities and family stress. Whatever the true nature of the impact of day care, one thing seems quite clear; another research study into the effects of day care on children’s attachments may simply add more disparity to the literature. This is especially if it were to add yet more variation to the plethora of methodology used previously.

Howes & Spieker (1999, p. 317) suggests that, through evidence gathered by previous research, professional caregivers may represent alternative attachment figures for children whose legal caregivers are unavailable. It is from this perspective that the current research takes its grounding, and a study which is key here is one conducted by De Schipper, Tavecchio and Van IJzendoorn (2008). The study explores children’s attachment relationships with
their day care caregivers in settings in the Netherlands. On the surface, this could be considered a sister study to this present piece of research, and so as the methods and findings are described, so too will be the important differences between De Schipper et al’s work and the current research. Perhaps it is important to note here that the differences that are being referred to are additional to the fact that this is a piece of Dutch research, and so the current study’s aims to examine UK guidance and practice in these areas remain a unique contribution.

De Schipper et al (2008) observed 48 children aged 26-50 months for one morning in their day care setting. Each child attended a different group, and the study encompassed 41 different day care settings in the Netherlands. Each child was videoed in their classroom environment as they went about their daily activities and also during some structured time with their professional caregiver. The researchers used the Attachment Q Sort (AQS) as a means of coding attachment security, and the Observational Record of the Caregiving Environment (ORCE) as a means of coding the behaviour of the caregiver towards the child. The AQS was designed to observe attachment behaviours in a natural setting between the child and their primary caregiver. It consists of 90 items which can be sorted into 9 sections depending on whether the behaviour is considered characteristic or uncharacteristic of the child. This is then compared with a model of an ‘ideal’ securely attached child, which based on the original author’s (Waters, 1987) compilation of expert views as to what this constitutes.

If we are to look briefly at the AQS (as used by De Schipper et al, 2008) as a means of data collection, it appears on the surface to be quite thorough.
However, the drawbacks here are that it apparently requires training in order to use properly and furthermore, if it is to be used outside of the context of the primary caregiver and child, it may be difficult for a research to establish what behaviours are characteristic and uncharacteristic of a child without spending a substantial amount of time with them. This seems to form the basis of one of the major drawbacks to this piece of research, as the information was based on one morning’s observation for each child. Subsequently, any particular child may not have behaved in a way which is representative of their usual behaviour in this time period. Furthermore, the researchers coding the videos afterwards would not appear to have had sufficient time to be able to appropriately judge which behaviours could be considered characteristic of each child and which ones could not. Thankfully, measures were taken to balance this issue out, as the researchers asked the professional caregivers to complete the Infant Characteristics Questionnaire. Whilst the mean time caregivers had worked with their children was around 15 months, it still forms uncertainty as to how appropriately this information could be provided, given that they may not know the child as well as the primary caregiver. De Schipper et al (2008) also identify some limitations in their data collection, noting that child-adult ratios might affect the amount of time the child is observed interacting with their professional caregiver. This is a factor which should be considered relation to the current research also. De Schipper et al have attempted to address this by providing the structured activities as an opportunity for one to one interactions; however this may subsequently have created a more artificial environment which is not necessarily representative of what might have occurred in a more naturalistic context.
One of the foci of the current study is the Key Person and the approaches they use to build positive relationships with the children in their care. De Schipper et al’s research also considers the professional caregiver (their term for what appears to be a similar role), although the methodology only sought to observe the behaviours they demonstrated, rather than explore the relationship between these and their espoused influences and approaches. The ORCE was used, which the authors describe as measuring behaviour frequencies and the quality of what is labelled positive caregiving. This seems to be quite a useful set of observational guidelines, however they may also be vulnerable to the same limitations as the child observations, namely that only one morning was spent collecting the observation data for each caregiver. Subsequently, they may also not have accurately represented themselves in that time.

De Schipper et al’s results suggest that the quality of the positive interactions from the professional caregivers was not related the child’s attachment security. Interestingly, the authors draw a link to Ahnert et al’s (2006) research, who suggest that as group interactions dominate, it may be difficult for staff to remain fully aware of all their children’s emotional needs. This is an interesting issue, and is particularly relevant to the current UK guidance which places heavy emphasis on the Key Person role. If meeting children’s emotional needs is more appropriately done through group rather than individual interactions (by way of staffing levels and setting organisation), then perhaps it may be worth considering further research on how to accomplish this effectively.
Literature Review

**Researching Attachment**

As mentioned previously, Ainsworth’s Strange Situation (1970) is seen as the ‘Gold Standard’ of attachment measures (Lim et al, 2010), and in relation to day care in particular, there is already a variety of different methodologies that have been used in attachment research (see also the AQS discussed in the previous section). This raises the issue, however, as to what these methods of measuring attachment are, and how appropriate are they to the current study. This section of the review seeks to outline the research around attachment methods and justify the current choice of methodology which will be used in this research.

A paper by Lim et al (2010) outlines a systematic review of attachment measures, which was conducted in order to evaluate their practical uses. The authors identified 12 studies which met their inclusion criteria, part of which was the use of the Strange Situation in the research, which could then be used by Lim et al as a basis for validating the other measures that were used. Following their analysis, Lim et al concluded that ‘quick and ready’ attachment measures did not exist at the time of writing. However, this may be contestable as one of the criteria for exclusion from the review was any articles published after August 8th 2007. Whilst it is unclear when Lim et al began their work, the paper was published in late 2010, and so there may be the possibility that between August 2007 and the time of publishing their paper, there may have been more measures devised and used which might be practical and effective. The authors also used a selection of databases and keywords for their searches, which whilst appearing to be quite thorough, still presents the possibility that some research may have been present that could not be found through their search
criteria and databases. Interestingly, one of the inclusion criteria for the review was that participants were a cohort or small group. This seems a little out of place considering the authors were attempting to identify measures which could be used in large scale studies, and raises the possibility that had they included large populations in their research it might have yielded more measures. However, whilst the reasoning behind this decision is not made clear in the paper, it seems that it is likely to be in line with using the Strange Situation as a basis for comparison; a measure which could mainly have been limited to studies with a small participant group, due to issues regarding the practicality of its use. This does raise further questions regarding the appropriateness of the Strange Situation as a comparison choice however, especially if they were basing the validity and criteria for a larger scale measure on a small scale one.

The above study did yield one possibility which, for the purposes of the current research, might prove to be an effective method of data collection. The Parent Attachment Diary (Stovall & Dozier, 2000) was described by Lim et al (2010) as a measure for looking at the development of attachment behaviour in children towards foster carers. The diary takes the form of a checklist which is intended for the carer to fill out daily, and focuses on times of stress for the child. The carer ticks off how the child behaved, their response to this behaviour, and the child’s subsequent response to this, from a list of options. The times of stress that the diary covers are when the child is hurt, scared or has been separated from the carer. Lim et al report that the Parent Attachment Diary currently has no published validation, however the materials and procedure are such that it makes it easily accessible and understandable for other researchers and participants to make use of. Furthermore, Stovall and Dozier (2000) reported
that scores on the Parent Attachment Diary showed significant correlation with categories on the Strange Situation.

The published study in which Stovall and Dozier (2000) appear to first use the diary is a piece of research which seeks to analyse the developing relationships between a cohort of children and their new foster carers. Carers were asked to fill out the diary every day for two months (60 days) and also to participate in an adult attachment interview. Attachments between the infants and their foster carers were also explored using the Strange Situation. The authors claim that the diary has been validated, but as indicated above, this validation has not been published. The diary was validated using a sample of 42 biological and foster parent families. Each carer completed seven consecutive days worth of the diary and then participated in a Strange Situation within three weeks of completing the diary (for biological parents), and within five months of completing the diary (for foster parents). Infant ages ranged from 8 to 19 months. It was reported that children who were classified as having ‘secure’ attachments by the Strange Situation, had significantly higher ‘security’ scores on the diary. The methodology used here appears to be quite sound, with high inter-coder reliability and coders being blind to both the infant’s Strange Situation classification, and the attachment classification of the adult from the Adult Attachment Interview.

Despite these methodological strengths, the diary method does raise some questions, especially if it were to be used in other contexts or with older children. For example, in the diary sections, children receive an ‘avoidant’ classification if (after being hurt or scared) they pretend they are fine and do not actively seek adult attention or soothing. This would seem to be logical, but it is
not clear as to where the line is drawn in relation to developing independence (i.e. does the child feel they need to be soothed?) or also in relation to what may scare or hurt the child (if one is to consider individual differences, different children may be scared or hurt by different things). The inter-coder reliability does not really apply to these concerns as any interpretation as to whether the child is truly hurt and avoiding would have been made by the parent who, in the case of the foster carers, may not know their child very well at the time of completing the diary. Furthermore, if the diary was not filled out immediately, carers would be relying on recall to fill the diary out, the reliability of which could be called in to question. These concerns can carry across into an Early Years setting, for if one was to ask Key Persons to complete the diary daily in relation to one of their children, the demands of their role may mean they have to do it at the end of the day and recall incidents and behaviour. They may also have differing opinions of what may constitute ‘hurt’ or ‘scared’, and the language in the diary could, in turn, influence their interpretation of an event.

It seems then, that whilst the diary may not be a perfect form of collecting data on attachment, there appear to be few, if any, methods which require little training to administer and which still correlate with the ‘Gold Standard’ Lim et al, 2010). Furthermore, in terms of appropriateness for non-parental caregivers, Ahnert, Lamb and Pinquart (2006) argue that measures of attachment which assess secure base behaviour can still reliably describe these relationships. Subsequently, one can argue for its use as tool for aiding attachment research, particularly in the context of a case study.
Current guidance and the Early Years Foundation Stage

Attachment theory appears to have had a rather significant impact on current guidance, policies and practice with children and young people (Slater, 2007). It is also integral to the work of agencies such as Sure Start and social care. This section aims to review the guidance that the government provides for early education settings, including day care provision, identifying the sources and critically analysing its position.

The Early Years Foundation Stage (EYFS) framework currently provides guidance for practitioners through the “Positive Relationships” principle. Within this, there is a section regarding the “Key Person” which contains a piece on “secure attachment”. There are four guidelines listed and they are as follows;

• “A Key Person helps the baby or child to become familiar with the setting and to feel confident and safe within it.

• A Key Person develops a genuine bond with children and offers a settled, close relationship.

• When children feel happy and secure in this way they are confident to explore and to try out new things.

• Even when children are older and can hold special people in mind for longer there is still a need for them to have a Key Person to depend on in the setting, such as their teacher or a teaching assistant.” – National Strategies (n.d.)

These guidelines appear to have stemmed from what the authors of the various papers have decided are the ‘key’ messages from the attachment research. They summarise these as follows:
• “Young babies become aware of themselves as separate from others, learning also that they have influence upon and are influenced by others.
• Babies develop an understanding and awareness of themselves, which is influenced by their family, other people and the environment.
• Young children learn they have similarities and differences that connect them to - but distinguish them from - others.
• Children show their particular characteristics, preferences and interests and demonstrate these in all they do.
• Young babies seek to be looked at, approved of and find comfort in the human face.
• Babies gain attention: positively or negatively.
• Young children strive for responses from others, which confirm, contribute to, or challenge their understanding of themselves.
• Children need to feel others are positive towards them, and to experience realistic expectations in order to become competent, assertive and selfassured.” - David, Goouch, Powell & Abbott (2003).

The above points seem to be very general in nature, and the authors have not been clear in demonstrating which points have been derived from which aspects of the research. In fact, it is difficult to be specifically critical of many of the ‘messages’ given above, as they appear to be rather vague, which is, in itself, a criticism of the work. This criticism can be carried across to the rest of the work done, as the section in the paper entitled “What can we learn from attachment research” is not very long and contains a scant representation of the plethora of literature available. It argues from one perspective and provides the
reader with insufficient resources with which to then follow-up on their own initiative.

As mentioned above, the source material for the guidance on the role of the Key Person does not appear to be vast in nature, and seems to stem from a small circle of evidently key researchers (the word ‘key’ here refers to the sources being ‘key’ to the formulation of the government guidance and not necessarily to Early Years relationships as a whole). One particular government report cites Bowlby’s later work, as well as that of some other authors not covered thus far in this review (David, Gooch, Powell & Abbott, 2003). One issue with the information given in the government report described above is that it does not appear to contain a complete reference list. Furthermore, there was an additional difficulty with this, as it is also unclear as to whether the source material that is not referenced is from a journal or a book. This made it difficult to return to the online search engines.

It seems apparent that a particular key reference is the book “Key Persons in the Nursery: Building Relationships for Quality Provision” by Elfer, Goldschmied and Selleck (2005), which details the role of the Key Person, the rationale behind it and practical information on implementation. However, it appears that the text is tailored towards children under three years, and so this seems to omit a large population of children under five who access Early Years provision which also employ the Key Person approach. Are practitioners applying guidance to this age group which is geared towards younger children, or are they adapting it? Later this year, Elfer, Goldschmied and Selleck are publishing another book entitled “Key Persons in the Early Years: Building Relationships for Quality Provision in Early Years Settings and Primary Schools”, which
appears as though it will provide an updated description of the Key Person role and place it in the context of provision for the three to five age-range. It is due to be published in September, and so will be added to this literature review accordingly.

Despite the lack of clarity surrounding the source research providing the rationale for the Key Person approach, there does seem to be a recognised level of good practice in settings. A report by Ofsted (2009) highlighted some of the best Key Person practice they had seen and what they felt was important in maintaining an outstanding service. Some of the themes they identified as important centred around the Key Person’s interactions with the child’s family (such as visiting the home prior to the child starting at the service), knowledge of each individual in their care, and a passion and interest in children’s development. This highlights that, by Ofsted’s standards, there are providers doing an “effective job”, which would indicate that the guidelines have filtered down sufficiently to Persons in the settings to recognisably influence practitioners’ practice. It is interesting to note here, that whilst the paper gives providers’ views as to the factors which make them successful, does not seem to convey their feelings and opinions in relation to the actual guidance, which leaves a gap for further inquiry. Additional to this, it appears to only be looking at what one could consider to be the ‘top’ layer of Key Person practice, and does not seem to be exploring the more intricate aspects of the role; for example the methods that Key Persons employ to build the positive relationships in the first place, and the mechanisms by which they identify and meet the varying needs of individual children.
Summary and Conclusions

This review has looked at the background literature surrounding the origins of attachment theory, the implications of attachments for development and attachment research specific to day care settings. It has also looked at attachment research methods and the current government guidance for Early Years settings in relation to the Key Person role.

From the above literature sources, it seems clear that the field of attachment is an extensively researched area, and the author acknowledges that there may be additional literature that is relevant and not covered here. Due to time constraints, an effort has been made to identify and discuss the most relevant literature to the topic of the current research, whilst being aware of the plethora of other studies, papers and texts which also exist.

In order to summarise the rationale for further research, it seems important to note that thus far, there does not appear to have been any research which considers the Key Person in the context of the current UK government guidance for Early Years. Whilst De Schipper et al's (2008) research runs along the similar theme of exploring the attachment relationships between the Dutch equivalent and their ward, it still remains specific to their context and has omitted the views and opinions of the day care staff as a source of potentially valuable information. From this angle, the current study approaches the issue from a different tone, and one which will hopefully yield information which is useful for UK providers, whilst also exploring the current nationally espoused approach.
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Your student no:  590035332

Title of your project:  Positive beginnings? The relationships between Key Persons and the children in their care.

Brief description of your research project:

This research project will explore the role of the Key Person in Early Years settings in two parts. In particular, it will be exploring the relationships that the Key Persons develop with the children in their care. The research objectives in the first part of the study are;

• To examine the approaches that Key Persons use to form relationships with the children in their care.

• To examine Key Persons’ perceptions of their role within the setting and the challenges they face.

• To examine the awareness and impact of the current government guidance on Key Person practice.

• To examine how settings organise and evaluate the Key Person role.

The objectives for the second part of the study are;

• To understand the dynamics in the relationship between particular Key Persons and children in care through intensive case studies

• To examine the nature and quality of the relationships between the Key Person and child in terms of the child’s needs, including their attachment styles and the Key Person’s responses to the child.

• To compare cases of Key Person-child relationships with children who have identified emotional/behavioural difficulties and those who do not.

Give details of the participants in this research (giving ages of any children and/or young people involved):

The main participants in this research will be pre-school and nursery Key Persons. In the settings they work, there will be children aged between three and five years old. Also, three children in this age group will be required to participate in a case study.

Give details (with special reference to any children or those with special needs) regarding the ethical issues of:

a) informed consent: Where children in schools are involved this includes both headteachers and parents). An example of the consent form(s) must accompany this document.
Informed consent will be sought from all settings and Key Persons participating, and from the parents of the three children who will be involved in the case study. Parents of children in all settings involved will be informed of the research taking place through a letter.

b) **anonymity and confidentiality**
All data will not contain names. All information will be stored securely and will be destroyed following completion of the write up.

**Give details of the methods to be used for data collection and analysis and how you would ensure they do not cause any harm, detriment or unreasonable stress:**
The methods that will be used for data collection will be a paper survey, a semi-structured interview, a diary and observations.

The survey will primarily employ items on a five-point Likert scale and will require a small amount of time for completion. It is anticipated around 50 participants will complete the survey. The interview questions will be based on the survey questions, allowing for participants to respond in more depth. 10 participants will be recruited for the interviews which will last for around 30 minutes. For the case study, three participants will be recruited and will be asked to complete a daily diary which consists of tick-box items and open-ended sections. The supplementary observations will use a structured schedule focusing on interactional factors such as eye contact, closeness and tone of voice used.

There will only be direct, interactive contact with adults during the data collection, although the observations will take place in settings and so incidental contact with children may occur through being in their presence. Steps will be taken to ensure all materials to be used are sensitively worded and all participants will be offered a full de-brief after the research so as to ensure that any issues raised in the process are discussed and resolved.

Data analysis will be conducted through SPSS and Nvivo software packages. This data will be stored on a secure, password protected laptop.

**Give details of any other ethical issues which may arise from this project (e.g. secure storage of videos/recorded interviews/photos/completed questionnaires or special arrangements made for participants with special needs etc.):**
Storage of hard materials (surveys, diaries and interview transcripts/records will be in a secure, locked unit, and only the researcher will have knowledge of where this is. As all data will be numbered and anonymous, it will be difficult for any unauthorised person accessing the data to trace information to its source.

**Give details of any exceptional factors, which may raise ethical issues (e.g. potential political or ideological conflicts which may pose danger or harm to participants):**
With the focus of the study being on relationships, the researcher will take a sensitive approach to outlining the aims and findings of the research to all parties, as well as
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offering contact and full debriefing to all involved, including the parents of the children participating in the case studies.

This form should now be printed out, signed by you on the first page and sent to your supervisor to sign. Your supervisor will forward this document to the School’s Research Support Office for the Chair of the School’s Ethics Committee to countersign. A unique approval reference will be added and this certificate will be returned to you to be included at the back of your dissertation/thesis.

N.B. You should not start the fieldwork part of the project until you have the signature of your supervisor

This project has been approved for the period: Feb 11 until: March 12

By (above mentioned supervisor’s signature): date: 28/2/14

N.B. To Supervisor: Please ensure that ethical issues are addressed annually in your report and if any changes in the research occur a further form is completed.

GSE unique approval reference: 111140

Signed: date: 7/3/11
Chair of the School’s Ethics Committee
7. Bibliography


Department of Psychiatry.


Bibliography


