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# Learning from COVID: recognising the centrality of the relational in early years practice and research

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## ABSTRACT

The initial aim of this research was to undertake an in-depth study to understand the impact of COVID-19 on early years practitioners. Following a survey and interviews with staff in Kids Planet Day Nurseries, an early years organisation in England, we used thematic analysis to analyse their responses. The findings were diverse, particularly highlighting the centrality of relationships in influencing how people responded to the anxiety caused by the pandemic, but the learning did not stop there. The research team was multidisciplinary, including university researchers and a manager from Kids Planet. It was discovered that the professional role of the interviewer influenced the response to the questions. Similarly, discussions within the research group highlighted the entanglement of knowledge acquisition and ethical practice, with consequent challenges. We discuss the value of explicitly supporting a relational worldview in Early Childhood Education and Care as the foundation for understanding and promoting improved ways of working together.

## ARTICLE HISTORY

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## KEYWORDS

COVID-19; relationships; relational worldview; Early Childhood Education and Care; trauma-informed practice; ethics

## Introduction

In April 2020, a senior manager from Kids Planet Day Nurseries (KP), an early years organisation based in the north-west of England, approached researchers at York St John University, requesting a partnership approach to a research project. She was aware that the onset of COVID-19 was a traumatic event. The consequences would have major implications for Early Childhood Education and Care (ECEC) staff, as they fulfilled their responsibility for looking after the children of Key Workers working for other organisations, such as health and social care services. Her wish was that findings from the research would help her to create a 'toolkit' of techniques and strategies that would support staff in these challenging times.

A partnership approach was agreed, and a research team formed, consisting of five academics and the manager from KP. The identified aim was to enquire into the impact of COVID-19 on the early years practitioners employed by KP and the implications for the

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young children in their care. Between June and September, a survey was sent out to all employees, and 36 in-depth interviews were undertaken online with practitioners and parents.

The data collated were extensive and diverse, with too much generated for consideration in one article. This resulted in a decision that the data should be analysed and written up in different reports and papers. The specific aim of the research reported in this particular paper is to provide an in-depth qualitative study of a cross-section of the interviews and to include all members of the research team in the analysis and discussion of the findings. The focus in this phase was on the practitioners and gaining an in-depth perspective of the impact of COVID on them. The quantitative data from the survey, although referred to in this paper, will be presented and analysed in detail in other reports. Similarly, the data from the interviews not contained in this phase of the research project, including those carried out with parents, will be the focus of analysis in other papers.

The data analysis of the interviews selected for this study revealed 10 themes, which included the responses of practitioners to the pandemic and the factors that helped them navigate through a difficult time. What came through most strongly, though, was the centrality of relationships. Those expressing a resolute commitment to their work and a positive mental attitude were also more likely to mention the positive role played by supportive managers and good communication between team members. Conversely, those appearing more overwhelmed by the uncertainty and anxiety caused by the pandemic often commented on not feeling connected to those at work, or having difficulties at home, which put stress on their personal relationships.

However, what we are also considering in this paper is the importance of the relational, which became evident in the wider project, not only through its formal findings. This manifested itself in three ways. Firstly, there were qualitative differences in the responses of interviewees, depending on who was interviewing them. Secondly, a number of respondents shared their distress as a consequence of COVID, raising questions about how researchers should respond. This led, somewhat unexpectedly, into a deep discussion amongst the researchers concerning our ethical responsibilities in relation to the nature of the relationship between, and respective obligations of, the university researchers and Kids Planet. We had, prior to commencing the research, considered the ethical dimensions in setting up the project. What we had not predicted were the ethical issues that might be raised when interviewing traumatised practitioners, and the challenges this would present for the research team, particularly those who were counsellors by profession. Finally, there was the relationship between the senior managers at Kids Planet and the academics, when determining the kind of knowledge that was considered to be of value and worthy of dissemination.

One conclusion from our research was that the relational dimensions of experience are integral to human living. And yet, currently, the governance of western society, and increasingly globally, is permeated by a neoliberal ideology (Harvey 2007). Central to neoliberalism is the mechanistic principle of market forces, which assumes individualism and reductionism (Walton 2021, 2022). In challenging this ideology, and asserting the centrality of the relational, we are supporting the work of other researchers and intellectuals, who are arguing for a replacement of the prevailing mechanistic paradigm with

a relational worldview (Spretnak 2011). We discuss the implications of this for research and professional practice in early years settings.

## Methodology

The participants in the large-scale project, which creates the context for this specific study, were practitioners and managers from KP, and parents of children who were registered with nursery settings run by the organisation. A mixed methods approach was selected. Quantitative data, which included questions about early responses to the pandemic, were initially collected through a survey. This was sent out in June 2020 to nearly 1400 employees, which had a 32% response rate ( $n = 455$ ). Based on the responses to this survey, there were follow-up, in-depth, semi-structured interviews with 24 practitioners. In addition, 12 parents were also interviewed, to gain their perspective on the effect of the pandemic regarding the care their children received. All interviews were transcribed.

Ethical approval was gained through the York St John ethics committee. Research participants were provided with an information sheet concerning the research and signed a consent form prior to involvement. Every attempt was made to safeguard confidentiality, through anonymising the participants, and removing identifying details from the transcripts. Each interviewee received a copy of their transcription to check for accuracy.

There were five researchers involved in the interviews and six in the analysis: three from Counselling Psychology (DC, EB, EM), one from Education (JW), one postgraduate researcher with a professional background in ECEC (JD) and the Training Manager from Kids Planet who had initiated the partnership project (GM). This multidisciplinary team met regularly throughout the different phases of research planning, gathering of data and data analysis. Initially, this was to consider the findings from the survey, and to use these to plan the interview questions. Although a framework of questions was agreed, each researcher was also able to ask follow-up questions, depending on the answers received from the interviewee. Interviews lasted from 35 minutes to 1 hour 15 minutes, the average being 50 minutes in length.

As researchers, we wanted at least one part of the total research project to be an in-depth qualitative study of the impact of COVID on the practitioners. However, we had gathered a vast amount of data, which we could not realistically analyse as extensively as we wished. Because the intention was to engage, at this stage, in a rich detailed analysis, we made the decision – in the specific study that forms the focus of this paper – to spend more time on fewer scripts. Consequently, it was decided that each interviewer should select two of their transcripts, thus ensuring that our cross-section of data represented equally the interviews of all researchers. It was left to the discretion of each interviewer to select which of their interviews would be included. No objective criteria guided the selection. The personal subjectivity of the researcher was recognised; but as five interviewers were involved, with no prior speculation as to what we were looking for, we agreed that this approach did not present any significant risk of specific bias that would invalidate results. This resulted in a total of 10 transcribed interviews forming the first stage of the in-depth analysis. We all initially analysed these manuscripts, using an iterative thematic analysis process (Braun, Virginia and Clarke 2014). We then followed a six-step process informed by Braun and Clarke's (2006) approach to thematic analysis.

In the first step, two expert researchers in thematic analysis (JW and DC) read the transcripts several times in order to familiarise themselves with the information. At the same time, each of the other four researchers independently analysed their two transcribed interviews. As a group, we also all cross-familiarised ourselves with each other's transcripts.

In the second step, all members of the multidisciplinary team met, and conceptualised themes were developed in our discussion, following a series of coding stages. First, open coding was used, and initial codes were generated. This was then followed by initial codes being grouped into categories according to their similarities.

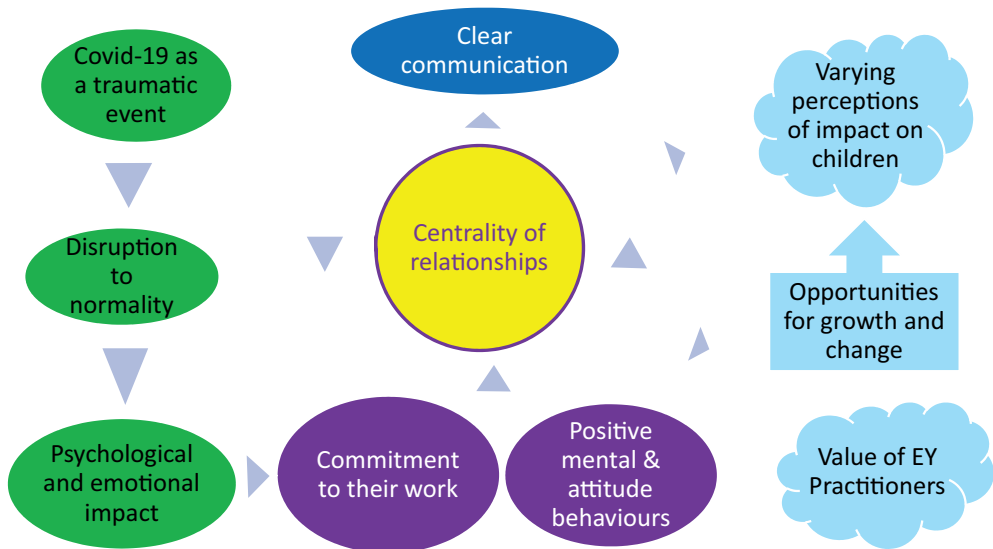
As noted by Braun and Clarke (2006), a theme captures something important about the data, and in some way represents a level of patterned response or meaning within the data set. Thus, in line with this, in the third step, the conceptualized categories, which were all drawn directly from the data, were organized into themes that accurately depicted the data. It was at this point that we formulated a first joint analysis grid (i.e. list of themes). Two of the researchers (JW and JD) then read a further 10 transcripts, again two selected by each of the researchers, to check the validity of the themes, and whether any significant theme had been missed. The final outcome of this process was the identification of 10 key themes (see Table 1).

In the fourth step, all members of the interdisciplinary team independently extracted and classified quotations that illustrated the different themes. This approach of identifying quotes that corresponded to a theme in the formulated analysis grid enabled the originality of what the participants had shared to be preserved.

We then moved onto a fifth step which constituted members of the multidisciplinary team engaging in a discussion and comprehensive analysis by examining the extent to which the conceptualised themes contributed to an understanding of the data. For each of the noted themes, all the quotes that related to each of the 10 conceptualised themes

**Table 1.** List of themes.

Theme	Explanation
COVID-19 as a traumatic event	There was considerable evidence to show that practitioners had experienced COVID-19 as deeply distressing and disturbing, creating fear and anxiety.
Disruption to normality as a consequence of COVID-19	Taken-for-granted structures and routines broke down, resulting in feelings of chaos and uncertainty.
Psychological and emotional impact	The psychological and emotional impact revealed itself in many ways, such as inability to sleep and easily becoming tearful.
Centrality of relationships	Relationships, both personal and in work, were central to enabling practitioners maintain resilience through the crisis and continue with their work.
Continued commitment to work	Many stated a steadfast commitment to supporting the young children in their care, despite feeling high levels of stress and anxiety.
Positive mental attitude	There was a determination by many to present a positive mental attitude, and behave in ways that were reassuring to others.
Clear and accurate communication	Clear communication, and having accurate information as to what was happening, were seen to be important in managing stress levels, including from Government, within the individual setting, and from all layers in-between.
Opportunities for growth and change	Despite the many challenges, there were for many unexpected positive outcomes which provided opportunities for growth and change.
Value of role of Early Years Practitioners	Practitioners considered that, when they were recognised at governmental level as Key Workers, this enhanced others' perception of their role, and increased their own sense of self-value.
Impact of COVID-19 on young children	There were widely ranging perceptions of what the impact on young children was, ranging from none, to severe disturbance.



**Figure 1.** Diagrammatic representation of themes.

were synthesized to illuminate the main ideas and summary of the content provided by the participants. These provided a response to the initial question concerning the impact of COVID on early years practitioners, and the implications for the children in their care.

A final sixth step involved the researchers meeting together to consider the learning that had come out of the study. This included us exploring the theoretical implications of the findings. We also discussed at length and in depth the ethical issues that had arisen in the carrying out of the interviews with practitioners who had experienced COVID-19 as traumatic, using Tracey's (2010) framework to aid our analysis.

## Findings

The 10 themes that emerged from the results of the survey, and a thematic analysis of 20 anonymised transcripts, are presented in Table 1, with an explanatory comment for each theme.

These findings are diverse and wide-ranging, and are being written up in different publications, each addressing a different aspect (Walton & Darkes-Sutcliffe 2021, 2023). Figure 1 presents an overview of how we perceived the relationships between the 10 themes. In this paper, we are focusing particularly on the 'centrality of relationships', with other themes being identified and discussed in terms of their connection to this main theme.

In the following analysis, we begin by providing an overview of the respondents' early experiences of the pandemic, which generally conveys negative feelings as a reaction to the disruption in their lives. We discover, though, that these negative feelings are often counteracted by positive relationships and being supported by others in both their professional and personal lives. The more strongly that practitioners experienced

a sense of connection within a network of good communication and interpersonal bonds, the more likely they were to express a positive mental attitude and a commitment to their work.

### COVID-19 as a traumatic event

There was considerable evidence to show that practitioners had experienced COVID as deeply distressing and disturbing, creating fear and anxiety. Eighty-two per cent of the respondents to the survey agreed that when lockdown was initially announced, they had experienced great stress and anxiety, with only 6% disagreeing or strongly disagreeing. Interviewees commented on trauma in a number of contexts: in relation to themselves personally; the effect on children and the wider impact.

For example, the impact at a personal level was described by a practitioner who spoke of there being no previous comparable situation to help make sense of what was happening:

Before COVID I was in such a fantastic headspace and it flipped me upside down so it's hard there's no guide or nowhere to go. (Room leader A)

One key person stated that *'it was a traumatic thing we have been through'*, and on being asked to say a little more about what she meant, she responded:

It's just the fear of the unknown, I don't think it was corona itself that's scary, it's the unknown and how that might impact you yourself as well as the long term. (Key Person A)

There was an awareness that this was a new experience:

It is a stressful time and nobody's been in this territory before so don't know how to deal with it, and being aware of that, because people might react different if they're stressed. (Key Person B)

The different ways of reacting created its own difficulty:

Everyone's been impacted and the way they deal with things changed, so it feels like walking on egg shells. (Room leader B)

### Psychological and emotional impact

The participants' varying expressions of the psychological and emotional impact of the pandemic included feelings of isolation, anxiety and a general feeling of being run down. One participant phrased it simply:

It's...been a bit lonely (Key Person C)

A physical symptom was sleep difficulties.

I've never had problems with sleep before but I've been struggling, like staying awake and struggle waking up early. (Key Person D)

Others felt that their anxiety spread out like tentacles:



It was like a lot of fear, you know what is happening and your own anxiety sort of kicks in and your own worry and what will happen to the nursery, like will it re-open and just thinking of all the children among all the change. (Manager)

## Centrality of relationships

What became evident was that, for some, the initial high levels of anxiety became less over time. The survey provided evidence of this; when respondents were asked whether their feelings of stress and anxiety began to decrease as changes were implemented, 50% agreed that they had. This was followed up in the interviews, when it emerged that a primary factor influencing the extent to which people were adversely affected by the traumatic experience of COVID was the quality of relationships and the levels of support they received. Professional relationships were central to this, with one practitioner describing how peers maintained contact, saying she was

Always in touch with them over the phone, video calls, through work we had a group video to stay in touch and we have a group chat anyway which is about work, and we can help each other and stay in touch talking about how you were feeling. (Key Person D)

Practitioners also were positively affected as a result of feeling that they were finally being valued, due to being seen as Key Workers, needed to look after the children of other Key Workers, such as National Health Service (NHS) personnel and teachers. Feeling more included in society again contributed to their continued commitment to children and their families.

Before (the pandemic) I was getting ready to move on because I felt undervalued, but it's definitely made me feel more valued, so it's helped cos I was desperate to leave at the start and it's helped me to calm down. (Key Person E)

Many felt that parents, as well as wider society, now valued them more:

I think it improved our relationship with parents and they've seen us differently and yeah, I think they started to appreciate us more and I think we've just got better relationships with them and they see us differently now. (Room Leader C)

Practitioners, when they did not experience being in a relational environment with others, expressed less positive comments:

I was just gaining confidence and getting to know people and now I'm like I don't know them well enough on a chat, so they'd have like in jokes and I don't feel like I'm at that level because I'm still new, so it's been a very stressful time. (Key Person F)

But making contact with others could change how they felt:

The anxiety was creeping back up but I spoke to my manager on Monday and she's lovely and the support is always there when you need it and if I reached out sooner I'm sure she would have been happy to discuss anything. (Key Person G)

One practitioner summarised the importance of relationships:

While being on furlough, I was anxious and feeling hopeless sat at home. Funny thing really when you work with people every day how quickly you can form important relationships that

shape your life and we don't really note just how important these people are until you are forced apart. (Key Person H)

## Implications of the centrality of relationships for leaders and managers

The status of the quality of relationships in relation to how practitioners responded to the pandemic was seen to be a significant factor throughout the research. The experience of connections with others was likely to help them manage their feelings of stress and anxiety. Those connections could be felt in a number of forms: working collaboratively with colleagues in their teams; being supported by managers; interacting with parents about the well-being of their children; having close relationships in their personal lives and, in a broader sense, feeling included in wider society through playing an important role as Key Persons. Conversely, those who felt anxious were more likely to express feelings of isolation and a lack of support.

These findings have implications for leaders and managers whose aim is to create an environment where all, adults and children, can thrive and achieve their aims. Understanding the importance of the relational in its multiple forms would seem to be a central guiding factor in their work. Traditional models of leadership have not paid much attention to this dimension. As Ancona et al. write:

Traditional images of leadership didn't assign much value to relating. Flawless leaders shouldn't need to seek counsel from anyone outside their tight inner circle, the thinking went, and they were expected to issue edicts rather than connect on an emotional level. (Ancona et al. 2007, 3)

Otero suggests that this has changed:

Building and nurturing trustworthy relationships now becomes a pivotal leadership function. Developing such relationships gives rise to community. Community is the vessel ... to transform people's lives. (Otero 2009, 2)

Whalley et al. states a view that resonates with what we witnessed in this research project:

It is through relationships that people develop attachments and make the connections that inspire a feeling of responsibility, rather than an obligation, towards common goals and objectives. (Whalley et al. 2019, 190)

It is our contention that the findings from our research have implications beyond the pandemic. It could be said that, given the pervasiveness of the pandemic, we have been provided with the opportunity to learn more, both about the nature of trauma and about effective ways of responding to it. Alexander (2020) has named COVID-19 as a 'collective trauma' which he explains as taking place when

members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways. (Alexander 2012, 6)

The implication of this is that the impact of COVID could continue through future decades. This has potentially serious consequences for young children. Research has ascertained a connection between traumatic childhood experiences and adult mental health issues (Selous et al. 2020; Mandelli, Petrelli and Serretti 2015). In recent years, there has also been

a growth in understanding about the relationship between young children's experience of trauma and the adverse impact on their brain development, impeding their learning and development (Jarvis 2020; Johnson and Brooke 2021; Zarse 2019; Dye 2018). Mine Conkbayir has investigated in depth the relationship between trauma and brain development, asserting that at a 'neurobiological and physiological level, *children under stress cannot learn* and they will fail to thrive' (2021: 91, italics in original).

Historically, trauma has been more strongly associated with extreme life events, such as being severely neglected, homeless or witness to extreme violence (Nicholson et al 2019). What the pandemic has highlighted, though, is that it is not just those affected by death or illness who have been affected. Fear of what might happen is a major factor, including the fear of death, a breakdown in normality and the uncertainty caused by not knowing what the future holds. These are not just associated with major crises but are 'normal' in the sense that they can occur at any point in a person's life, including the lives of young children. For example, many adults and children experience disturbance in family, work or school contexts. These may not always result in breakup or external expressions of distress, but they may contribute to a negative psychological state that includes anxiety and uncertainty, and hence may be experienced as traumatic. In other words, a disruption in any kind of relationship may contribute to an experience of trauma to a greater or lesser extent. What we are finding through this research is that, conversely, paying attention to the building and strengthening of relationships can help to counteract the effects of trauma.

## Significance of a relational worldview

The question can be asked, why is the role of relationships in improving the quality of our lives not investigated more and given greater attention in government policymaking? Our straightforward answer is that the problem lies in the dominance of neoliberalism (Fullbrook 2007), and its contribution towards a worldview that sees us as separated entities in a mechanistic universe (Walton 2021). The pandemic occurred at a time when neoliberalism as a political ideology had grown into a worldwide phenomenon. From its inception in 1947 in Mont Pelerin, Switzerland (Mirowski & Plehwe 2009), through its adoption by Margaret Thatcher in the UK from 1979, and Ronald Regan, in the USA, from 1984 (Harvey 2007, 1–2), it has now 'transformed the global landscape' (Roberts-Holmes and Moss 2021, 13). Promoting the principles of 'deregulation, privatisation and withdrawal of the state from many areas of social provision' (Harvey 2007, 3), it also places the emphasis on fundamental individualism, that is

the idea that people take their own decisions, individually responding to the incentives they find around them. All kinds of motivation, whether hunger, greed or malice, generosity, compassion or love, can be reduced to variables in the model. (Roscoe 2014, 48)

Professor Wendy Brown claims that

neoliberalism transmogrifies every human domain and endeavour, along with humans themselves, according to a specific image of the economic. All conduct is economic conduct; all spheres of existence are framed and measured by economic terms and metrics, even when those spheres are not directly monetised. (2015, 9–10)

This has translated into the principles of competition, choice and privatisation being enforced on early years providers. Further, there has been extensive analysis of the extent to which neoliberalism, with its emphasis on cognitive skills, has embedded itself in all education, including early years (Roberts-Holmes and Moss 2021; Sims 2017; Walton & Darkes-Sutcliffe 2023). This was demonstrated by the UK government's emphasis on 'catch-up with learning' (Gov.uk website 2022), accompanied by its insistence that children return to school regardless of the levels of anxiety they might be experiencing. It has also manifested in the datafication of early years, where teachers are expected to measure progress through testing and classification (Roberts-Holmes 2015; Bradbury and Roberts-Holmes 2016). Vandenbroeck declares that, in early years, the mechanisms of neoliberalism have had a

profound influence on the daily practices in early childhood education, on its funding mechanisms, on what data are produced, on inspection, performance and accountability, on the image of the child, the image of the parent and the image of the early childhood workforce. (2021, xii)

Yet despite the hegemonic status of neoliberalism, and its focus on individualistic and reductionist principles in education, there is a growing call for a different way of understanding reality, a different worldview. Spretnak states that we 'currently possess only a kindergarten understanding of the deeply relational nature of reality' (2011, 1). She argues that the world is a place of great complexity, where all that exists within it, including humans, are essentially relational beings. For her, nothing exists outside of these relationships; she believes that the education of our children will be transformed if we create relational rather than individualistic approaches to their learning.

The appeal for relational ways of working is well advanced in the early years literature. Much of this is directed towards the relationship between the educator and the child, with a focus on the child's social and emotional education being as important as their cognitive development (Reeves and Le Mare 2017). Rule suggests that children are neurologically predisposed to relational ways of gaining knowledge and argues that a relational approach provides an 'integrated neurological (synaptic links between neurons) and social (connections between people) basis for understanding learning' (2015, 91). He develops and uses the idea of a dialogic approach in early years to enhance the relational connections between teacher, child and parent or caregiver. There is also, though, a recognition that the adult-child and adult-adult relationships both require attention (Papatheodorou & Moyles 2008). In a recent paper, Movahedazarhouli et al. (2022), drawing on ecological systems theory, suggest that leadership should include non-hierarchical structures to

facilitate change by reducing inequalities in power distribution across the levels and creating relational linkages through collective and collaborative connections. (2022, 3)

We had so far identified the centrality of relationships from our data analysis, leading us to reflect on how much more valuable a relational worldview would be as the grounding for early years practice. This seems distinctly more appropriate than the individualistic, reductionist principles imposed through formal policy documentation and Ofsted inspections. However, once we started contemplating a relational worldview, with its implicit acceptance that separation is an illusion (Hutchins 2014), we realised that it provided us

with a lens through which to view other aspects of our research experience. Most significantly, we found it useful when considering the ethical implications of our work.

## **Ethical considerations**

We found Tracey's (2010) framework useful for considering the ethical issues that arose in the project. Tracey identifies four elements of ethics in qualitative research, which she names procedural, situation, relational and exiting. This framework allowed us to differentiate between the diverse issues that arose for us through the duration of the research.

### ***Procedural***

Procedural ethics refers to the formal process of following the procedures of the university which is accountable for the research. Our proposal to the ethics committee met the university requirements to ensure that we were adhering to appropriate standards. This included a participant information sheet and consent form, outlining the aims of the research, understanding that their participation was voluntary, how their identity would be kept confidential, their right to withdraw at any time and other safeguards to ensure that we were engaged in a trustworthy and transparent process. Further protection for confidentiality was assured by a commitment to keep all personal data, including recordings and transcriptions, in secure locations, and to destroy such data when the research was completed. The director of Kids Planet gave her permission for the name of the organisation to be used, rather than have it anonymised. At the time of undertaking the research, KP owned over 50 settings with over 1400 practitioners and managers in employment. Consequently, because of the size of the organisation, and the fact that participants' settings were not identified in the research, the anonymity of respondents was assured.

### ***Situational ethics***

Tracey identifies situational ethics as referring to practices which emerge from the specific context in which a research project is located. She cites Ellis (2007, 4) who says a situational ethic relates to 'the unpredictable, often subtle, yet ethically important moments that come up in the field'. In other words, situational ethics recognises that every context is unique and that the researchers need to continuously reflect on and question whether the end result warrants the processes that take place along the way.

This question was of relevance in this research study and is explored fully when considering both relational and exiting ethics.

### ***Relational ethics***

Relational ethics involves an 'ethical self-consciousness in which researchers are mindful of their character, actions, and consequences on others' (Tracey 2010, 847). This became a major consideration during the course of our research as a consequence of analysing data from the interviews.

The initial survey that went out to staff included an invitation to engage in a follow-up interview, with a choice given to be interviewed by one of the external researchers, the KP senior manager or no preference. The intention was to ensure that practitioners and managers who responded positively to the invitation felt comfortable with the person with whom they spoke. When analysing the data gained from the interviews, there was a qualitative difference in the conversations that took place between the external consultants who were also counselling psychologists, and conversations with the KP senior manager. Most significantly, respondents were more likely to share their emotional feelings of distress with the psychologists:

I've had trouble sleeping and that's to do with work. (Key Person D)

I come home and I'm like vacant and there's no time for anything except work. (Room Leader B)

Everybody is just heightened and on edge and its horrible and that really contributed to my meltdown. (Key Person A)

With the manager, there was greater emphasis on their ability to cope:

It was a bit strange at first but then it's just become our normal so everyone worked really well and staff were so nice so everyone was like, this is our new normal, let's get on with it. (Room Leader C)

It is likely that all interviewees were accurately reflecting what was going on for them, but as humans, we are complex beings, with a multitude of thoughts and feelings going on inside us at all times. When in a particular situation, we will be selective about which of these we choose to share. This emphasises, though, that the researcher does not exist independently of the researched, and cannot claim that, even with the same interview schedule, the knowledge they generate is objective, uninfluenced by the identity of the researcher. It is a relational process, where the interviewee's perception of that relationship influences that of which they speak.

Gaining this information seemed to be a double-edged sword for the manager though

A lot of people are saying that everything's fine. But actually when the psychotherapists were speaking to people they were going, no, I'm not hearing that. So I was thinking, we are only scratching the surface here. And it became like a bit of a Pandora's Box that you're thinking, do I want to open this because if I do, what am I going to do with this information? How can I deal with that?

When discussing this within the research team, the complexity of the ethical dimensions of our work became increasingly apparent. Given that Iqbal (2015) postulated that the issues of self-care and vicarious trauma (VT) must be seen as an ethical matter, as a multidisciplinary team of researchers, we discussed numerous times about our positioning in holding responsibility for ethical practice given our professions as psychologists and educationalists. The psychologists especially felt some tension as, in the interviews, they were hearing what they considered to be diagnostic characteristics of trauma. One of them wrote:

In essence the matter is not about separating my ethics from the rest of my practice but actually about having a deep awareness that engages with the duality of roles and the tensions that emerge, which in itself is reflective of the dichotomy between clinical practice

and research practice. The opposite to bring to light more would be if I then went on and offered psychotherapy to the participants (that would be problematic). (Email sent to research team)

As a result, we made recommendations, following a meeting specifically to discuss these issues. It was proposed that trauma-informed training programmes should be created. This should include opportunities for practitioners to deepen their understanding of attachment, exploring in the process how the development of the key person role could be used as a means of strengthening the relational dimension of a child's experience in the setting. It was also seen as crucial that there was more understanding of mental health and well-being, with particular support being given to managers who were in a position to both recognise and respond to colleagues who were struggling emotionally. Furthermore, we made recommendations for high support structures such as supervision and communication about VT and the importance of communication and self-care to be put in place to support the early year practitioners.

Recommendations are not action, though, and the KP manager was left with the challenge of working out what to do with the research findings. This challenge continued beyond the end of the research intervention, as discussed in the next section.

### ***Exiting ethics***

Tracey's (2010) fourth category refers to what happens beyond data collection. It considers the situation that exists when the formal research comes to an end, and the results are written up and disseminated.

In this context, the KP manager spoke about whether the findings of the research, and the conclusions that were drawn, were a satisfactory response to her original rationale for requesting the research be undertaken in the first place.

In the shorter term, the research had not generated what she had initially wished for. As she had stated in the planning stage, she was hoping not only for an understanding of how the pandemic was affecting practitioners but also a toolkit that would be helpful in dealing with any consequent problems. The immediate solutions, though, were not forthcoming. She was quite open about sharing feelings of frustration at a later stage of the project:

We've captured the fact that we're stressed ... and that we're struggling ... and that our mental health is struggling. But actually, how is that knowing going to help me in my role to support the practitioners who are struggling?

We as a research team acknowledged that there was a danger of the conceptual analysis, in which academic researchers were engaged, not necessarily being of immediate relevance to the lived experience of early years practitioners. It was this awareness that led to the extended discussions as to what kind of practical interventions might be useful to the organisation itself. In the longer term, a major outcome of the study was the introduction of a training module on 'trauma-informed practice', which included a range of subjects relevant to working in relational and emotionally intelligent ways. However, having a senior manager as a member of the research team provided us with a continuing timely

reminder that to have impact, it is important from both an ethical point of view, and as part of an evaluation of the intervention, to continuously review the value of the research from the perspective of all stakeholders.

## Conclusion

This was a research study undertaken with one early years organisation located in England. Although the initial main aim was to enquire into the impact of COVID-19 on early years practitioners, the discussion that emerged following an analysis of the data became more wide-ranging. Much of the learning was relevant beyond COVID, as there may well be staff and children who experience varying degrees of trauma or distress in their lives that are not always obvious to outsiders.

A main finding was the centrality of relationships: the presence of good, supportive relationships was helpful in enabling practitioners to take a positive approach to their work, whereas those who felt isolated were more likely to suffer high levels of stress and anxiety. There are clear implications for leaders and managers who have the responsibility of working to improve the quality and commitment of teamwork in different settings.

The focus on relationships resonates with a growing call in early years – and indeed in all levels of education – for relational ways of working. This contrasts sharply with the individualistic and reductionist principles of neoliberalism that currently guide government policymaking in England. We join others in appealing for our current mechanistic paradigm to be replaced by a relational worldview, characterised by the idea of inter-connection rather than separation.

Whilst discussing the centrality of relationships identified through analysis of the data, we realised that it was also central to other aspects of the research, specifically in the relationship between the interviewer and interviewee, and in the relationship between the academics and Kids Planet. This raised a number of ethical questions, which we agreed were essential components of the research process, including in the write-up. Therefore, in this article, we aimed to represent the views of the manager regarding the value of the research, as well as the theorisation and analysis that characterises an academic paper.

To conclude, we consider this last point requires further attention when researching aspects of people's experiences, especially when the impact of research is seen to be a significant factor. We would suggest that, built into research from the outset, all parties are encouraged to be clear about their expectations and that the research is designed with built-in review points, when the extent to which respective expectations are being met can be evaluated. In other words, all relational dimensions of the research are seen as integral to its planning. This, we would suggest, will contribute to more socially useful and ethical research.

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