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## Care as curriculum: investigating teachers' views on the learning in care

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### ABSTRACT

This article investigates the approach of care as curriculum and teachers' perceptions of this notion. It is a descriptive account of the interviews of four Aotearoa New Zealand-based infant and toddler teachers' perceptions of care as curriculum. Care as curriculum is a pedagogical approach that was brought to the research process. This was an approach that all of the participant teachers were familiar with due to their previous professional learning and development. The focus of this research project with infant and toddler teachers was on care rather than care and education. This is because, although care and education are integrally related, education often subsumes care. This article argues that for these four infant and toddler teachers, care is curriculum.

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### KEYWORDS

Infants; toddlers; teachers; care; curriculum; RIE

This article shares data from a phenomenological study in which four teachers (all qualified with a BEd (Teaching) Early Childhood Education) communicated their perceptions on the approach of *care as curriculum*. The study was undertaken in two infant and toddler settings in Aotearoa New Zealand. Both of the centres were chosen because they were committed to the practice of assigning a key educator or primary caregiver to each child in order to foster attachment relationships. The findings are presented as four themes: defining *care as curriculum*, community of practice, moving from the periphery to the centre of the community of practice, and gaining and constructing an identity.

Before moving into the four themes, drawing on the teachers' voices, it is important to address the rationale behind investigating the central notion of *care as curriculum*, to define the approach and share the relevant literature.

The topic of *care as curriculum* was chosen due to a concern about quality care, practice, education, and understanding the type of care and knowledge needed to work with infants and toddlers in an early childhood setting. There has been ongoing international debate and recent national concern in regards to the standard of care and education for infants and toddlers in educational settings outside of the home (Carroll-Lind & Angus, 2011; Dalli, White, Rockel, & Duhn, 2011; Education Review Office, 2009; Rockel, 2009, 2013; Sims, Guilfoyle, & Parry, 2006). While the interest in the work of Magda Gerber and Emmi Pikler has grown substantially in Aotearoa New Zealand in the infant and toddler field in the last 12 years there has been limited research examining these approaches.

### Definition of care as curriculum

'Care as curriculum' is taken to mean that moments in care such as nappy changing, toileting, feeding, and dressing (often referred to as routines) are valuable learning and teaching opportunities

for infants and toddlers (Gerber, 1979). These care experiences then shape the curriculum for infant and toddler care and education and form an approach to curriculum that has been specifically created for infants and toddlers. Nuttall (2003b) elaborated on the importance of routines by illustrating that when we do not see the important function that routines play in the teacher's role in children's learning, the practical limitations of the day in a care and education setting leave teachers with little time for other definitions of 'teaching'. The focus in this study was on care rather than 'care and education' because, although care and education are seen to be integrally related, education often subsumes care. I am keen to examine care as a phenomenon in and of itself.

### The educaring approach and 'care as curriculum'

Two major contributors that influenced the notion of *care as curriculum* were Dr Emmi Pikler and Magda Gerber, both Hungarian infant and toddler specialists. Pikler was a paediatrician commissioned by the government to set up a nursery-home in Budapest Hungary in 1946. Pikler's goal for the institute was to provide children with conditions that would allow them to develop in ways where their physical and mental health would be paramount. The nurses that cared for the children were asked to be aware of even the youngest child's reactions to their words and motions (Falk, 2007b). At the Pikler Institute, their focus was innovative. They challenged the state of care occurring at that time in other institutions where some children in institutions would have between 50 and 60 caregivers within a three-year stay (Falk, 2007a).

Magda Gerber was a child therapist and infant specialist who was mentored by Pikler in Hungary and who brought these ideas to the United States and the English-speaking world when she fled Hungary after the revolution in 1956. She set up an organization with paediatric neurologist Tom Forrest in 1978 called *Resources for Infant Educators (RIE™)*. Like Pikler, Gerber had a philosophy of respecting infants and toddlers. Gerber recognized their many abilities, believing that having a consistent and key caregiver promoted security in the child. To further explain this way of being with infants Gerber stated:

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

*RIE™* has become an international, non-profit organization which is dedicated to improving the quality of infant care and education around the world through a structure of qualifications and parent–infant guidance. The 10-day *RIE™* Foundations course referred to by the participants provides an overview of *RIE's™* Educaring Approach. This course includes information covering: gross motor, fine motor, social–emotional development of the infant, designing environments, planning the curriculum, and issues in parenting. The course also includes visits to local care and education settings. The *RIE™* Foundations course has been offered in New Zealand since 2009 and in Australia since 2014.

Magda Gerber's Educaring Approach and Pikler's approaches to care were influences on the practice of all of the teachers in the research. Three of the four teachers had participated in the *RIE™* Foundations course. They referred to their *RIE™* Foundations experience while discussing the notion of *care as curriculum*. In this study two centres were specifically chosen as they had strong levels of interest in this approach and had sent several teachers on this course. While there has been growing interest in this approach in Aotearoa New Zealand, the majority of research conducted with teachers who are influenced by this approach (Cooper, Hedges, & Dixon, 2014; Ngarmek, 2013) has not engaged teachers who have undertaken the *RIE™* Foundations course. This study addresses the dearth in the research literature and seeks to provide more clarity of the impact of this approach in Aotearoa New Zealand.

## Methodology

The research questions for this study were:

What are teachers' perceptions of care as curriculum in infant and toddler settings? The sub questions were:

What are teachers' understandings of the concept of care as curriculum?

How would you describe care as curriculum?

The data consisted of informal interviews, based on a list of questions used to encourage conversation and narrative. The researcher's own education at the Pikler Institute in Hungary, and USA with *RIE*<sup>TM</sup> and her experience as an infant and toddler teacher and later leader and mentor for infant and toddler teachers informed the data gathering and interpretation. Four teachers in two different care and education settings were interviewed at the participants' choice in private rooms at their workplaces. The majority of the interviews took place after the centre had closed for the day, but in one case the participants preferred to conduct their interviews while the centre was still open. These timings were chosen by the participants to avoid interrupting the primary caregiving relationships they had with the children in their groups. The participants were each interviewed twice and each interview was up to 35 minutes long. The interviews were intentionally conducted a month apart in order to provide time for the participants to reflect on their work in relation to the notion of *care as curriculum*. The decision to interview the participants twice was also made in order to minimize the amount of participants' personal time that the interviews would take. Questions that were asked related to the participants understanding of *care as curriculum*, their history of working with this approach and resources that supported them in their work, the development of their personal pedagogy, and experiences in learning about infant and toddlers in their BEd qualification. The participants were asked how they share their ideas about this approach with other colleagues and to share their understandings of misconceptions about this approach.

All of the teachers had worked with children under the age of five while completing their Bachelor of Early Childhood (Teaching) (BEd) qualification, and had chosen since completing their qualification to work with children under two years of age. All of the teachers had completed their BEd qualification in the last 10 years with 5–30 years of experience working with young children under the age of five. All of the teachers were women and three of the four teachers were parents. Analysis consisted of a process of searching the interviews for themes and sub-themes. As part of the supervisory process the interviews were reviewed by an independent researcher who did not have a background in Magda Gerber's Educaring Approach. This was undertaken as a process of validity in order to analyse and compare the themes that were derived by the researcher. In conversational interviews, teachers spoke passionately of the complexities and demands of their work with infant, toddlers, and their families. Only four teachers were chosen as participants as this was a small-scale research dissertation as part of a Masters of Education degree. It was suggested by the supervisor of this dissertation that the researcher limit the number of teachers interviewed in order to achieve a deeper level of understanding about this approach. The intention of this study was to contribute to the research topic, rather than representing the thoughts and beliefs of the wider early childhood community.

The data clearly reflects the participants' experiences, inspirations, and challenges within their work. Each of the participants commented on how their approach to *care as curriculum* and their work with infants and toddlers combine to form an ongoing and active learning process.

## Findings

The findings from the data are now shared in relation to the four key themes within the research.

### *Defining care as curriculum*

One of the participants (Teacher 1) spoke clearly about how her ideas about the role of the teacher in an infant and toddler setting have changed through learning about the *care as curriculum* approach:

Talking to the children and explaining what and why you're doing something, this ties in with respect for the children. Even [at] this age we respect the children and by respecting we communicate with them as people not as little squidgy balls, we try and choose our words so that the children can understand. Listen to the child, not only through their body language but if we really try and listen to their sounds as well it's amazing how much you can communicate.

She commented on how adults often feel as if they need to step in and be involved with what a child is doing, but she had begun to realize the impact of the adult's actions on a child and questions whether adults actually need to be so involved at those times. Gerber (1979) argues that teaching is not a separate function to learning and instead that children learn from their everyday life experiences to which teachers contribute.

The teachers named nappy changes, dressing, one-on-one moments, feeding, being fully present and observing while children are playing, wiping noses, looking for cues, knowing the child's routines from home, working with parents, and helping children to sleep as actions involved in *care as curriculum*. Teacher 2 articulated the overall ideas used in engaging in the approach of *care as curriculum*:

With infants and toddlers it's when we're caring, it's about knowing their capabilities and trusting them and I think that when we do this, that helps us care for them in such a respectful way. That, of course, is our curriculum.

Gonzalez-Mena and Widmeyer Evers (2009) identified that the word *curriculum* does not apply to just any approach to nappy changing, dressing or feeding, which could involve disinterested care; rather that the care given is respectful, reciprocal, and responsive. Hence *care as curriculum* refers to a consciously considered approach, for example, turning every day routines into curriculum.

In contrast it was interesting that the teachers did not spend a great deal of time in the interviews discussing, defining, and deconstructing the idea of *care as curriculum*. I found the teachers were more focused on the barriers to implementing *care as curriculum* and to communicating the approach of *care as curriculum* to other adults.

This is shown by Teacher 3's comment about how she thinks other adults perceive her work:

... that I just sit around in a sandpit all day watching, not doing anything. But it's really that I am sitting; I'm looking for their cues when they're tired or hungry or just that they're needing that extra support.

This could be because the culturally entrenched nature of each infant and toddler setting's practice is easily diminished by teachers as they distinguish between 'educating' and 'care moments' in their attempts to co-construct functional definitions of the role of the teacher (Nuttall, 2003a).

The participants spoke about the importance of teamwork and working together as a community. The collective commitment that the teachers shared in their centres was framed in this study as Wenger's (1998) community of practice.

### **Community of practice**

Wenger (1998) defined communities of practice as groups of people who share a passion for something that they do and that they learn how to do better as they interact regularly. The idea of learning as a community suggests to teachers that they must work together with common goals and a shared vision, consisting of shared beliefs, and their underlying values (Stacey, 2009). It was clear that the teachers saw teamwork (working as a community) as lying at the heart of *care as curriculum* and as providing a focus for consistency of practice between teachers.

Teacher 1 explained:

It's really important to work as a unit with your teaching team ... perhaps even more so with the very young ones because of the care they need. We've got to be really on the same page. We're lucky we've got a good team; we're really quite fond of each other and we listen to each other's opinions.

Communities of practice are a key context for members of the team to work out their common understandings through a shared commitment (Wenger, 1998). Early childhood teachers, especially in care

and education settings, are compelled to work together in teams, and curriculum decisions have an instant impact on the experiences of children and teachers (Nuttall, 2003a). Without a commitment to working together as a community of practice in shaping the curriculum, children would possibly experience conflicting and negative curriculum experiences. The teacher is in a critical position and must be reliable, attuned, and responsive to children, parents, and their workplace. She must be able to rely on both her colleagues and herself (Elliot, 2002). Wenger (1998) explains 'Developing a practice requires the formation of a community whose members can engage with one another and thus acknowledge each other as teachers' (p. 149).

While the teachers in the research did not explicitly point out how they work together as a team, they consistently addressed the importance of teamwork in the workplace. Teacher 2 mentions:

You need to be on the same page; it is hard because everyone is at different levels of the journey and that person might have read more or been on more courses, or got more training. But as long as you're open and share, then I think it has a big impact on the care that's provided.

Working together in teams requires consistency, active and willing communication, dialogue, discussion, and the sharing of ideas. It requires the team members to trust one another (Elliot, 2007). Teamwork in the care and education of infants and toddlers is not simple. It takes thought, trust, communication, and a willingness to give and get help.

This community of practice extends beyond the relationship between teachers and extends also to families. The participants spoke of the importance of their relationship with families. Relationships with families are vital in working with young children, and each child benefits when teachers and families communicate effectively together (Elliot, 2007). Some of the teachers preferred to engage in role modelling as a way of offering families a different way of being with their children. Teacher 4 commented on parents who were inspired by the way in which teachers encouraged independent eating. They removed high chairs from their family home and bought a small table and chair set to replicate the meal-time environment at the centre:

They are practicing it at home, getting their own table and chair for the child, so in a way they are learning from us and by talking; we can be the role model for them as well.

Engaging in a community of practice provides adults who have less experience of *care as curriculum* with opportunities to ask questions and learn from more experienced people. Wenger (1998) clarifies 'Engagement in practice gives us certain experiences of participation, and what our communities pay attention to reifies us as teachers' (p. 150).

The process of learning from more experienced people in a community of practice was also discussed by the participants in relation to the early stages of learning about Gerber's Educaring Approach and how observation of others in their practice and discussing their practice with colleagues impacted on and changed their own practice.

Teacher 3 commented on what it was like to be given the opportunity to take part in the *RIE™* Foundations course:

That really gave me my real understanding because you can read but you don't really get your questions answered sometimes and that really allowed me to question and really reflect on my practice more.

Every community of practice has a history that can be collapsed into the present and this confluence of the past with the present can then invite engagement in creating a future in the form of narratives and storied practice (Wenger, 1998). While the participant teachers were undertaking Initial Teacher Education (ITE) many of the experiences they observed whilst on practicum were considered undesirable. The teachers actively chose not to adopt these practices in their employment.

This was particularly frustrating for Teacher 3:

I think about my practicums and how care as curriculum wasn't role modelled to me so it wasn't something that I really knew about. You're learning about infant and toddlers at Uni and about the practices you're meant to see. But you're not actually seeing it.

For this teacher undesirable practicum experiences reinforced the choice to not adopt particular practices and instead to seek out and join a workplace where the community of practice was engaged in the enactment of *care as curriculum*. Elam (2005) advises that the most effective way to understand Gerber's Educaring Approach is to be grounded within a context of respectful, supportive, and collaborative relationships with others who share the same interest and curiosity. It is vital that teacher relationships are developed not just with the children, but also with their families in order to understand better the children they work with.

*Care as curriculum* can be a challenge to communicate to other adults, as it is such a different way of viewing early childhood education. The participant teachers challenged 'norms' about what should be taught and stated that they were actively moving away from the current focus on literacy and numeracy. They expressed a desire to focus instead on attachment relationships and care through which such concepts as literacy and numeracy can be facilitated. Teacher 1 believed that other teachers often see:

Care as a chore and something that must be done in order to get on with the important business of teaching and learning, something that has to be done. It's not such a pleasant task perhaps as exciting as the other so-called activities. And that care routines should be done as quickly and efficiently as possible, and take as little time as needed so as not to waste time and energy for both teachers and children.

The participants were actively re-focusing the view of curriculum in infant and toddler care and education. They seemed to see the importance of learning through care as an alternative to explicitly 'teaching' infants and toddlers when they were engaged in play.

### ***Moving from the periphery to the centre of the community of practice***

Prior to working in their current workplace none of the teachers had previously worked with the approach or encountered the approach of *care as curriculum*. However, after observing other teachers in their new workplaces, reading and learning more about Gerber's Educaring Approach, and reflecting on their personal values, each teacher came to the decision that *care as curriculum* contributed substantially to their existing personal, philosophical, and pedagogical approach. Teachers carry out their practice competently when there is a strong belief in what they are doing and why they are doing it. Such teachers feel a sense of achievement and fulfilment in their work (Stacey, 2009). There is an understanding that teachers have deeply considered their personal values and beliefs when they are grappling with theories and philosophical ideas (Hill, 2003).

Teacher 3 made a specific decision while engaged in ITE that she would choose to work in a setting that supported her personal and philosophical approach. 'Through my personal pedagogy I already knew what I wanted from a centre, I knew how I wanted to teach'.

All of the four teachers made connections to their own general understanding of the role of infant and toddler teachers, and have continued engaging in a variety of professional learning opportunities since graduating from their ITE. All of the teachers commented clearly on the perceived lack of infant and toddler content in their ITE. Teacher 3 was most vocal and explained that:

In a whole three year degree we did one infant and toddler paper. That was a good infant and toddler paper with [lecturer's name] and I did learn a lot and it opened my eyes up to different philosophies, but a three-year degree with only one infant and toddler paper! None of the practicums I went on were like that either. So you are being taught one thing and I guess observing, seeing another thing [laughs] which was the tricky thing.

To see practice that conflicted with the good practice that was taught in her short ITE course was a disappointment to this teacher. Goldstein (2002) points out:

If we want to prepare teachers who will be able to draw upon a moral and intellectual relational view of caring, to build a strong foundation for their professional practices and to take advantage of the pedagogical power in their work with students, we must design teacher education programs specifically focused towards those ends. (p. 118)

With increasing numbers of infants and toddlers in early childhood centres in Aotearoa New Zealand, and their average age at entry decreasing (Dalli et al., 2011) it is vital that ITE includes more infant and toddler content. Teachers who do not have specialized knowledge in infant and toddler care and education are not in a position to provide a programme that meets the needs of infants and toddlers (Dalli et al., 2011). All of the participants had graduated from their ITE within the last 10 years and all valued having degree-qualified teachers working with infants and toddlers. Rockel (2010) points out the importance of having infant and toddler teachers who see themselves as professionals with particularly high personal and professional standards.

When asked about what could be done to improve infant and toddler content in ITE, Teacher 3 suggested:

Maybe more infant and toddler practicums? But, to be honest, the centre I did my practicum at was a matter of being taught one way to care for infant and toddlers and seeing another.

She then stressed what she saw as a significant problem in infant and toddler care and education:

I think that's something that needs to be looked at: where are these students being sent and are they allowed to disagree with the philosophy or with the Associate Teacher? While you should be able to adapt, I think that if you're being taught one way of caring for infants and toddlers and you're going out and seeing children in jolly jumpers and exersaucers and things like that, what's it teaching you when you're on practicum?

The teachers engaged in this research showed persistence, strength, and commitment to their work with infants and toddlers by inducting and mentoring new teachers and unqualified team members into the pedagogy of the centre. In order for new members to move from the periphery of a community of practice to its heart, to forge their own identity and participate in the community of practice they must access the history and want to contribute to and make the community of practice part of their own identity (Wenger, 1998). The four teachers had a strong desire to learn about infants and toddlers but had not found a point of difference within their ITE. The discovery of Gerber's Educaring Approach after completing their ITE gave the teachers a valuable context for their practice. As this approach has high explanatory and emotional power, it gave them leverage for actively contributing to their community of practice. *Care as curriculum*, as a pedagogical approach introduced the teachers to a community of practice related to infants and toddlers which they had not experienced in their ITE.

### ***Gaining and constructing an identity***

The teachers all spoke about the first time that they learned about Gerber's Educaring Approach, how this was an eye opening experience for them. Several of the teachers made reference to a physical reaction when they first learned about these ideas. Teacher 1 commented 'I immediately thought "wow", it was like a light switched on and I thought this makes so much sense'.

Teacher 2 said:

Coming here and finding out about the Magda Gerber approach gave me new eyes and [a] whole new insight into how to care. I think the underpinning knowledge of care was there but this experience clarified a lot of things or made sense, or gave me new strategies to build on.

The teachers mentioned the clarification and connection of ideas and how this made sense to them once they understood the approach. Elam (2005) had a similar experience when first learning with Gerber and was eager to share her new vision. The teachers saw such experiences as life-altering and personally broadening. The way in which these experiences were articulated by the teachers reflects the strength of the emotional response to the new knowledge and the building of a changed identity as teacher of infants and toddlers.

The desire for change, linked to feelings of connectedness and unity, seem to stem from the teachers' first encounters with Gerber's Educaring Approach. The teachers then built on these initial experiences in order to challenge their previous thoughts and beliefs about philosophy, pedagogy,



and practice. Over time, an awareness of and sensitivity to each child's body movements attuned the teachers to each child's autonomy and their use of agency. Their growing awareness and sensitivity towards individual infants and toddlers is shown in this research to result in thoughtful teachers who build pedagogies of responsive care that focusses on their ethical and philosophical practice (Sansom, 2007). Further, dialogue and discussion around *care as curriculum* brought the teachers together, held them together, and helped build individual teacher identity. The teachers had not gained an infant and toddler teacher identity through ITE, as they had expected. They discovered that they had built this identity themselves. Wenger (1998) explains finding your identity in a community of practice:

When we are with a community of practice of which we are a full member, we are in familiar territory. We can handle ourselves competently. We experience competence and are recognised as competent. We know how to engage with others. We understand why they do what they do because we understand the enterprise to which teachers are accountable. (p. 152)

Professional communities of learners evolve on a continuum; teachers mature as they further develop and deepen their professional thinking. Dalli et al. (2011) state that professional development is unequivocally connected to better quality early childhood education programmes. The teachers commented that participation in the *RIE*<sup>TM</sup> Foundations course helped them to reflect on their practice and learn to engage in sensitive observation of infants and toddlers. Teacher 4 discussed the important role that observation plays in her work with very young children:

Sometimes, when they play, if you are fully present they know that you are there for them. If they invite you we can just go and join with them. We can be an observer, and if something goes wrong, then, if they need you, you can fully give all your support.

Money (2005) defines this sensitive observation as '... an art that allows the adult to perceive better the wants and needs of the child, and is used by the adult to help build a reciprocal relationship' (p. 67).

The teachers in this research all identified strongly with Gerber's Educaring Approach and found that this approach was often not readily available to them within their ITE. They all sought other ways by which to develop their understandings of *care as curriculum*. Even though they have all become part of a community of practice based around the approach of *care as curriculum*, the teachers sometimes feel undervalued in their work and in their identities as infant and toddler teachers. They felt that their role is viewed by society as something not important. Teacher 3 articulated what she perceives to be her biggest frustration in her work:

I feel that the common misconception is that it's just a babysitting service and that there's no value in what I'm doing. That's the main thing. That people think that the children aren't learning anything would be the main frustration.

The feeling of being viewed as unimportant is exacerbated by the fact that infant and toddler teachers in Aotearoa New Zealand are often working within industrial paradigms where the discourse used refers to such things as teachers being 'on the floor' (Rockel, 2009).

The teachers' philosophical and pedagogical passion was evident, as was the shared nature of their personal investment in their professional lives as teachers. The teachers were all strong advocates for the *care as curriculum* approach of working with infants and toddlers and saw their teacher identity and continuing professional development as being situated within this approach. Rockel (2009) specifies 'if the discourse of care is prioritised within an education paradigm, then the notion of "routines" could be replaced by a pedagogical discourse of care'. (p.7)

The participant teachers recognized the problematic nature of institutionalized care routines and instead valued active participation from young children in care moments. Teacher 1 commented that others often think

Care routines should be done as quickly and efficiently as possible, and take as little time as needed so as not to waste time and energy for both teachers and children.

She reflected on how her own views have changed:

When I see, now, these sort of care routines being done in a fashion that's quite blasé and just done efficiently and not with thought and intention, it actually bothers me quite a bit. So I suppose that's a good thing. When you start to really feel something is important, it starts to do something inside you.

The teachers all agreed that care needs to be respectful, reciprocal, and responsive in infant and toddler settings (Gonzalez-Mena & Widmeyer Eyers, 2009). But they also pointed out the level of adult patience required in order for children to take the lead in care moments. For example, encouraging a young toddler to sit at the table when eating, whereby toddlers to gain a sense of empowerment by feeding him/herself. All four teachers believed that, through *care as curriculum*, children gain an opportunity to learn life skills that they will continue to draw upon for the rest of their lives. The teachers in this study saw that life skills can be a key focus in learning opportunities for infants and toddlers. This has the ability to occur if infants and toddlers are engaged in care moments with a teacher who sensitively and responsively encourages them to be active participants and to do things for themselves.

## Conclusion

*Care as curriculum* is not well understood as an approach to infant and toddler care and education and therefore currently remains un-theorized in many infant and toddler settings. It is my belief that *care as curriculum* must be theorized, as, if left to chance, there is a possibility that teachers in infant and toddler settings may neglect to address the complex issues that are contingent to this approach. The importance of fostering warm, consistent attachment relationships to support brain development, at the same as supporting infant and toddler autonomy is one such complex issue (McCaleb & Mikaere-Wallis, 2005).

There is a dearth of the current literature that specifically investigates *care as curriculum*. At the same time there is a lack of clarity in the interpretation of *care as curriculum* amongst New Zealand teachers. It is well known that research regarding pedagogical theories and ideas in infant and toddler care and education in Aotearoa New Zealand has been slow to emerge (Rockel, 2009). The use of the term 'pedagogy of care' (Rockel, 2009) could assist infant and toddler teachers in further developing a unique discourse related to the complex work they engage in. The professional role of the teacher in infant and toddler settings must be re-examined.

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## Disclosure statement

No potential conflict of interest was reported by the authors.

## Notes on contributors

**Katherine Bussey** is a Ph.D. candidate. She is an infant and toddler specialist consultant and is particularly interested in supporting the further professional learning and development of educators who work with infants and toddlers.

**Diti Hill** is an honorary research fellow after many years as a senior lecturer and early childhood consultant. She is particularly interested in critical pedagogy and pedagogical beliefs of teachers and student teachers.

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