Developing a methodology and instrument for recording and analysing adult-child touching behaviours in Foundation Stage settings

Sally Teare

Abstract

This project proposes a tool for capturing and analysing touch-behaviours between practitioners and children. Film, slow-motion analysis, and coded stills are used to see how touch helps form relationships in early childhood settings. There is a noted lack of research around touch in childcare, despite social touch research by Field (1999) and Cigales et al (1996). Lawrence's 2012 research developed an "embodied pedagogy", recognising the vital importance of touch for children. While physical contact has been demonstrated to have a positive effect on young children's well-being, relationships and communication, much policy and practice is forged on fear of allegations and accusations of inappropriate touch.

The main ethical considerations were around consent from young children and infants; trust from participants when I was unknown to them and the participants being anonymous but visible, due to the use of film and photographs. The tool retains the context of touch-behaviours and the multimodality of children's communication. It depicts the conversation of touch – demonstrating touch as part of an on-going dialogue within relationships. Practitioners should be made aware that there is no formal policy saying children cannot be touched, to raise awareness around the benefits of touch, rather than purely the risks. This could open dialogue for more innovative policy.

Keywords: touch, instrument, childcare, film, early years.

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Appendices

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Abstract:

This research project proposes a new instrument for recording and analysing touch-behaviours between early years practitioners and the children in their care. The tool isolates closely-spaced 'frozen' situations from films, using emergent coding to document, collate and analyse types of touch across the early years age-range. Practitioners from multiple settings completed a questionnaire exploring attitudes to touch, emphasising factors influencing real-world choices and actions related to touch-behaviours. The tool will be used to explore touch-behaviours in part two of this project, forming my dissertation project next year.

1. Introduction:

Touch, as defined by the Oxford English Dictionary, is *"the action or act of touching",* the *"exercise of the faculty of feeling upon a material object"* (OED online, 2010).

However, the importance and impact of touch belies this simple definition. Touch has long been recognised as essential for the growth, development and survival of our species. It enables communication and learning, and provides comfort, reassurance and self-esteem (Field et al, 1996). While it is widely accepted that touch "*establishes powerful physical and emotional connections*" between infants and caregivers (Underdown et al, 2010, p.11), evidence has also linked positive touch to both physical and mental health development in infants and young children (Field et al, 1996; Schanberg, 1995; Gunnar, 1998).

2. Context:

2.1 Touch and physical development

Massage has been shown to have a small yet positive effect on the physical development of human babies; however the majority of this research is linked to preterm neonates (e.g. Diego et al, 2007; Field et al, 2008; Field, 2010). Here, clear benefits have been demonstrated, including:

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- enhanced growth and alertness

- decreased pain and autoimmune problems

Many of these effects are suggested to be mediated by decreased stress hormones (Field, 2010), thus linking the physical and mental health benefits of touch.

2.2 Touch and mental health

Stress systems in infants are initially aligned to the care-giver, whose responses to the infant create a 'buffer' for the reactivity of the stress hormone (Gunnar, 1998), leading to more secure infant-carer attachments (Bowlby, 1969).

Tronick and Beeghly (2011) explore infants' meaning-making through their non-verbal interactions. They suggest that the infant is a "*dynamic system*" (p.108), whose mental health suffers if meanings "*made in the moment*" (p.108) limit their subsequent engagement with the world in the long-term. Short-term positive experiences with caregivers should allow the infant a greater chance of developing positive self-regulation. In contrast, negative feedback from a caregiver may, in the short-term, lead to adaptive behaviour to avoid this reoccurring (e.g. avoiding the caregiver). However, in the long-term this could lead to a higher likelihood of negative self-regulation (e.g. a tendency to form insecure attachments).

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Fig. 1 - Impact of experiences on infants' mental health (Adapted from Tronick and Beeghley, 2011).
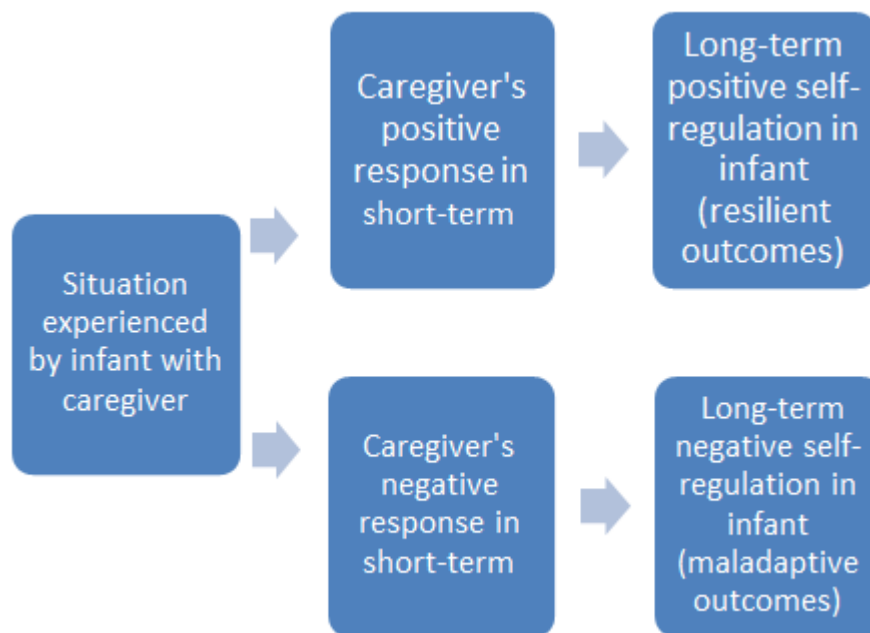
This theory is particularly relevant to adult-child touching behaviours. As touch is a crucial part of young children's way of experiencing the world (Tronick and Beeghley, 2011) and essential for their communication (Lancaster, 2006), the adult carers' responses to and uses of touch could be particularly formative for children in making meaning of touch-behaviours.

Despite this evidence, a systematic review of research literature by Underdown et al (2010)[1] concluded there were insufficient links between the benefits of infant massage and development in low-risk infants. While there was no evidence of harm from massage, they argued more robust research was required to demonstrate the benefits of touch on physical development.

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[1] Research commissioned to assess the continued provision of massage courses for parents and infants in community centres.

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It is my feeling that, as Schanberg iterates, *"touch is not only basic to our species but the key to it"* (1995, p.69). The link between touch and an infant's physical and mental health is merely the basis from which all other touch behaviours stem: the learning of cultural and societal norms around physical contact; the use of touch as communication; and the 'physical conversation' that accompanies verbal language.

2.3 An adult's perspective: touch in childcare

While experts call for childcare and education to develop a *"child-focused discourse… [with]…touch as a developmental need"* (Piper et al, 2006, p.153), facilities may offer 'no-touch' advice to practitioners (Lindon, 2004; Piper and Stronach, 2008; Piper et al, 2011). Much current practice is alleged to be forged on *"fears of accusation and litigation"* rather than concern for the child (Piper et al, 2006, p.151). To many in society, and driven more so by the recent high-profile coverage of Operation Yewtree (for example Halliday in *The Guardian*, 2012, online), everyone is a potential risk to children. As such, professionals have been accused of developing practices *"contrary to their professional knowledge base, and… the interests of…children in their care"* (Piper et al, 2006, p.163), and may have *"unwittingly colluded in their own disempowerment"* (2006, p.163). While practitioners who adopt the *"'no touch' rhetoric"* (Piper and Stronach, 2008, p.144) are mainly considered to be acting responsibly, it is also suggested that this approach removes *"the necessity for ethical considerations"* (Piper and Stronach, 2008, p.144) around touch-behaviours.

This produces a tension for early years practitioners, with young children relying on touch as a key form of communication (Lancaster, 2006). The recognition of touch as an essential language and legitimate form of communication relies on the child's 'voice' being 'heard' through their physical interactions. There has been little documentation or analysis of how this tension between knowledge base and recommended practice has impacted on touch-behaviour in the real-world.

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Developing this tool for capturing, categorising and analysing types of touch between practitioners and children in their care, aims to highlight how practitioners act in everyday practice and explore relationships in childcare settings.

3. Literature Review:

I initially intended to focus on UK – based research, however, as found by Piper et al (2006) in their studies into touch-behaviours, there is a "*scarcity of both [research experiences and relevant literature] in the UK context*" (p.151). Muir (2002) also found that infant touch-behaviours had not been as widely researched as other interactions, suggesting this was due to the difficulty of isolating this single modality in the multi-modal discourse of infant communication. I expanded my literature search to include North America, accessing further research on touch-behaviours across a range of ages and cultures, and considering research covering the last two decades, to include some highly relevant studies, with a similar focus to my research.

3.1 Social touch

The importance of touch for early development has been widely researched and documented. Field's studies (1999) into touch-behaviours demonstrated wide cultural differences in both frequency and type of touch between adults and children.[2] It is also relevant to note that cultural variation has been linked to the supposed benefits of infant massage: beliefs about benefits are context-dependent according to cultural issues around child-development (Underdown et al, 2010).[3]

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[2] E.g. French children are touched more frequently than American children; Japanese infants are touched in different ways from American infants (e.g. being stroked rather than patted) (Field, 1999).

[3] So, in cultures where growth and weight are an issue in infancy, massage is promoted as an aid to their improvement and development. However, in cultures, such as western culture, where these are less of an issue, massage is promoted as beneficial to the bonding of parents and their babies (Underdown et al, 2010).

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Touch-behaviour also appears to vary with age. Field's research (1999) demonstrated that by high school, children in the USA received about half as much touching as in primary school.[4] Henley (1977) studied the touch interactions of residents at a retirement home: her studies revealed "gendered touch". Men tended to initiate touch more than women, while older women touched others more than older men. Interestingly, Henley discovered that "higher status" women would initiate touch with people of "lower status", though may be offended if they initiated touch back. This link between touch and status suggests the power play inherently involved in touch-behaviours, making it a contentious issue when working with young children as an adult in a position of power.

This 'socialisation' of children to touch-behaviours is apparent in Cigales et al's (1996) research into touch among children at nursery school. Observations of touch amongst 33 children aged between 3 and 64 months revealed that pre-schoolers' touching behaviours were more like those of adults, in terms of purpose and frequency. Infants received far more touch, and toddlers were more likely to touch "*vulnerable body parts*" (p.101) or respond negatively to touch (see Appendix A). This higher likelihood of a negative response was linked to the greater incidence of touching of vulnerable body parts: what is acceptable to others regarding touch-behaviour is still being learnt. This is in line with Heins' (1988) suggestion that children use touch more freely than adults as a method of communication, precisely because they are yet to learn the social rules associated with physical contact.

Relevant findings from Cigales et al's study (1996) to compare with my research are:

- Very little adult-child touch.

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[4] There was also an alteration in the nature of touch: from the soothing stimulation of infant touch, to toddler rough play, through to contact sports of adolescents.

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- Very little 'affection-related' touch was found across the whole age range.

- A lack of gender differences in types of touch used (at odds with what was noted by Henley (1977) relating to touch behaviour in older participants)[5].

- Body areas touched and the purpose of touch changed with the age of the children[6].

While this research documents types of touch, the method of recording removes the context and reduces touch to a single modality: the findings become a tally. I am hoping to avoid this in my research my using a more multi-modal approach for capturing and recording the 'physical conversations' I observe between practitioners and the children in their care.

3.2 The paradox of touch in childcare

With a study of touch-behaviours between adults and children comes a paradox: the knowledge that touch is beneficial, indeed essential, for young children, and the apparent belief amongst some practitioners that touching children in their care is "*unwise*" (Piper et al, 2006). Piper et al claim this "*increasing panic*" is leading to a culture of fear, rather than one of caring, with much current practice being based on "*fears of accusation and litigation*" as opposed to care for the child (2006, p.151). In their research to identify the "*range and character of confusion and sub-optimal practice*" relating to touch behaviours when working with young children (Piper et al, 2006, p.153), the majority of professionals interviewed recognised that withholding or "*over-regulating*" touch would be detrimental to a child's development. However, the main theme arising from their research was that of the "*risk society*" (2006, p.154). Here, every person starts as a potential risk, and must

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[5] This could again be partly explained by the young children's continued development of understanding the 'social rules' of touch.

[6] Infants were touched largely on the lower-back (possibly due to carrying, changing and their body position when independent), and pre-schoolers receiving less task-related touch (possibly due to improved motor skills meaning they touched less during tasks such as tidying up, or being more mature and so carrying out these tasks more independently).

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consciously act in ways to display that they are not. This state of "*permanent surveillance*", from children, parents, other professionals and even oneself, leads to where the *"possibility of wrong doing"* is more the focus than the "*doing of wrong doing*" (Piper et al, 2006, p.154). Practitioners are so aware of touch as an issue that they act defensively and unnaturally, in order to prove that they are not a risk. Practitioners stated that when they had positive touch behaviours with children, they felt that they were operating at odds with policy and guidelines (Piper and Smith, 2003). As found in their study:

> "*touching...is no longer relaxed, or instinctive, and primarily concerned with responding to the needs of the child. It has become a self-conscious, negative act that requires a mind-body split of children and adults controlled more by fear than by caring*" (p.891).

3.3 Taking the "risk"

Some forward-thinking practices have maintained their faith in the trustworthiness of staff and the importance of touch as a benefit for children. Notably, Pen Green nursery (http://www.pengreen.org) and Summerhill school (http://www.summerhillschool.co.uk) celebrate the positive staff-pupil-parent relationships that allow touch to be a tool for strengthening relationships and enhancing learning. At Pen Green, Lawrence's research (2012) discusses the development and strengthening of the nursery's original pedagogic strategy, using the effectiveness of "*touch, gesture, and awareness of the body's experience*" to develop an "embodied pedagogy".

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Fig.2 – Pen Green's development of "embodied pedagogy" (Lawrence, 2012).

| Adult demonstrates interest by being physically close to the child | Adult uses facial expression, mirroring and verbal intonation to show empathy | Leads to "embodied pedagogy" with greater attunement to children |
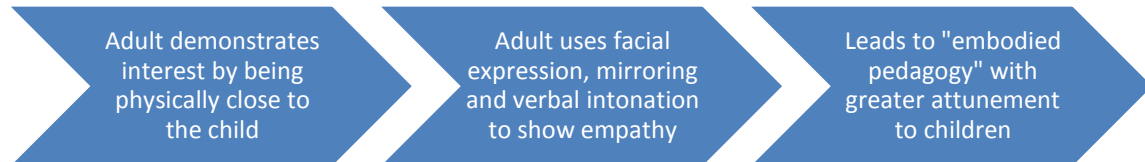
Even this approach could be criticised: the mere creation of a strategy affects the adult's natural actions. As Moyles suggests (2001), over-thinking touch-behaviours may lead practitioners to believe that touching children that you feel an affinity with (so may naturally touch more) may be the children you should try to touch *less*, and those that you feel less drawn to are the ones you should touch *more*, to attempt equality. To me, Pen Green's methods are more straightforward than this: all children should feel engaged and valued, and these physical strategies are as important in achieving this as any verbal message.

Summerhill school features as a chapter of Piper and Stronach's 2008 book (pp.120-134) as *"an exception to the rule"* (p.120). Summerhill was chosen because it was known to the researchers as less "*regulated*" (Piper and Stronach, 2008, p.121).[7] The researchers report that their focus on touch-behaviours between adults and children appeared to highlight it as an issue that did not exist previously: they claim it made them feel "*pervy*", as though they were trying to "*unnaturalise*" what the subjects "*regarded as absolutely normal*" (Piper and Stronach, 2008, p.123). This discomfort came across in research notes: trying to find a way of saying, for example, "*he put his hand on her thigh*" (Piper and Stronach, 2008, p.123), without it sounding sexualised. The difficulty of recording,

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[7] The school operates as a democracy rather than an autocracy, with no compulsory attendance at lessons, examinations, assessment or reports to parents.

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and the connotations that come with putting actions into words, are acknowledged. Being mindful of this, my research tool will attempt to retain more of the multimodality of children's communication, representing touch in context using pictures and text, rather than merely reducing it to the closest classification label. For examples of incidents surrounding touch at Summerhill see Appendix B.

Summerhill's experience of touch-behaviour highlights how an external presence turns innocent, trusting relationships into something suspect and deviant. Under scrutiny, practitioners become self-conscious, and once-natural interactions are labelled either 'inappropriate' or seem to be a deliberate, conscious decision to 'act naturally' (so becoming unnatural). With this in mind, I was more aware of the impact that this research could have on participants, and was alerted to the risk of behaviours changing due to my presence and the fact that practitioners were aware of my focus on touch-behaviours. This became an important part of my methodology.

3.4 Bridging the gap

These case studies are very much the exception to the rule. For the majority of schools to move from current 'no touch' acceptance from practitioners, and expectation from parents, to these levels, is unrealistic without exploration into the attitudes and beliefs that have become entrenched in organisations.

My research aims to highlight a new sense of professionalism, founded on trust and agency, to counter the risk of the gradual erosion of caring adult-child interactions. For this, a questioning of blind assumption and acceptance (Piper et al, 2011) must first take place. As Moyles (2001) suggests, the question of early years 'professionalism' depends on practitioners having *"an intimate relationship with children, yet … recognition that these are someone else's children"* (p.82). This need

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not be detrimental to good practice: indeed, in work with young children and infants, for true professionalism "*head and heart need to meet at the interface of reflection*" (Moyles, 2001, p.90).

3.5 Coding touch

Any study into adult-child touch behaviours cannot be completed without the means to accurately observe, categorise and analyse touch-behaviours as they exist in the real-world. Two key pieces of research offer categories for classifying touch behaviours: Cigales et al (1996) observed, coded and categorised child-adult and child-child touch, while Field et al (1994) used a coding key to catalogue observed touch between peers, as well as child-practitioner. While my research differs in that I am focussing on adult-child touch, these codes may be informative as part of this recording instrument.

Table 1 – Coding of touching behaviours in similar research.

Field et al (1994) – coding for touch behaviours	Cigales et al (1996) - coding for touch behaviours
Type of touch: • Kissing • Hugging • Hand-holding • Stroking • Casual • Accidental • Hitting • Pushing/pulling • Pulling hair • Tackling • Biting • Caregiving (including changing nappies, tying laces) • Carrying	**Type** of touch
Genders of those involved	**Body area** touched
Adult/child(ren) involved	**Response** to touch
Direction of touch (Initiated by self/other)	**Direction** of touch (Initiated by self/other)
Object involved	**Purpose** of touch

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4. Methodology:

This chapter explores the perspective for conducting the study and its implications on the methodology and data gathered. The chapter analyses the design of the research study, exploring issues of validity, reliability and transferability. I also consider the process of the planned study and justify selected methods. Finally, the ethical considerations when researching with young children are considered and addressed.

4.1 Paradigm choice

The primary data for this study will be qualitative using interpretivist and praxeological paradigms, compiled as an ethnographic methodological development study. The interpretivist paradigm creates an understanding of themes (Blaxter et al, 2001), and is particularly appropriate for this study, set in a social context. The results are an individual interpretation of the observed touch-behaviours, reached through an in-depth study and an open-minded approach (Denscombe, 2002). This paradigm has some criticism as offering a snapshot of a particular view in one time and place, therefore having a recognised limited applicability to other groups. I have attempted to address this by documenting touch-behaviours with different practitioners and children, across the early years age range. The original design was to include two contrasting settings: one inner-city, and one on the outskirts, with contrasting social and ethnic make-up. This would have offered richer and more detailed findings, reflecting the participants' perceptions of the social issues addressed, as well as a range of touch-behaviours, covering gender, cultural and age differences of both practitioners and the children in their care. However there were issues with participation which are detailed later. I decided that, for this part of the study, more in-depth research in one setting would go some way to assuring triangulation and trustworthiness of data at this stage (Guba and Lincoln, 1985). The praxeological approach is one grounded firmly in ethical awareness (Pascal and Bertram, 2012) and

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ensures that this is at the forefront of the researcher's mind – particularly relevant when working with young children and infants, with a potentially controversial research design, such as the use of film and photography. See Appendix C for further definitions and applicabilities of praxeological research to this project.

A praxeological approach, while having many strengths and being relevant to this kind of research project, recognises its own limitations, such as focussing on smaller numbers and particular contexts. Again, these are applicable to a small-scale yet in depth study such as this and were addressed where possible (see Appendix D for elaboration).

Secondary data from similar studies and research projects provided context for my study, and was analysed for similarities of method, and theories which support or contradict findings from this study.

4.2 Methodological approach and triangulation

The research consists of a single setting featuring a baby room, a toddler group and a pre-school cohort, in which I looked at natural occurrences of touch between practitioners and children in their care. Guba and Lincoln's (1985) suggestions for triangulation and validity were considered and addressed, as below:

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Table 2 – Addressing triangulation and validity.

Guba and Lincoln's (1985) theory:	Addressed through:	Intending to:
'Transferability'	• Use of different practitioners and children	• Provide reliability of research data • Provide a more comprehensive, rich data-pool
A "*similarity between sending and receiving contexts*" (p.297)	• Data analysis	• Prove external validity
A two-fold approach for credibility	• Approval of participants who construct the realities being studied	• Enhanced probability of credibility
Triangulation	• More than one type of data collection and analysis (Leech and Onwuegbuzie, 2007; Robson, 1999) • Film footage to analyse use of touch in interactions and relationships • Questionnaire to different settings and practitioners to analyse attitudes	• More comprehensive view of attitudes to touch-behaviours • Emphasis of factors that may influence real-world choices and actions (Haas et al, 2008) • Increased rigour, trustworthiness and integrity of data • Strengthened understanding of data

I observed and filmed touch-behaviours in order to develop a tool to document and analyse these further in subsequent research. Film footage was scrutinised using slow-motion analysis, with emergent coding of closely-spaced 'frozen' situations from the films. This required a multi-modal approach, analysing what the film showed through images, with speech providing context. Multi-modal analysis (Jewitt, 2012; O'Halloran and Smith, 2011) allowed me to isolate freeze frames, thus

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"*mapping of the domain of the enquiry*" (O'Halloran and Smith, 2011, p.4) by showing touch behaviours against a time line. This allowed categorising and recording of touch behaviours which were fleeting or occurred simultaneously with other types of touch, as well as those that were more lasting or obvious. As is relevant to research with pre-verbal or participants with emergent speech, other forms of communication took priority and were 'heard'. Participants were able to 'show' rather than 'tell' how they used touch in interactions and relationships.

4.3 Research design:

Interactions and incidents of child-adult touch were filmed across the setting, with young children from each 'room' (baby, toddler, pre-school), allowing me to record and catalogue a range of touch-behaviours. These were reviewed, annotated and tagged on the same day. Secondary analysis highlighted particularly rich sources of film giving a "*thick description*" (Geertz, 1973, p.6), showing types of touch but with a close focus on their context. These were slowed down and watched with a multimodal perspective[8] to define categories and types of touch. Separating out stills from the film footage and categorising these clarified how different types of touch were used and how they featured in different contexts across the setting (Bezemer and Jewitt, 2012).

This was coupled with an electronic questionnaire sent to practitioners from multiple settings and backgrounds[9], to gain insight into how they felt about touch and touch-behaviours within their profession, and to see if how they thought they used touch was reflected in real-world actions. This explored types of touch that were deemed acceptable or unacceptable, and how they felt about

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[8] A fine grain analysis to look at details of interactions that are interdisciplinary, not merely based on speech or language, particularly relevant when looking at touch and working with children that are pre-verbal or have emergent speech – see Bezemer and Jewitt, 2012.

[9] These included colleagues I have worked with in Worcestershire, London and Yorkshire, as well as current and previous students on the MA course and other EY courses run through the Centre for Research in Early Childhood (CREC).

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physical contact between themselves and the young children in their care (see Appendix E for questionnaire). This data gave rich evidence to strengthen and add context to the film footage, creating what Robson calls a "*three-dimensional reality*" (1999, p 56).

4.4 Data security and archiving:

Fig.3 - Format for data security and archiving.

Raw data collected

Data analaysed for trustworthiness and authenticity (Guba and Lincoln, 1985) with view of the Hawthorne effect (French, 1953)

Raw data read for meaning and tagged, tracking where, when and how data was collected

Data saved in coded electronic files, logged by age range

With the possibility of the Hawthorne effect (French, 1953) tainting data due to participants' knowledge of my research focus, it was beneficial to adopt the status of a "*marginal participant*" (Robson, 1999, p.198) – a passive, yet accepted, participant in the activities at the settings. See Appendices F and G for intended research timetable.

4.5 Data Analysis

The criticism of qualitative research is often that it draws out a large quantity of data, and its analysis must be rigorous in order to make sense of it (Robson, 1999). As Hatch (2002) states, the analysis of the data involves the organisation and interrogation of data, allowing the researcher and others to

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"*see patterns, identify themes, discover relationships, develop explanations, make interpretations, mount critiques and generate theories*" (p.148).

Critical analysis of the data, looking for "*commonalities and uniquenesses*" (Tesch, 1990) allowed emergent types of touch behaviours to be catalogued and interrogated for frequency, with knowledge of the context allowing deeper understanding of what the data was showing. This analysis was concurrent with the collection of the data (Ghauri and Grønhaug, 2005; Fetterman, 2010; Robson, 1999).

As a method to answer "*general or overarching questions of the data*" (Leech and Onwuegbuzie, 2007, p.576), I applied constant comparison analysis (Glaser and Strauss, 1967), using the complete data set to identify underlying themes. These themes were inductive: codes emerged from the data during analysis (Leech and Onwuegbuzie, 2007; Tesch, 1990; Migiro and Oseko, 2010), as I was unsure of what the film footage would show (and so negating the applicability of 'a priori' coding).

Fig.4 - Format for constant comparison analysis (adapted from Leech and Onwuegbuzie, 2007).

'Read' data set on film

Identify theme(s) and document based on grouping

Identify 'rich' and meaningful parts

Group codes by similarity

Freeze-frame relevant section and label/code each frame

Compare each new part with prior information and code the same if appropriate

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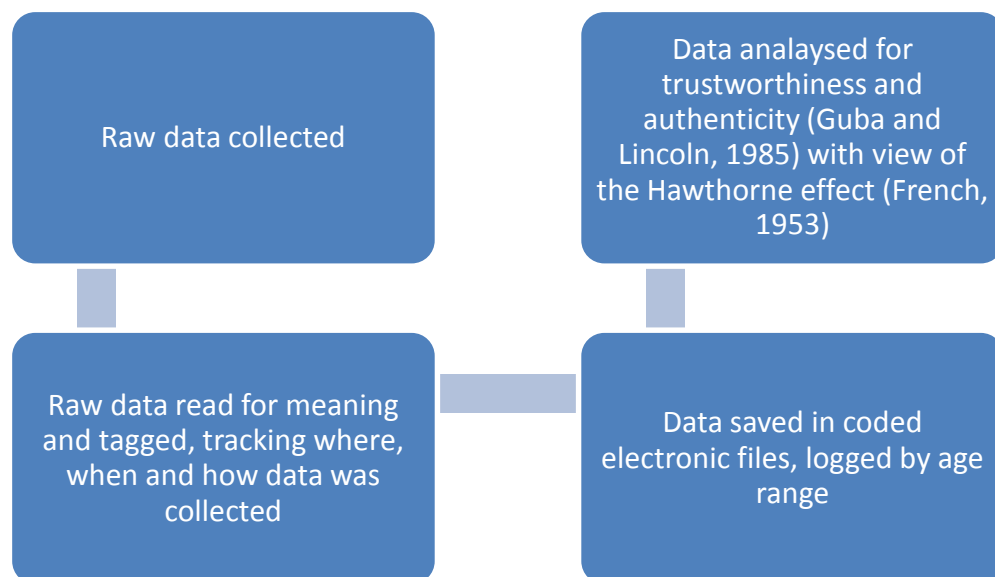
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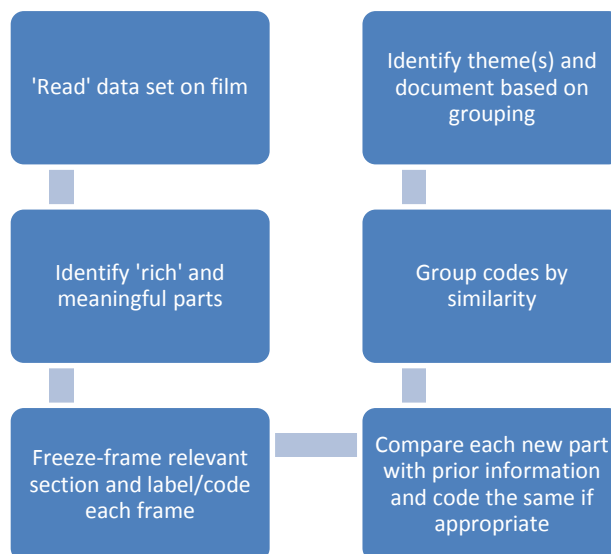
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Counting the frequency of the appearance of each code - emphasised the most important categories amongst the sample (Leech and Onwuegbuzie, 2007).

4.6 Ethics

The numerous ethical considerations during research become more complex when working with young children and infants, particularly those who are pre-verbal and unable to voice their consent for involvement. All formal ethical procedures were followed, along with additional considerations relevant to the vulnerabilities of the participants I was working with, as documented below:

Table 3 - Ethical considerations.

Issue:	Addressed through:
Trust: Being unknown to the practitioners, parents and children at the setting.	- Familiarisation over time: pre-filming site visits – meeting potential participants, gaining consent - Initial introductory letter via centre heads - Day for filming in order to 'naturalise' - Practitioners shared research details and sought parental consent as had established relationships - Inclusiveness of project: shared photos once 'rich' sections were highlighted, allowing children "tangible tracking" of their involvement in the process (Lancaster, 2006, p.5)
Difficulties of anonymity when using film and stills.	- Full disclosure of methods for data gathering - Assurance of footage being used only for research project - Assurance of non-naming but ensured respondents were aware of visibility within research - Transparency of research design to all respondents
Being an 'insider researcher' (Costley et al, 2010).	- Transparency of research aims - Equality of power: working with practitioners, parents and children and empowering those involved – sensitivity towards participants
Being a 'marginal participant' (Robson, 1999, p.198) – remaining uninvolved in interactions in order to record what occurs naturally.	Becoming accepted by practitioners, parents and children over time

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	• Friendly and approachable but remaining somewhat detached[10]
Gaining consent from pre-verbal children.	• Focus on use of visual communication to gauge child's perspective (Lancaster, 2006) and check children's approval
Being unsure of which children and practitioners would be filmed.	• Levels of consent – blanket consent for general filming from all practitioners and parents/carers • Further consent from parents and children for 'rich data' to be used within the research project as film stills • Specific images shared with practitioners, parents and children ahead of use within the final project • Assurance of ability to withdraw consent at any point • Assurance that data/images would be used solely within the project
Behaviour changing through knowledge of study (Hawthorne effect – French, 1953).	• Naturalisation through visits over time • Transparency of research and reinforcing focus on naturally occurring situations • Whole day dedicated to filming, for acclimatisation to me and film equipment • Acting as a 'marginal participant' –being accepted but taking a non-intrusive role (Robson, 1999) • Sensitive use of video cameras, so as to record faithfully and with context, without intruding on interactions, and producing a "*violation and variation of the 'natural' context*" (Monaco and Pontecorvo, 2010, p344).
Storage and use of data.	• Footage filmed used solely for this study • Data kept securely on a password-locked personal laptop, within files with anonymous identifying tags • On-going participant checks regarding data use at each stage
Issues around equality and diversity.	• Group is self-selected as they are part of existing team within the children's centre • Group is rather cohesive in terms of socio-economic status and ethnicity with regards to the practitioners, while children are from more diverse ethnic and socio-economic backgrounds • All participants received equal and respectful treatment • It is acknowledged that this was a purposeful sample aimed to map the use of touch in childcare, with limited applicability to other societal groupings or individuals

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[10] Following my initial visit to the children's centre I received an email from the manager (my main point of contact) feeding back that practitioners were excited about being involved in the project, and that many had said how down to earth and friendly I had been. This made me feel that the practitioners would be more relaxed and natural in their interactions when it came to filming.

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Feedback.	• Feedback loop at end of project for participants to comment on the study findings • Contact details supplied to participants as an additional method of contacting with questions/comments

4.7 Challenges to the proposed method

Initially two Children's Centres, in contrasting locations, agreed to participate in this project. The first Children's Centre was not able to continue partaking as the head felt that she could not put staff under additional pressure, due to staff restructuring. This meant finding an alternative and gaining consent close to the start of filming. The second Children's Centre head, who seemed keen to participate, found that, from a practical point of view, the unpredictability of their daily workload meant that my project could not be a priority,[11] and the head finally acknowledged that their participation would be impossible – however, this only became apparent in the week that I was planning to film. I also realised the difficulties of living far away from the sites: visits meant arranging travel and childcare and taking a minimum of three days to complete. Also, not being part of these settings meant I felt I relied too heavily on others for crucial parts of the project: namely collecting consent forms from practitioners and parents. The deadline of my second baby being due at the end of May added to the time pressure for the project's completion.

Whilst I decided that for the current phase of the project (early fieldwork and testing out the tool), one setting would be sufficient, I intend to secure a minimum of two sites for phase two of the research next year. The final Children's Centre suggested postponing filming as they had been closed the previous day due to snow, it was a three day week ahead of the Easter holidays and they were expecting a low turnout of children (see Appendix H for further setting context). Despite this we

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[11] Incidents including snowstorms, staff accidents on the way to work and crises with families in their centre made it difficult for me not to feel like an additional, unnecessary burden.

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decided to go ahead, as leaving the filming till after the holidays would set me back another fortnight. As staffing on the day had been severely disrupted by the weather (and had already suffered due to recent budget cuts), the focus group I had originally planned was not possible. I therefore revised my plan to be less disruptive and intrusive to the practitioners, designing a questionnaire to be completed in their own time, taking a few minutes, and accessed online at their convenience. This approach still allowed me to map attitudes of practitioners around touch-behaviours, and also allowed me to gather attitudinal data from a wider group of professionals in the field. It also meant that I was able to gather this data remotely, making it more time efficient for me, and less reliant on the participants I had already approached being able to accommodate me. The response to this questionnaire was very positive, giving me a wide-reaching and broad-ranging sample of practitioners who were quick to respond.[12] These attitudes will be analysed and explored further using focus groups in phase two of the research.

The main issues during filming were:

- My positioning, so as to capture incidents accurately yet remain unobtrusive.

- High noise and activity levels meaning my view often became obstructed and verbal interactions were difficult to capture.

These challenges added to my feeling that a combination of my tool and an approach more similar to the tally chart data used by Cigales et al (1996) would be necessary to more fully catalogue the range of touch-behaviours between children and adults, or an extended length of time for filming at a

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[12] There was also a very low incidence of skipping questions (14 skipped responses out of a possible total of 414 across the questionnaire), even on those that offered only a comment box for response. This demonstrated a high level of practitioner interest in and engagement with the topic.

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wider range of contrasting settings, or a combination of the two techniques. While my approach offers a broader perspective into the use of touch as a part of a multi-modal communication system, giving context to the use of touch by young children in this setting, the focus on the individual incidents observed offers depth but not breadth. With this being part one of a two-phase research project, all of this will feed into and develop my ideas for next year's work, forming my final dissertation. However, this approach does offer a detailed insight into touch-behaviours in certain interactions, which are analysed further below.

5. Findings:

5.1 General findings

Often, the same type of touch was sustained over the duration of the piece of filming – so tending not to depict different types of touch in a 30 second interval. In other instances, a fleeting use of touch by a child or practitioner, which was not repeated in the capture period, demonstrated touch-behaviour as offering emphasis or an 'aside' comment. These did not offer rich sections of data, but merit mentioning nonetheless, as they seemed to be a part of a more on-going physical conversation or relationship. Often, these incidents were over before filming could begin. On reflection, this tool retains more of the context of touch-behaviours and the multimodality of children's communication than previous research methods (e.g. Field et al 1994; Cigales et al 1996). However, as a method of merely cataloguing a broad range of touch behaviours, this tool is perhaps not the most efficient method. Instead it depicts more of the conversation of touch – demonstrating how touch forms a part of an on-going dialogue, particularly within familiar relationships between children and adults.

Many general observations reflected those found by Cigales et al in their 1996 research, particularly relating to types of touch used altering with age and developmental stage.

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Table 4 - General observations.

Room	Staff: child ratio	General observations
Baby room	2 staff :6 babies Main types of touch seen: • Affection • Support/carry • Comfort/soothe • Stimulate • Care-related	• Touch was largely adult initiated. • Touch to support, carry, hold babies as non-mobile (or early walkers) – different body areas touched as a consequence. • Mirroring (gesture/ facial expression) even when touch was not used: practitioners mainly at floor-level with the babies. • Care related touch was highly evident: toileting, cleaning after eating. • Necessary intimacy due to babies' developmental stage. • Lots of touch with objects • Touch as comfort e.g. waking babies from sleep, taken onto laps and cuddled/stroked until they were fully awake.
Toddler rooms	Younger two year olds – 2 staff:8 children Older two year olds – 3 staff:12 children Main types of touch seen: • Affection –(child initiated) • Reassurance – (adult initiated) • Control/instructional (adult initiated) • Accidental (child initiated)	• More general touch than with the older children: hand-holding for encouragement or to guide in activities. • More adult involvement in play, both to direct/develop/sustain and to resolve conflict. • More care related touch e.g. toileting, tying shoelaces, rolling up sleeves. • Touch as power: dispute over whose turn it was to sit on the practitioner's lap as a position of power/ privilege. • Touch as reassurance: upset child was cuddled to comfort; hurt child was picked up and cuddled. • Particular children seeking contact e.g. hand holding/sitting on lap. • Instructional touch (e.g. "Off the table" and taking child down).
Pre-school room	3 staff: 19 children 1 staff member (leader) permanent, 2 others from	• Little touch interaction in general. • Most touch interaction between specific children and practitioners.

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| 3 - 4 year olds | different rooms to cover staff absence.

 Main types of touch seen:
 • Affection (child initiated)
 • Control/instructional (adult initiated)
 • Accidental (child initiated)
 • Educational/task support (adult initiated) | • Lead practitioner was the usual person but both additional staff members were from different rooms.[13]
 • The majority of the touching occurred with the more familiar, non-lead staff member.
 • Lots of accidental touch if a child sat next to a practitioner.
 • Children very independent in play and following instructions to tidy up. |

5.2 Mapping physical conversations

In order to map and categorise the physical conversations I filmed for the tool development, I initially re-watched all of the footage from the day with an eye for particularly 'rich' sections. These were those showing prolonged or completed touch behaviours, and reflecting the diversity of touch behaviours witnessed (i.e. not fleeting or part of a much longer discourse which would be impractical for me to attempt to capture). This allowed me to get an overview of the component parts of physical conversations, and begin to see how these varied by age and developmental stage. Following the selection of the clips I shared stills with practitioners and the relevant parents and children, to ensure consensual use of these within my research.

Stills were then selected which best represented the touch behaviours evidenced. These were categorised and analysed: see the following figures.

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[13] One of these staff members was very familiar to the children as had worked with them in the toddler room, situated adjacently to their current room; the other did not know the children and usually worked in the baby room on a separate part of the site.

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5.3 Multimodal analysis- film strips

Fig.5 - FILM TAG: INCY					
Date	**Time**	**Location**	**No of adults**	**No of children**	**Activity**
Tuesday 26/3/13	9.40am	Pre-school room	3 – each leading a smaller group	19 – split into 3 groups	Snack time – practitioner handing round toast while children sit in a circle. General conversation.
Context:					
The practitioner was familiar to the children as she worked with them in previous years, but is usually placed in the three year old room. Due to staffing issues she was working in the pre-school room. As the children were split into their groups by the lead practitioner, they chose where to sit in the circle in relation to the practitioner and their peers. The practitioner ensured everyone was seated before beginning to hand round the toast. Children were mainly chatting to their peers as they ate. After this filming they continued to chat until it was time to resume their activities.					

Time elapsed in seconds

0………..5………………………7…………………………12………………………20………………………28……………………………33………………………………..34………..
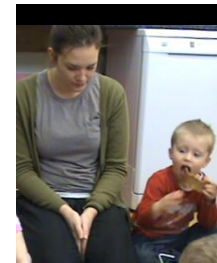
5-7 seconds: Practitioner is handing round toast when child initiates contact, touching her with his hand on her elbow and running his fingers up her arm, as if they were a spider, to her shoulder.

7-11 seconds: Practitioner gives 1 second of eye contact to acknowledge touch behaviour, before returning to handing round snack to other children in the group. Boy runs his fingers like a spider back down the practitioner's arm to her hand.

12-20 seconds: Practitioner continues to hand out snack and watch other children, particularly the child seated on her other side who was refusing to sit down properly, while the boy continues to run his fingers up and down her arm.

20-28 seconds: Practitioner turns head to give eye contact and reciprocates the boy's touch for 1 second by tickling his hand and lower arm with her fingers. Maintaining a mutual gaze the boy again runs his fingers from the practitioner's hand, up her arm to her shoulder. Practitioner asks, "Are you doing incy wincy? Shall we sing that one after?" then mimics the action with her fingers on her own arm.

29-33 seconds: Boy repeats actions but neither he nor practitioner attempt eye contact with one another. Practitioner folds her hands between her knees.

34 seconds to end: Boy removes his hand from the practitioner's arm and continues to eat his toast.

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Fig.6 - FILM TAG: SOCKS					
Date	**Time**	**Location**	**No of adults**	**No of children**	**Activity**
Tuesday 26/3/13	9.44am	Pre-school room	3 – each leading a smaller group	19 – split into 3 roughly even groups	Snack time – practitioner handing round toast while children sit in a circle. Conversation and songs with practitioner interaction.
Context:					
Following on from the Incy film, the boy again initiates similar contact with the practitioner during snack time. Children in the circle are eating their toast and chatting with their peers. The boy has chosen to sit very close to the practitioner, so that his upper leg is in contact with her leg.					

Time elapsed (seconds)

0….5………………………11……………………….17……………19…………23……………26………………30……………………48……………………………54…..

5-11 seconds: Practitioner sits holding a carton of milk in her hands, which she is drinking from, between two children in circle. Boy rests hi closest hand to her on the practitioner's left thigh while eating his toast. Neither attempts eye contact.

11-17 seconds: Boy begins to rub the flat of his hand up and down the practitioner's thigh, then raises his palm so he is rubbing/ scratching his fingertips up and down the length of the practitioner's upper leg, to her knee. No eye contact.

17-19 seconds: Practitioner turns gaze to boy who responds with eye contact. Practitioner asks, "What are you doing to my leg?" in a light, jokey tone. Boy continues to crawl his hand up and down her leg.

19-29 seconds: Practitioner distracts boy from touch-behaviour by pointing to his ankle and asking "Who's that on your socks?" Both turn gaze to boy's foot. Practitioner uses her forefinger to hook up the bottom of the boy's trousers so they can both see his sock. Practitioner asks, "Have you got spiderman trainers as well?" and touches each of boy's feet, pointing out the character. Boy looks but maintains hand on practitioner's thigh. Practitioner inclines her body further towards the boy.

30 seconds: Boy removes hand from practitioner's leg to point out the character to her. Practitioner continues to look.

48 seconds: Practitioner touches her forefinger to each of boy's feet, counting "One, two. Two socks." Boy nods in agreement and moves his body away from the practitioner to bend closer to his feet.

54 seconds to end: Boy nods and repeats the pointing demonstrated by the practitioner using his own forefinger on each foot. He turns his back on the practitioner to do this. Practitioner leans her body back to upright and places her hands in her lap, then moves gaze to another child.

Fig.7 - FILM TAG: BOOK					
Date	**Time**	**Location**	**No of adults**	**No of children**	**Activity**
Tuesday 26/3/13	10.14 am	Toddler room	3	12	Free play with adults taking part in various activities. Lively classroom.
Context:					
Girl approached practitioner asking to read a book together. Practitioner and girl sit together on children's chairs at low table, with practitioner's chair facing the girl. The practitioner's body is inclined towards the girl, who has the book on the table in front of her.					

Time elapsed (seconds)

0….10……………….15………………….20……………….27……………….29………………31……………….36…………………38………….…...41…………

10 seconds: Practitioner points to pictures demonstrating one-to-one correspondence and counts aloud from one to five. Girl watches practitioner's finger.

10-19 seconds: Girl points out a tadpole picture in the book and makes a sign to show it wiggling, which the practitioner copies. Girl then wiggles her body from side to side like a tadpole.

20-27 seconds: Practitioner asks girl, "Can you count them?" pointing to the pictures. Girl points to each picture and counts aloud from one to five, demonstrating one-to-one correspondence.

27 seconds: Girl reaches five in her count and holds up her fingers to show five to the practitioner, but only holds up three fingers.

29-36 seconds: Practitioner touches tip of her forefinger to each of girl's upheld fingers, counting "One, two, three…is that five?" Girl nods, then looks at her fingers and tries again to show five. Practitioner models holding up five fingers, repeating "Five."

36 seconds: Girl holds up her own five fingers to match practitioner's model and touches the palm of her hand against the practitioner's, showing five fingers to match the practitioner's model.

38 seconds to end: Practitioner demonstrates one-to-one correspondence on her own fingers, touching forefinger of right hand to tip of each finger held up on left hand, counting from one to five. Girl watches then pushes her splayed fingers towards the practitioner again, saying "Five!", then returns to reading the book.

Fig.8 - FILM TAG: SHARE					
Date	**Time**	**Location**	**No of adults**	**No of children**	**Activity**
Tuesday 26/3/13	10.32 am	Toddler room	3	12	Free play with adults taking part in various activities. Lively classroom.
Context:					
Girl was sharing a book at a table with the practitioner, with the girl sitting on chair facing the table and the practitioner on a chair beside her, which was turned to face her. The boy came and leant against the girl's chair, across her body, in order to see the book. The girl climbed onto the practitioner's lap and the boy sat on the chair. Once this story was finished, the girl went to choose another one, so the boy climbed onto the practitioner's lap, leaving the chair for the girl. On returning with the book there was a dispute over who should be sitting on the practitioner's lap. The practitioner tried to explain it was the boy's turn, but the girl became upset and wouldn't share the book she had chosen. The practitioner resolved this by moving to the reading area, where she could sit on the floor on cushions, with one child on either side of her.					

Time elapsed (seconds)

0.........2...................................9.........................23.........................26.....................28.....................................44.........................

0-2 seconds: Practitioner is sitting on the floor against a wall with the girl on her left and the boy on her right. Both children sit with their closest arm touching the practitioner's arm and their leg against the side of her leg.

2-9 seconds: Practitioner introduces the book and both children focus their gaze on the front cover. The practitioner points out a picture with her finger and the boy immediately does the same with his finger, so his hand touches the practitioner's.

9-25 seconds: Practitioner begins reading the book and both children focus on the first page and pictures. Boy leans his body across the practitioner's, placing his left hand on her lap. Practitioner turns her gaze towards him.

26 seconds: Practitioner asks "Where would you like to live?" and boy immediately moves his body forward across the practitioner's, putting his hand on her lap, to point to where he would choose ahead of the girl answering.

28 seconds: Having answered, the boy moves his body back to a more upright position but leaves his left hand on the practitioner's lap with his hand and forearm touching hers, while the girl answers the same question. When she chooses the same place as him a dispute begins, which the practitioner calms, explaining they can make the same choice.

34 seconds to end: Practitioner continues to calm their dispute. At 44 seconds the boy begins tapping the practitioner on the chest to ask where she would live, while the girl attempts to draw the practitioner's attention to the book by tapping the pages. Practitioner answers the boy before returning her attention to the book and continuing to read.

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Fig.9 - FILM TAG: ROW					
Date	**Time**	**Location**	**No of adults**	**No of children**	**Activity**
Tuesday 26/3/13	12.18pm	Baby room	2	6	2 babies free play, 4 babies sleeping.

Context:

Baby crawled to practitioner and put hands on her knees as though to climb up her. Practitioner took baby's hands and assisted to standing position. Baby was laughing and smiling and looking around to other adults present. Practitioner maintained eye contact, nodded and praised baby ("Clever boy, are you standing?"). Practitioner then began rocking her body back and forth which provoked more laughter and smiling. Baby returned gaze to practitioner who began singing "Row, row, row the boat".

Time elapsed (seconds)

0............................2.....................7........................12........................23.......................37...........................39....................…....42.................…...47……50

0-2 seconds: Baby standing with support, holding practitioner's thumbs, with practitioner's fingers over the backs of his hands. Practitioner sings 'row, row, row the boat' to the baby, extending and retracting his arms by rocking her body. Baby looks from practitioner's face to the camera, laughing. At 2 seconds the practitioner ends the song, baby returns eye contact to practitioner and takes a step towards her.

3-7 seconds: Practitioner holds eye contact while supporting baby's standing by hands. Baby looks at practitioner continuously.

Practitioner asks "Again?", nods as if in time to beat to count in the song and begins singing the song, moving her body back and forth to rock the baby's body.

12-13 seconds: Single gaze break from practitioner's eye contact by baby in this episode of the song. Baby returns gaze to practitioner and maintains eye contact and protospeech to end of song.

23-36 seconds: Song ends. Baby pushes his arms forwards against the practitioners as if to restart the sequence, making sounds which practitioner echoes ("Awah, awah"). Practitioner restarts the song, repeating the movements as before.

37-42 seconds: Baby's knees fold and he sits down in the middle of the song. Practitioner's facial expression and tone of voice immediately change to concern, while baby looks momentarily concerned then initiates standing again with practitioner support. Practitioner encourages him verbally ("Good boy!") and with facial expression. Baby takes two steps towards practitioner once on his feet.

47 seconds-end: Baby initiates sitting, turning gaze away from practitioner and towards toys on the floor. Baby removes hands from practitioner's and picks up toy, which he begins to suck.

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Fig.9 - FILM TAG: CREAM					
Date	**Time**	**Location**	**No of adults**	**No of children**	**Activity**
Tuesday 26/3/13	12.32pm	Baby room	2	6	1 baby eating, 2 free play, 2 sleeping, plus filmed baby.
Context:					
Baby woke up from nap and was being carried by the practitioner into the baby room. He was held upright in her arms, with his legs round her hips and her arms supporting his weight beneath his bottom. He had his head resting on her shoulder. He began scratching at his arms and crying, due to his eczema. He was still dozy from his sleep and clearly quite uncomfortable, becoming more distressed as his scratching made his skin worse. The practitioner placed him on the cushion on the floor and fetched his cream to apply to soothe the itching, first putting on plastic gloves over her hands. The baby was positioned on his front on a raised cushion. The interaction began before filming with cream being applied to the baby's back, and continued after filming, with the baby's back being rubbed, lasting around 4 minutes in total until the baby was soothed and fell asleep.					

Time elapsed (seconds)

0……………13……………………………23………………………………………35……………………………37……………………………………………60

0-13 seconds: Applying cream to back with gloved hand, circular motion and long strokes.

13-37 seconds: Stroking face with back of fingers, then flat hand. Circling ear with forefinger.

35-37 seconds: Practitioner speaks to colleague, baby startles. Practitioner instantly returns eye contact to baby with smile and reassures verbally, shaking head, saying "It's alright, it's alright", and returns to stroking his back.

37-60 seconds (and beyond filming): Stroking back in circular motion and long flat strokes, with open hand, under baby's top. Baby appears to go to sleep.

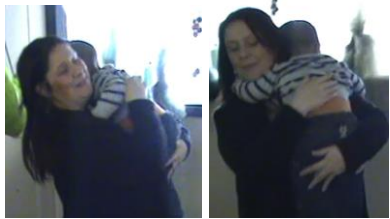| Fig.11 - FILM TAG: WAKING					
Date	**Time**	**Location**	**No of adults**	**No of children**	**Activity**
Tuesday 26/3/13	12.44pm	Baby room	3	6	2 babies free play, 2 babies sleeping, 1 baby eating lunch plus filmed baby.
Context:					
Baby was sleeping in nap area of room. Practitioner went in to rouse him. After this section of filming the practitioner remained with the baby on her lap, patting and stroking him and allowing him to become fully awake. He moves to sit more upright and she releases her hands from his waist to enable this. The practitioner stands, holding the baby with her arms under his bottom, to reach his cup and sits back down to offer him a drink which he takes with both hands. Practitioner holds the bottom of the cup to ensure it is correctly angled for him to drink. Baby remains on practitioner's lap for more than 5 minutes to wake up fully, before being carried to the table for his lunch.					

Time elapsed (seconds)

0.........................4.............................17..................18..........................29.........................34...................34.....................35.........................38..............

0-2 seconds: Practitioner bends and lifts baby from bed with her hands under his arms, and brings him to her body so that the front of his body is in contact with her front left side. Baby rests side of his face against her shoulder. The practitioner pats his back and speaks comfortingly to him "Come on darling, time to get up." The baby moves his left arm round the practitioner's neck as she moves her arms to clasp under his bottom to carry.

3-17 seconds: Practitioner moves to main room, carrying baby against her body and rubbing/stroking his back. Baby remains very dozy and nestled in against practitioner's body. Practitioner speaks comfortingly and continuously, "Alright, come one…I know, I know…". Other practitioners ask, "Hello, did you have a nice sleep?"

17-18 seconds: Practitioner sits down on sofa, shifting the baby from her shoulder to her lap so he is sitting sideways, still leaning in against her upper body. Practitioner wraps him with both her arms, then adjusts baby's jumper so his back and tummy are covered, before returning her arms to wrap around him.

18-29 seconds: Practitioner inclines head towards baby to allow eye contact and maintains close contact with their upper bodies. Baby remains with his left hand on her chest but begins to look around the room. Practitioner continues to talk to him.

29-34 seconds: Practitioner moves arms so her hands clasp on top of each other on the baby's waist. He rubs his eyes and yawns. She moves her head closer to his and continues to speak to him, asking "Are you awake? …Did you have a nice sleep?"

35-37 seconds: Practitioner pats baby's shoulder and rocks her legs so that his body is rocked.

38 seconds to end: Practitioner pats baby's upper thigh, continuing to rock him on her lap. Baby rubs eyes and yawns again, becoming more alert and looking around to other practitioners who greet him by name, asking, "Did you have a nice nap?"

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5.4 Analysis of footage

Table 5 - Footage analysis.

Film tag	Touch behaviours – pat, kiss, bite, tap, stroke, kick, pull, hold, hug, carry, hit, push, casual, accidental	Initiated by	Purpose/ intent	Response of recipient █ = + response █ = - response	Categories of touch behaviours – affection, comfort/ reassure, communicative, caregiving, emphasis, task assist, physical support, guide/control
Incy	• Song actions – stroke/casual	Child (m)	Gain attention – communication-related / play-related	Practitioner gives eye contact and verbal recognition to actions.	• Affection
Socks	• Song actions – stroke/casual • Stroking practitioner's leg • Practitioner shifting child's attention – tapping ankle	Child (m) then practitioner (f)	Demonstrate affection Distract child's attention – communication related	Practitioner reciprocates touch behaviour then directs it away from her. Seems uncomfortable with this touch behaviour.	• Affection(Child) • Communicative
Book	• Tapping fingertip to finger • 'High five'	Practitioner (f)	Assist learning – task related	Eye contact and focus then copies actions.	• Task assist • Emphasis
Share	• Stroking / leaning on practitioner's leg • Tapping chest	Child (m)	Compete for/ retain attention of practitioner – communication related	Turns verbal attention and eye contact in boy's direction briefly.	• Affection • Emphasis
Row	• Supporting standing • Song actions	Practitioner (f)	Support and engage child	Eye contact, smiling, reciprocates actions.	• Physical support • Task assist

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Cream	- Applying cream - Stroking	Practitioner (f)	Medical Soothe/comfort	Relaxes, stops crying, falls asleep.	- Caregiving - Affection - Comfort/reassure
Waking	- Picking child up - Carrying - Stroking - Hugging - Holding	Practitioner (f)	Wake child up from nap.	Reciprocates by cuddling into / stroking practitioner.	- Physical support - Affection - Comfort/reassure

The primary focus of this phase of the research project was the development of the tool for analysing touch, and multimodal presentation and analysis of touch-behaviours for further research next year. As such, the level of analysis and comparison from the footage gathered at this stage provides an exploratory base to develop, to include more incidents of touch-behaviour, from different sites as originally intended, in order to draw out themes and patterns and conclude more fully on how touch-behaviour is used.

My initial research questions considered developing a tool for recording and analysing touch-behaviours to use in real-time. However, touch-behaviours analysed in real-time (as in Cigales et al's 1996 and Field et al's 1994 research) appear to reduce touch to a single modality and strip it of its context. One of the strengths of this tool is the retention of the multimodality of touch, and the context of its use within a relationship or physical conversation.

Initial findings have emerged which will be interesting to develop and explore more fully in the second phase of this project. These are highlighted below.

As noted, only one incident of touch seemed to have a negative reaction from the recipient – in the 'Socks' episode, where the practitioner appeared uncomfortable with the maintained touch of the

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child. The practitioner's response – sensitively redirecting the boy's attention through a different type of touch – meant that the incident ended without the boy feeling rejected or being aware that the practitioner seemed uncomfortable. The vast majority of practitioners in this setting seemed comfortable with their use of touch, and appeared to act very naturally despite my presence. This created a caring environment, where children demonstrated strong, trusting relationships with practitioners. Given that the questionnaire showed one third of respondents have a more negative attitude to the use of touch, it would be interesting to observe further across settings that were less at ease, and to analyse this based on gender of practitioners.[14]
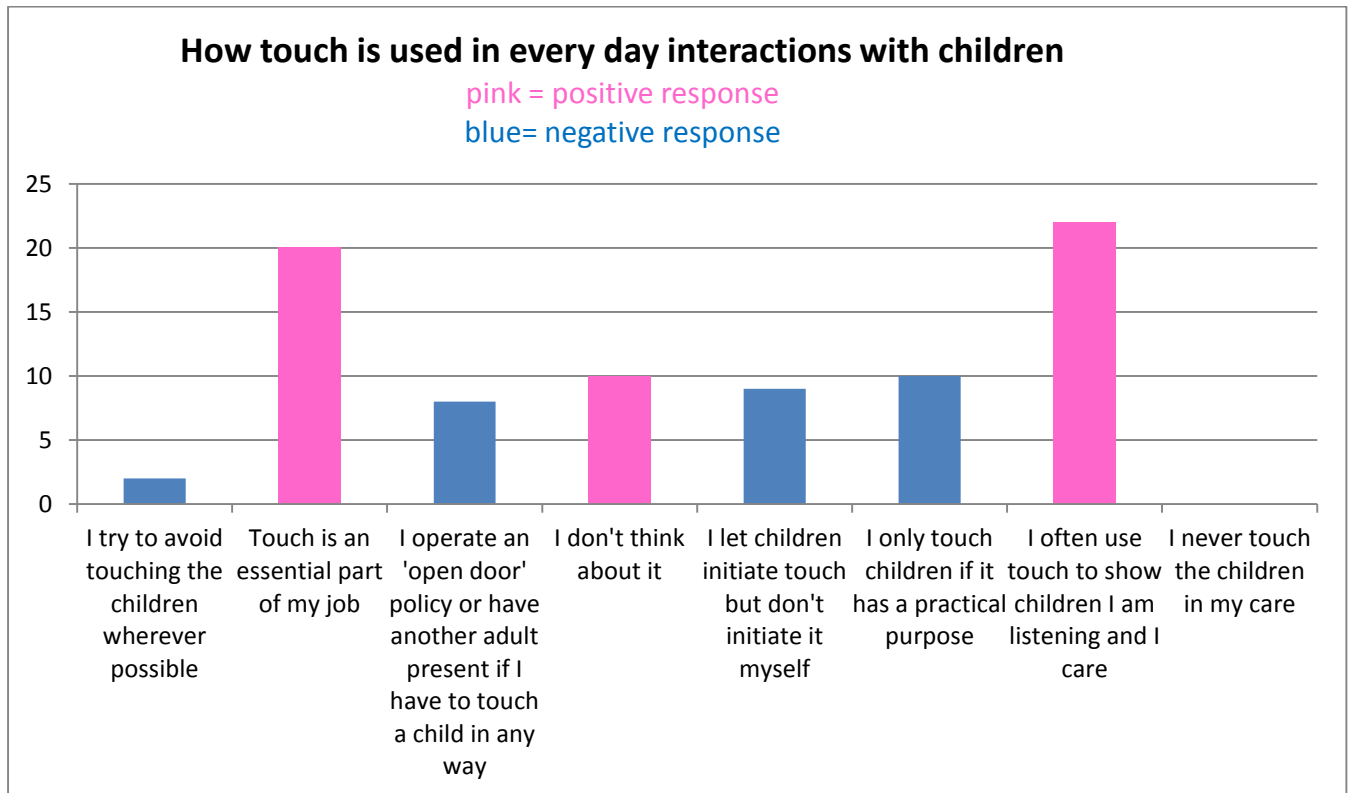
Fig.12 - Questionnaire responses: To what extent does physical touch feature in your day-to-day interactions with the children in your care? (select all that apply).

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[14] All practitioners at the setting were female, and only four of 46 respondents to the survey were male.

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How touch is used in every day interactions with children

pink = positive response

blue= negative response

| Response	Count
I try to avoid touching the children wherever possible	2
Touch is an essential part of my job	20
I operate an 'open door' policy or have another adult present if I have to touch a child in any way	8
I don't think about it	10
I let children initiate touch but don't initiate it myself	9
I only touch children if it has a practical purpose	10
I often use touch to show children I am listening and I care	22
I never touch the children in my care	

The film footage demonstrated only 5 incidents of child-initiated touch-behaviour, compared with 11 incidents of adult-initiated touch. Again it must be noted that the development of the tool was the focus here and to get more reflective data it should be implemented in a broader range of situations in subsequent studies. However this appears to show practitioners frequently use touch as part of their communication with children, despite the attitudinal data from the questionnaire suggesting reservations around this.

Fig.13 - Occurrence of types of touch.

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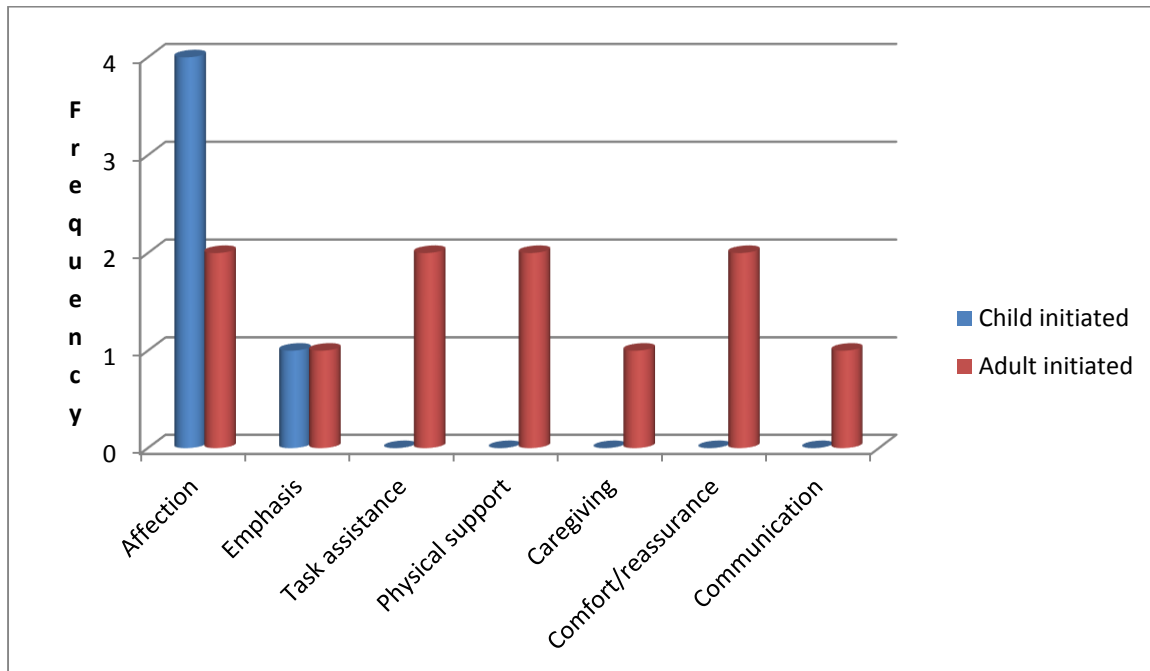
As affectionate touch was clearly the most widely-used by children to practitioners, it raises the question as to whether affectionate touch is seen as more 'risky' when adult-initiated. This would fit with questionnaire findings, with 20% of respondents preferring not to touch children unless the child initiates it. Despite this, most of the touch-behaviour seen was initiated by adults.

With the concern of not being seen as a risk to children, it is possible that for some practitioners there is a sense that affectionate touch could be misinterpreted, whereas touch with a clear purpose or end is less questionable and therefore more definable as 'safe'. Despite this, the most highly mentioned 'risk' area from the questionnaire was that of intimate care. Respondents who chose to give further information regarding touch policies stated that these mainly regarded changing children, highlighting anxieties around sensitive body areas and the need to demonstrate that there is no space for sexual abuse. My initial research question, asking if blanket 'no touch' policies can be effective, now seems redundant: while these policies are aimed at keeping staff safe from
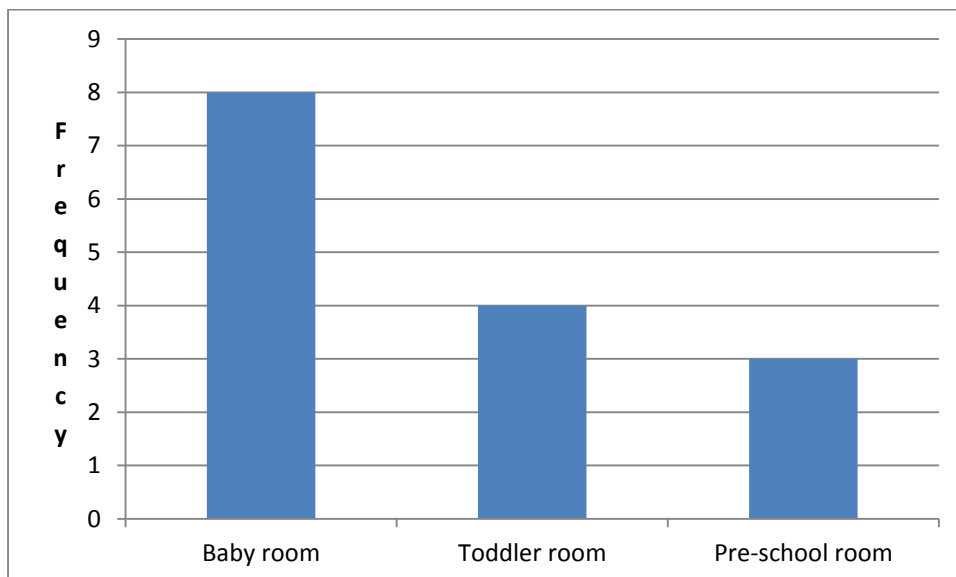
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accusations, they seem to be part of the barrier between natural touch interactions between practitioners and children in their care. This appears to be either through misinterpretation or over-thinking, leading to unnatural interactions.[15]

Fig.14 - Occurrence of touch by age range.

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[15] This conflict was highlighted through one practitioner's comment in the questionnaire, claiming, *"In my setting, we are fairly relaxed as practitioners about touching, holding, supporting the children. We are aware that we need to protect ourselves, so the only time that may cause us to 'think' is when we need to change a child. We are also required to actively discourage children sitting on our laps or putting hands on us"*. To me, claiming to be 'relaxed' about touch, yet having to 'actively discourage' these types of touch seems to be contradictory.
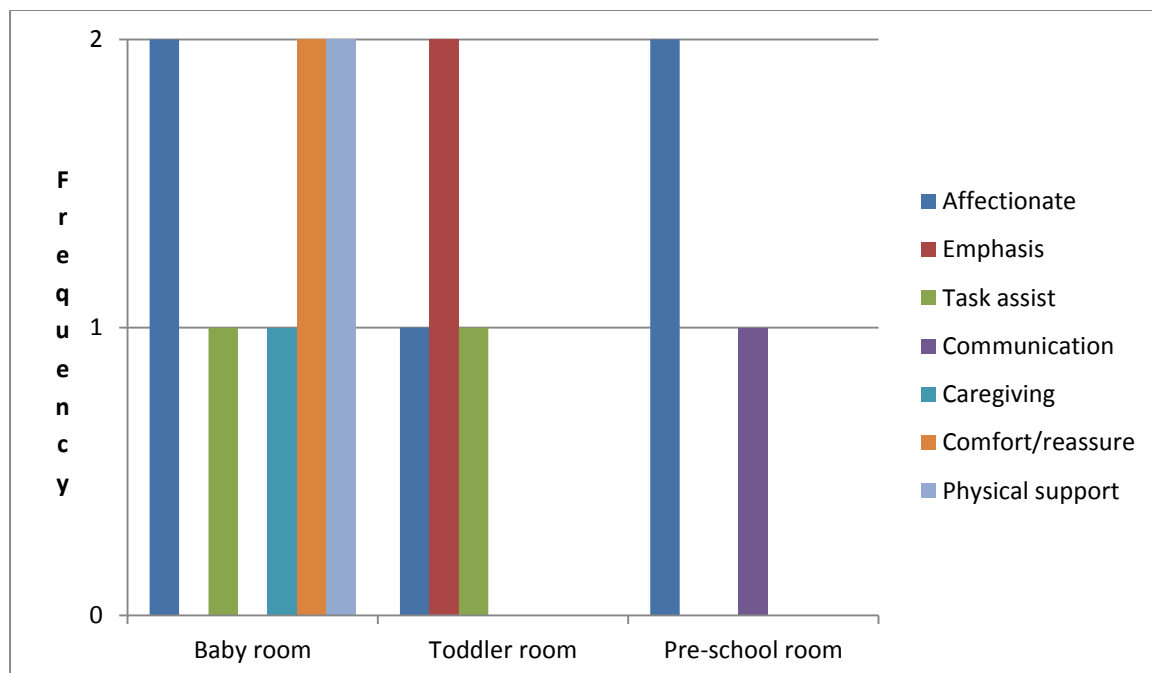
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Highlighted here is the variation of frequency of touch across the age range at this setting: touch with infants under one year old is much more regular and sustained, and also more likely to be adult-initiated. As found by Field (1994) and Cigales et al (1996), touch-behaviours vary with the child's age. As children get older, the frequency of touch diminishes, and the type of touch-behaviour alters. This is in line with suggestions that as children develop they learn more about the social side of touch, and what is acceptable, as well as younger infants needing more touch due to their lack of independence.

Fig.15 - Occurrence of types of touch by age range.

Cigales et al (1996) also noted less affectionate touch used by pre-school children than toddlers in a class-like setting: while the above results appear to show greater affectionate touch in the pre-school room it is important to note that both of these incidents were child-initiated in an informal

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session (snack time), and very little touch-behaviour at all was noted in the more formal sessions I observed, hence the lack of filming of these incidents. This highlights the need in future studies for noting the incidents with an absence of touch-behaviours, as well as the occurrences, in order to get a fuller picture of how and why practitioners and children use touch.

6. Reflections:

Stroufe & Waters (1976) discussed the "crescendo-peak-decrescendo" nature of infant interactions during games such as 'peekaboo'. This model was also explored by Stern (1985), regarding protoconversation and emergent speech in infants and very young children: the idea of build-up: maximum tension: release, or the "three-step tension envelope" (Rochat et al, 1999, p.951). In some instances touch, within children's multimodal discourse, also fits this pattern (see fig.16 below).

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Fig.16 - Three-step tension: physical conversation.

CRESCENDO PHASE – child initiates touch and gains eye contact and full attention of practitioner, which is lost again after 2 seconds.

PEAK PHASE – repeated touch pattern which is recognised by practitioner. Reciprocated touch and maintained eye contact from practitioner. Recognition of action verbalised by practitioner, "Shall we do incy wincy after snack?"

DECRESCENDO PHASE – child repeats touch pattern but practitioner ends reciprocation, followed by eye contact. Practitioner's body language shows the episode has ended.

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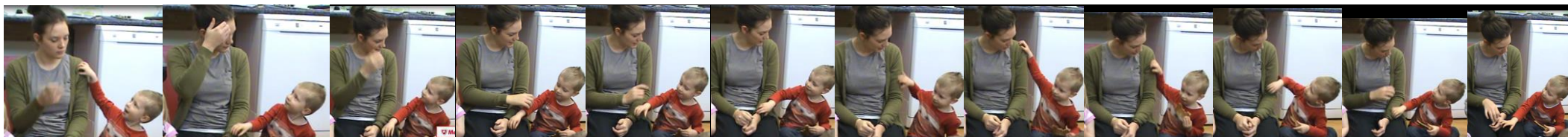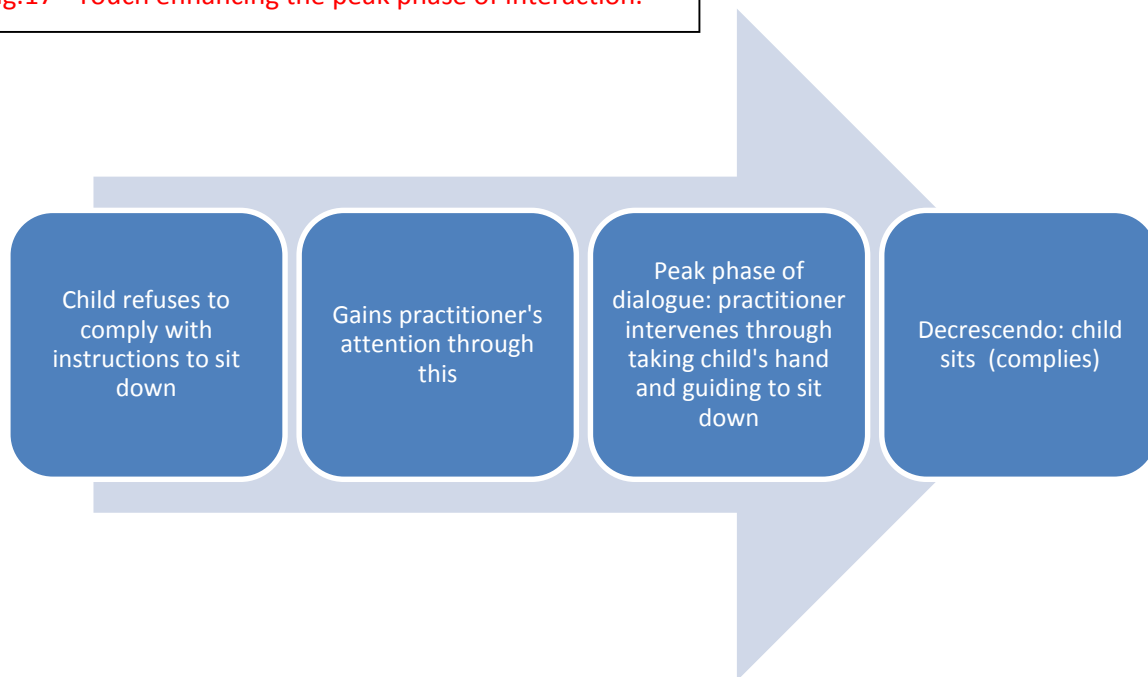
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In other incidents the touch-behaviour appeared to enhance the peak phase of a verbal or demonstrative interaction – see example below.

Fig.17 - Touch enhancing the peak phase of interaction.

| Child refuses to comply with instructions to sit down | Gains practitioner's attention through this | Peak phase of dialogue: practitioner intervenes through taking child's hand and guiding to sit down | Decrescendo: child sits (complies) |

If physical conversation is a part of connectivity between two people then it is likely that there would be a range of possibilities in that relationship, rather than a monosyllabic interaction. This seems to be particularly likely in younger children where touch-behaviours are more developed than verbal skills, and therefore relied on more for communication. Also, these physical conversations appear to be used more – both on the part of the practitioner and the child - where there is a familiar or established relationship.

6.1 Applications

The findings from this research will lead to further study of touch-behaviours between practitioners and young children and infants, to form my dissertation project. My question of whether it is possible to categorise touch in early years settings has been confirmed: this tool has shed some light

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on how children and practitioners have "physical conversations" and the use of touch for communication and forming relationships, and the multimodal use of film has been successful in retaining the context of these interactions. Further use of this tool will allow deeper exploration into the use of touch and the motives and contexts of these touch-behaviours.

This study has raised some ideas about why participants have particular views and how these relate to demographic characteristics, to be further explored in my dissertation next year – however it is a rich data-source about only a small, rather coherent group of people, particularly in terms of socio-cultural background. The research was predominantly concerned with the development and testing of the tool for capturing and recording data: as such, it is intended to be illustrative and not statistically reliable. The mapping of how touch varies across cultural and social groupings has not been addressed in this project: it would be interesting in future studies to look at contrasting settings with strong cultural identities, in order to see how this affects touch-behaviours.

With this in mind, the findings of this project should not be taken to be valid for all practices, and caution must be exercised when making generalisations based on the study.

While the current research has been small-scale and provided only preliminary information about how young children use touch in childcare settings, it has highlighted some issues around this sensitive topic. It would be useful for students/trainees in the early years and primary sectors, as well as more experienced practitioners, to be made aware that there is no formal policy that says children cannot be touched. This could begin to raise awareness around the benefits of touch, rather than purely the risks.

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More data would indicate whether developmental trends occur with touch-behaviours, and how these are learnt and applied. However, this study contributes to our knowledge about how touch forms and maintains relationships between children and adult carers in childcare settings.

As Rayna and Laevers (2011, p.161) claim: "increasing knowledge induces need for continuing research". With this in mind I look forward to using this tool to further research touch-behaviours amongst children and practitioners, and to address some of the questions raised in this project.

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Appendices

Appendix A

Categorising of touch-behaviours (Cigales et al, 1996, p. 105) for study of touch amongst children at nursery school:

Category groupings of coded items	
Groupings	**Items**
Type of touch: Total amount of touch	Pat, kiss, bite, stroke, kick, casual, with prop, pull, hold, carry, hug, hit, push, tackle
Positive	Pat, kiss, stroke, hug
Negative	Bite, hit, push, kick
Neutral	Casual, with prop
Body areas: Top-front	Face, torso, arm, head
Upper-back	Back of head, upper back
Lower	Abdomen, leg, foot
Non-vulnerable	Hand, arm, shoulder, upper-back
Vulnerable	Head, neck, torso, lower back, buttocks, legs, feet
Responses to touch Responsiveness	Touch, verbalise, orient, smile
Non-responsiveness	Anger, cry, turn away, leave
Purpose of touch Play-related	Play
Task-related	Helpful/functional
Affect-related	Affection/care
Communication-related	Mobilise/emphasise

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Appendix B

Summerhill School – incidences of touch-behaviours being 'unnaturalised' by external observers

- In 2001, a Government Inspector criticised a teacher for giving a piggy back to a young child as using inappropriate touch. This led to the advice that the only appropriate touch was no touching.

- Shoulder massages are often requested - and given – from staff to pupils. A male teacher discusses feeling aware of an Ofsted inspector's presence, when asked for a massage from a female pupil. He states that he decided to act as he usually would, giving the massage, despite the inspector's presence making him question whether it would be construed as inappropriate. At the end of the inspection his action was reported to Social Care. In an interview with a social worker, the teacher was advised that he could continue to give massages, but should not do so in front of inspectors.

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Appendix C

Definition of praxeological research (adapted from Pascal and Bertram, 2012) and applicability to this study.

Defining praxeological research:	Why this is relevant to this study:
• Grounded in real world situations • Recognises human beings and interactions as unpredictable	• Filming naturally occurring behaviour • Unsure in advance of what occurrences will be observed
• Carried out by practitioners who are knowledgeable about the context • Has an immediate use for the results	• Interest in study developed from my professional background and own observations with my child • Data will form part of current study and inform current practice • Operating as an 'insider researcher' (Costley et al, 2010) – prior knowledge of context and privileged access to others with insider knowledge
• Research with **participants**, not objects	• Relies heavily on consent and willing of fully informed practitioners, infants and children and their parents • Vital input from participants to accurately document and explore the nature and use of touch
• Challenges assumptions about practice through use of and generation of theories • Improves and supports practice through deeper understanding	• Development of new methodologies with relevance to practice • Able to challenge from an informed perspective as an insider-researcher (Costley et al, 2010)
• Strong focus on ethics	• Especially important when working with young /pre-verbal children • Use of film and photography makes anonymity more difficult, so requires greater trust between participants and researcher • Relies on trust of parents with an unknown researcher
• Involves critical self-evaluation, reflection and praxis (action) and leads to transformation	• Reflecting on and challenging assumptions within current practice

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• Explores how/why something happens through rigorous data gathering at site of action	• Seeking to understand how relationships in settings rely on touch and in what ways

Appendix D

Strengths and limitations of praxeological research (adapted from Pascal and Bertram, 2012) and applicability to this study.

Strengths of praxeological research:	Limitations of praxeological research:	Can any of these limitations be minimised?
• Identifies improvements for practice	• Focuses on specific contexts and smaller numbers	• Triangulation and transferability (Guba and Lincoln, 1985) through study across the EY age range • Rich and detailed data giving a real voice, not merely statistics
• Inspires collaboration in learning and actions	• Does not demonstrate cause and effect	
• Highlights what works, as well as how and why it works	• Does not support comparisons or predictions	
• Has ethical and value transparency	• Has a perceived lack of methodological rigour, giving it less impact for guiding policy decisions	• Rigorous data gathering and stringent analysis
• Is credible and useful in the real world		

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Appendix E

Electronic questionnaire sent to practitioners:

Touch behaviours

1. Are you male or female?

○ Male

○ Female

2. Which sort of childcare setting do you work in?

○ State primary school

○ Private primary school

○ Children's centre

○ Private nursery

○ Home-based childcare (eg nanny or childminder)

○ Other (please specify)

[   ]

3. What is your job title?

[   ]

4. What is the age range of the children you work with on a day-to-day basis? (select all that apply)

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☐   Under 12 months

☐   12 months - 2 years

☐   2 - 3 years

☐   3 - 4 years

☐   4 years +

5. To what extent does physical touch feature in your day to day interactions with children in your care?
(select all that apply)

☐   I try to avoid touching the children wherever possible

☐   Touch is an essential part of my job - I couldn't do it without touching the children

☐   I operate an 'open door' policy or have another adult present if I have to touch a child in any way

☐   I don't think about it

☐   I let children initiate touch but don't initiate it myself

☐   I only touch children if it has a practical purpose eg putting in a hairband/helping them up from a fall

☐   I often use touch to show children I am listening to them and care about them

☐   I never touch the children in my care

☐   Other (please specify)

[   ]

6. Rank the likelihood of how you may use touch in your role (1=most likely, 6=least likely)

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[▼] To comfort or reassure (eg cuddling when a child is hurt)

[▼] To guide or control (eg to correct a child when they are not following an instruction)

[▼] To show affection (eg cuddling, patting on head, holding hands)

[▼] To educate/support a task (eg hand over hand guidance with pencil, counting on their fingers)

[▼] To support physically (eg supporting to stand)

[▼] To assist with personal care (eg helping to the toilet, changing nappies, blowing noses)

7. Are there times when any type of touch is not appropriate?

[text box]

8. How does the subject of touch in childcare make you feel?

[text box]

9. Does your setting have a view/policy about touch and the children in your care?

[text box]

[Done]

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Appendix F

Research timetable – tasks to complete - Gantt chart

| Milestones	Task #	Start	Duration (days)	Scheduled Start Date	Scheduled Completion Date	Duration (weeks)	Duration (days)	%age
Literature search for secondary sources	Task 1	0	25	22/10/2012	16/11/2012	3.6	25	3%
Reading secondary sources for Literature Review (Linked to task 1)	Task 2	0	191	22/10/2012	01/05/2013	27.3	191	20%
Write and submit first draft of Literature Review (linked to tasks 1, 2)	Task 3	4	87	26/10/2012	21/01/2013	12.4	87	9%
Submit Research Proposal and Ethics Form	Task 4	25	90	16/11/2012	14/02/2013	12.9	90	9%
Write and submit for comment a draft of planned research design, timetable and methodology	Task 5	90	36	20/01/2013	25/02/2013	5.1	36	4%
Write and submit for comment a draft of the context of chosen study site or sites	Task 6	90	85	20/01/2013	15/04/2013	12.1	85	9%
Write and submit for comment a draft of ethical statement for planned research	Task 7	115	32	14/02/2013	18/03/2013	4.6	32	3%
Identify sites for research and contact heads	Task 8	52	81	13/12/2012	04/03/2013	11.6	81	8%
Familiarisation with film equipment and software (linked to task 5)	Task 9	102	28	01/02/2013	01/03/2013	4.0	28	3%
Devise and structure discussion points for focus groups (linked to task 5)	Task 10	102	28	01/02/2013	01/03/2013	4.0	28	3%
Pre-filming site visit 1, talk with practitioners (linked to task 8)	Task 11	104	26	03/02/2013	01/03/2013	3.7	26	3%
Site visit 1 for filming (linked to tasks 8, 11)	Task 12	130	13	01/03/2013	14/03/2013	1.9	13	1%
Pre-filming site visit 2, talk with practitioners (linked to task 8)	Task 13	115	15	14/02/2013	01/03/2013	2.1	15	2%
Site visit 2 for filming (linked to tasks 8, 13)	Task 14	130	13	01/03/2013	14/03/2013	1.9	13	1%
Review film footage and identify 'rich' sections (linked to tasks 9, 12, 14)	Task 15	130	17	01/03/2013	18/03/2013	2.4	17	2%
Approach participants from footage for additional consent (linked to tasks 4, 7, 12, 14)	Task 16	130	20	01/03/2013	21/03/2013	2.9	20	2%
Analysis of primary data (linked to tasks 15, 16)	Task 17	130	30	01/03/2013	31/03/2013	4.3	30	3%
Write and submit for comment a draft of emerging findings and reflections on research evidence (linked to tasks 2, 17)	Task 18	150	71	21/03/2013	31/05/2013	10.1	71	7%
Devise plan for first draft structure (linked to tasks 3, 5, 6, 7, 17, 18)	Task 19	161	13	01/04/2013	14/04/2013	1.9	13	1%
Finalise first draft structure (Linked to task 19)	Task 20	174	14	14/04/2013	28/04/2013	2.0	14	1%
Write first draft (linked to task 20)	Task 21	157	52	28/03/2013	19/05/2013	7.4	52	5%
Write second draft (linked to task 21)	Task 22	209	9	19/05/2013	28/05/2013	1.3	9	1%
Proof read final draft (linked to task 22)	Task 23	218	3	28/05/2013	31/05/2013	0.4	3	0%
Hand in completed assignment (linked to task 23)	Task 24	221	2	31/05/2013	02/06/2013	0.3	2	0%
TOTAL			259.2		Weeks	136.6	956.0	100%
					(Months)	31.52		

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Appendix G

Research timetable – Gantt chart
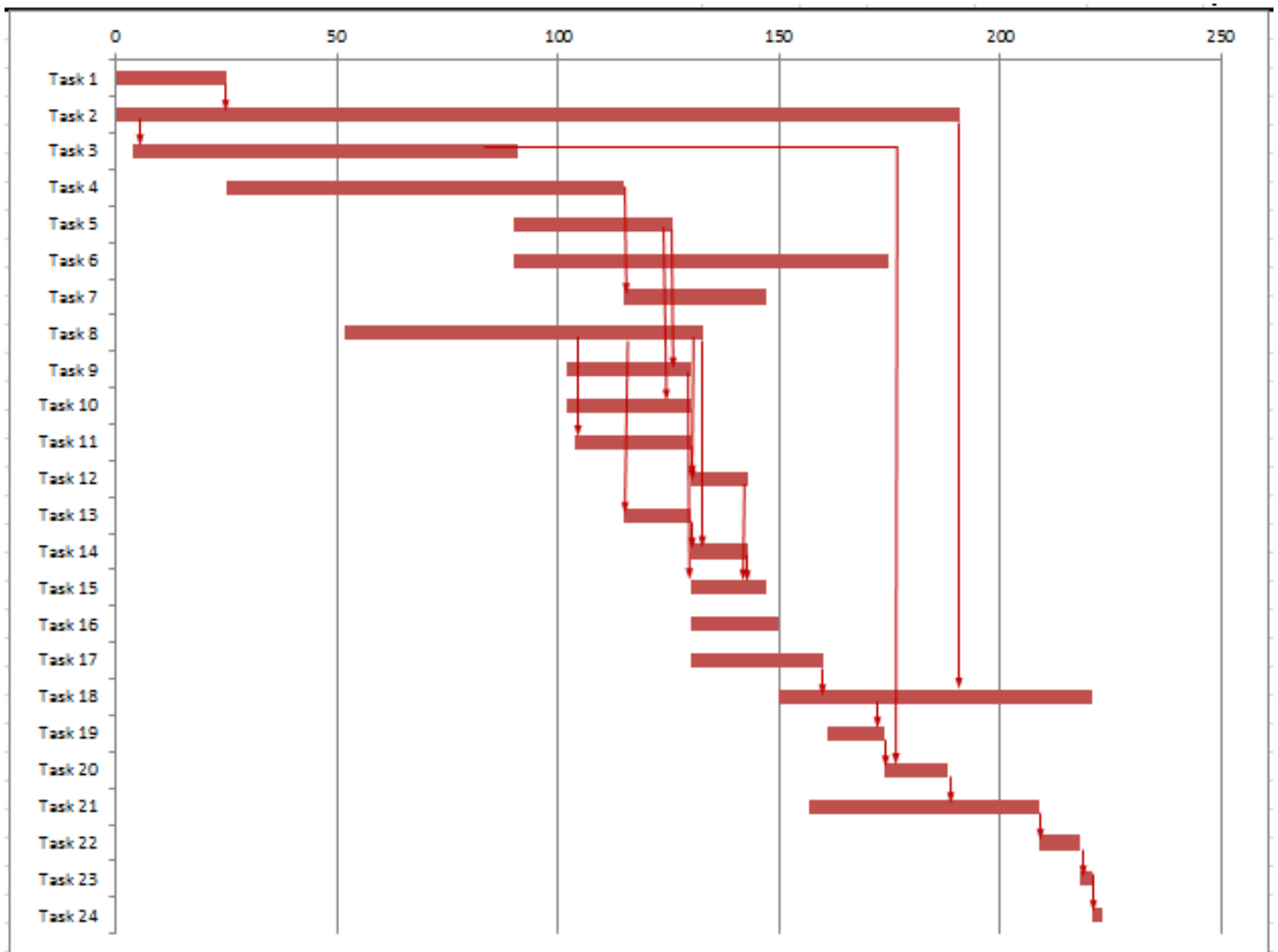
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Appendix H

Setting context

The Children's Centre where filming took place:

- Is on the outskirts of a major city.

- Serves three estates, largely consisting of council owned properties.

- Local feeling is that of the estates one is "posh".

- Parents living on another tend to find the location and local road layout make the centre difficult to access.

- The majority of families accessing the centre are from just one of these three estates.

- The vast majority of children attending the children's centre receive a funded place.

- The children centre managers feel, as such, that attendance is often sporadic and the families tend to be fairly transient.

- The pupil profile is mainly white British, with a proliferation of single parent families.

- The main challenges facing the families include isolation, health issues, living in or close to poverty, housing issues and unemployment.

- The children's centre has seen staff restructuring due to budget cuts: a lot of staff have left in the last year and it has been difficult to recruit replacements.