

# Developing professional ethical care through co-creation in ECEC in Norway: A qualitative study

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**Abstract:** The article analogizes findings from the project Children in Central Norway, Mental Health in ECEC. A preventive factor for children's mental health in early childhood education and care (ECEC) is the sensitive relationship between children and staff. ECEC staff in three municipalities participated in a competence-raising package for children's mental health. Subsequently, 33 members of staff attended five focus-group interviews. Research question: In what way have ECEC staff's experience changes in their relationship with the children after working with the competence-raising package for mental health, and what kind of processes appeared during this work? The qualitative data has been analyzed using reflexive thematic analysis, while the discussion is rooted in ethics of care and based on children's rights. The findings show that the staff describe the development of compassionate pedagogy and a common language for children's needs for attachment. This facilitates a collective professional language through co-creating processes and affects the relational quality in ECEC.

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## Introduction

This article examines the ways in which a competence-raising package for children's mental health in Norwegian early childhood education and care (ECEC) improved the relationship between children and staff in the ECEC pedagogical work. The empirical data material is used to show and discuss how, through co-creation, the staff in ECEC by becoming more aware of ethical care and compassion. The competence-raising package was introduced under the direction of the Regional Centre for Children and Youth Mental Health and Child Welfare (RKBU). In Norway, the Early Childhood Education and Care (ECEC) system is guided by the Framework Plan for the Content and Tasks in Kindergartens (Norwegian Directorate for Education and Training, 2017), which is deeply rooted in humanistic traditions. One of its core values is respect for compassion, emphasizing meeting the children's needs for care, security, belongingness, and respect.

The children's experience of sensitivity and responsiveness in one-to-one interactions influence the relationships between staff and children in the whole. The way in which the staff interacts with all children in the group contributes significantly to the children's developing sense of confidence and the availability of the staff as a secure base (Ereky-Stevens et al, 2018). After taking a course on effective teacher-child interactions, ECEC staff were observed to demonstrate more effective emotional and instructional interactions (Hamre et al., 2012). An effective emotional interaction requires warm, sensitive staff in an emotionally supportive classroom (Pianta, 2008).

A literature review of the ECEC field (Dalli et al., 2011) shows that, when an adult is not sensitive enough in his or her interaction with children, the quality of the relationship for all the children in the ECEC section is affected. In other words, all staff in a section need to be sensitive and attuned to the children's needs (Bowlby, 1998, 2007; Biringen, 2012). To develop a shared understanding and a common

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way of responding – especially to children who challenge them – they need to have a mutual theoretical understanding of the child’s development, make observations of the child, have the time to reflect systematically over their effect on the child, and, when necessary, know how to change the relationship (Schøn, 2013).

In a review of compassion training, several benefits are identified, such as increased social sensitivity and responsiveness, increased ability to identify emotional states, higher level of tolerance to distress, and reduced personal stress (Taggart, 2019). To increase ethical care Taggart found that it is essential for the staff to be trained in the use of emotional skills, including compassion.

There is consensus with regard to how important the relationship between staff and children is for children’s development (Dalli et al., 2011; Ritblatt et al., 2017; Skogen et al., 2018). Some researchers find that sensitivity is a core factor, whilst other researchers add the staff’s educational background. Research from Norway (Bjørnstad, 2019) shows that Norwegian ECEC staff demonstrate varying levels, ranging from moderate to good, of basic interaction skills according to the staff’s interaction profile (CIP) scales. This suggests there is room for improvement in the relationship between ECEC staff and children, a notion supported by Veermer (2016). Training in compassionate skills is essential for developing of ethical care (Taggart, 2019) and co-creation.

A qualitative study found that ECEC staff consistently aim to cultivate a more reflective and precise approach to caring for individual children. This endeavor demands personal engagement (Eidsvåg, 2022). It necessitates a blend of practical skills and an intersubjective attitude, acquired through reflective actions.

A literature review from ten European countries points co-creation is seen as a part of professional development alongside critical thinking and reflexivity (Jensen, 2018). A significant trend in professional development makes use of collaborative learning and co-creation and target ECEC staff’s competence in relation to vulnerable populations.

### **Norwegian ECEC – The Context**

Norwegian ECEC is rooted in a Nordic tradition that emphasizes child-centered values and a holistic socio-pedagogical approach (Alvestad, 2010), integrating both care and learning. The ECEC staff incorporate varied inputs into everyday activities and actively engage in both unstructured and structured activities. Approximately 44 percent of ECEC staff are trained preschool teachers (Ministry of Education and Research, 2022), while the remaining staff consists of unskilled assistants and skilled workers.

*The Kindergarten Act* (Ministry of Education and Research, 2005) and the *Framework Plan for the Content and Tasks in Kindergartens* (Norwegian Directorate for Education and Training, 2017) represent the legal framework governing the staff’s efforts and activities in ECEC, and both are in alignment with the UN Convention on the Rights of the Child (UNCRC) (UN, 1989). Although ECEC is not obligatory in Norway, 93.4 percent of all children aged one to five attended ECEC in 2022 (Statistics Norway, 2023). In Norway, about 10–20 percent of children have some form of mental problem (Drugli, 2019), and about 7 percent have a mental disorder (Wichstrøm et al., 2012). The prevalence of mental health problems among children aged 0–6 years is relatively low compared to the USA.

A study in Norwegian ECEC settings (Buøen, 2021) implemented a multi-component, in-service professional development program, including systematic efforts throughout an ECEC year. The study found that such interventions enhanced the quality of relationships between toddlers and ECEC staff, as measured by the Classroom Assessment Scoring System (CLASS-Toddler) (La Paro, 2012). Conversely, ECEC facilities that lacked systematic efforts during the year experienced a decline in quality.

Additionally, one study emphasizes that Norwegian ECEC staff primarily focus on observing, responding to, supporting, and communicating with children, a concept termed 'sensitive responsiveness,' which constitutes a fundamental aspect of basic care interaction (Baustad, 2018).

## **Background – The Competence-Raising Package**

The Regional Centre for Children and Youth Mental Health and Child Welfare (RKBU) was contacted by a local authority seeking to enhance the ECEC staff's awareness of children's mental health. The goal was to provide ECEC staff with a competence-raising package focused on children's mental health. In response, RKBU designed a multifactor study, including both quantitative and qualitative data (Tashakkori & Teddlie, 2004). The design process involved ECEC staff and leaders, municipal leaders, and RKBU professionals. Data material was collected quantitatively before and after the implementation of the competence package, and qualitative data was gathered through focus-group interviews conducted three years after the competence package. The competence package included ten lectures on various aspects of children's mental health, an observation and reflection method, and relevant literature. The observation and reflection method, called *interaction observation*, is based on the Tavistock model (Reid, 1997) and was adapted for ECEC by Abrahamsen (Abrahamsen, 1996, 2004). The objective of interaction observation is to enhance the sensitivity and emotional availability of adults (Biringen 2012, Biringen 2014, Marvin et al, 2002). This method uses observation to better understand young children's communication and to gain deeper insight into their emotional development. This theory is based on the work of Stern, Winnicott, and Bowlby (Abrahamsen, 1996), providing a foundation for understanding the child's internal world.

## **Research Question**

*In what way have ECEC staff's experience changes in their relationship with the children after working with the competence-raising package for mental health, and what kind of processes appeared during this work?*

## **Theoretical Perspectives**

There are two main theoretical perspectives that we want to outline in this article: compassion in ethical care and co-creation.

### ***Ethical Care***

ECEC research has been shaped by two often contrasting perspectives: a discourse of rights versus a discourse of care (Taggart, 2016). Taggart proposes that to bridge this divide, there should be a focus on compassion, which lies at the core of both enhancing the capabilities of marginalized groups and the psychological origins of the capacity to care.

In this article, we emphasize ethical care and professional development, considering children's right to receive care as outlined in the Convention on the Rights of the Child (UNCRC) (UN, 1989) and the Norwegian Framework Plan for Kindergartens (Norwegian Directorate for Education and Training, 2017). This framework asserts that ECEC must actively support children's mental health and fulfill their need for care.

A theoretical framework grounded in the discourse of ethical care adopts a psychological approach (Taggart, 2016), drawing, among other sources, from Noddings (1992, 2005), which critiques New Public Management. Ethical care is founded on the principle of how to respond when someone expresses their needs, emphasizing that our response should be attuned to the individual (Noddings, 2012).

Taggart (2019) employs ethical care as a bridge from maternal care to professional care in ECEC, advocating for an active process wherein caring professionals can further develop their skills. Ethical care is driven by a relational and situational understanding of meeting individuals' specific needs and abilities (Bergmark, 2020). Compassion is a fundamental aspect of ethical care, defined as "the affective state associated with caregiving towards those who suffer or are in need" (Taggart, 2016). Compassion entails being sensitive, warm, and attentive to children's needs. It is also considered a key principle in individual behavior and social relationships, encompassing empathy, responsiveness, flexibility, tolerance of distress, and awareness (Taggart, 2019). Compassion resides within everyone as part of their cultural space, and activating it necessitates a willingness to reflect (Taggart, 2016), involving both a social, active dimension and a personal, affective dimension (Taggart, 2019).

Noddings emphasizes that dialogue enables us to understand, empathize, and appreciate others in

a shared pursuit of understanding, and it fosters substantial knowledge of one another to guide our responses (Noddings, 1992). She underscores the importance of staff actively sharing their knowledge about individuals.

### ***Co-Creation***

Co-creation can be defined as a process where multiple participants collaborate voluntarily in a mutual and balanced manner to define problems, find solutions, and implement them in practice (Nabatchi et al., 2017; Torfing et al., 2019). It involves an active process wherein all relevant participants work together to address challenging situations and relationships, aiming to co-create development within their own practices (Benington, 2009). Participants engage actively within their own settings to address social needs, aiming for improved relationships and better utilization of resources and skills. Co-creation does not involve the participation of a single group; rather, all relevant participants collaborate to define problems, develop solutions, and implement them effectively (Bentzen, 2022). Changes occur within the setting where they are developed, enhancing participants' range of alternative courses of action. Co-creation entails both innovation and transdisciplinary cooperation. Successful co-creation requires explicit leadership, network-building, and access to resources such as increased competence, expertise, and relevant methods (Willumsen, 2020).

### **Method**

In this qualitative study, focus-group interviews were conducted after ECEC staff in three Norwegian municipalities had worked with a collective competence-raising package focused on children's mental health.

### **Sample**

All the ECEC staff in the three municipalities received the package. Some of the ECEC staff were invited to participate in the focus-group interviews three years after they had received the competence package and observation and reflection training. In order to be invited, they needed to have worked in ECEC for the three years after receiving the package and we invited both teachers, assistants, and skilled workers. There were 44 staff members who were invited and 11 declined to participate because they could not take time away from work or did not want to attend, and we ended up with five focus-group interviews. The informants were between 25 and 65 years old, 2 were men and all had worked at least 3 years in ECEC. The study proposal was approved by the Regional Committee for Medical and Health Research (REK), and the project complied with the ethical guidelines established by the National Committee for Research Ethics in the Social Sciences and the Humanities (NESH) (2018).

### **Focus-Group Interviews**

The focus group-interview is a group interview with an interview guide where the researcher is actively encouraging of, and attentive to the group interaction. The researcher has a focus on running the focus group discussion and ensuring that the participant talk among themselves and making sure everyone take their turn (Barbour, 2007). The focus-group interviews lasted from 45 to 105 minutes, one group had nine members and took more time than the others. In the invitation to the interview, the participants were informed that it would be taped, transcribed, and anonymized. The interview was semi-structured and based on an interview guide where the questions were organized into four categories: the competence-raising package, changes in relationships, risk and protection, and changes in the ECEC. This article focuses on the informants' answers relating to changes in relationships. Two researchers conducted the interviews (Kamberelis & Dimitriadis, 2011), one of whom was author one (ASB).

### **Data Analysis: Thematic Analysis**

When analyzing the data, support was found in reflexive thematic analyses (Braun & Clarke, 2006; Braun et al., 2019; Braun & Clarke, 2022) with in a qualitative paradigm where meaning is understood as being tied to the context in which it is produced. As researchers, we were actively engaged in interpreting

data through our own cultural membership, social positionings, theoretical assumptions, and choices as well as knowledge.

To find themes in the data, the six phases of reflexive thematic analysis were used (Braun & Clarke, 2022) – familiarization; coding; generating initial themes, developing, and reviewing themes; refining, defining, and naming themes; and writing the report. The themes reflect patterns of shared meaning organized around a core concept or idea, after a process going back and forth between the six phases, and the aim is to provide a coherent interpretation of the data, grounded in the data.

We familiarized ourselves with the interview material by reading it together and identifying what was actually being said, we looked for the action and meaning in each sentence and wrote this down using the informants' own words from the interview. This involved reading and re-reading the interview and becoming deeply familiar with the data from one of the municipalities.

We coded the interviews from one municipality and systematically and carefully worked through the dataset, identifying segments of data that appeared to be potentially interesting, relevant, or meaningful. Code labels were assigned a description and aimed to capture single meanings or concepts. Author one (ASB) then used the codes from one of the municipalities to further saturate the data using data from the other two municipalities.

Both authors then generated initial themes and started to identify patterned meanings across the dataset. We compiled clusters of codes that seemed to share a core idea or concept, using our research question to guide us. Once potential themes had been identified, all the coded data was collated into candidate themes. When developing and reviewing themes, we went back to the whole dataset and checked to ensure that the themes were consistent with both the extracted codes and the full dataset. The pattern of each theme was analyzed to determine whether the pattern gave a meaning that related to the research question. In refining, defining, and naming the themes, two core findings were clearly demarcated. These were renamed and gave clear meaning to our core findings: 1) ethical care and 2) co-creating collective competence.

The writing up of our findings began with the generation of initial themes and was an ongoing process. In dialog with the data, our analysis, and the research question, we developed a narrative that is a coherent and persuasive story from our dataset. Memos were used throughout the entire process, and our interpretations and conclusions appeared stepwise in dialog with the material.

### **Methodological Limitations**

The qualitative data collected originated from three municipalities and exclusively involved staff from ECEC departments. While additional data or data from diverse sources might have yielded different or more comprehensive categories, we believe our dataset offers insights into the experiences and reflections of our participants. This understanding is informed by extracts from the interviews, as well as our systematic procedures, interpretations, and theoretical perspectives.

The interviews were conducted by the first author, who had also been involved in implementing the competence package three years prior. This prior involvement may have influenced the informants to express more positivity than they might have with an unfamiliar interviewer. However, the informants were specifically encouraged to share both positive and negative experiences.

### **Findings**

The findings have been divided into two main areas: 1) ethical care and 2) the co-creation of collective competence. In the realm of ethical care, compassion emerges as a hallmark for quality in the relationship between staff and children, while the co-creation of collective competence points to the changes among staff working together in a particular section.

## **Compassion in Ethical Care**

Three years after the end of the implementation period, the ECEC staff were asked to describe developments in their understanding of children's needs in their relationships with the staff. The core issue is compassion, where the staff uses sensitivity, responsiveness, awareness, a lack of intrusiveness, and an understanding of the children's emotional expressions.

### *Awareness*

The staff stated that, after working with the package, they responded more supportively to children's feelings by being compassionate and responsive when a child is sad or upset. The staff explained that they are now less inclined to underestimate the children, act intrusively, or define their feelings.

Mina: The project has changed the way in which I try to understand the child. One example during the teaching made me think, "That's why he does that!" It made me understand why he did what he did. I understood what his behavior meant. I now feel that I see the children in a different way – maybe not all of them, but especially the quiet ones – and I know how important it is to see them.

Mona: Things changed during the project. We're now more aware of how important our relationship with the children is – to be connected with them, see them, and listen. We have learned about feelings and are trying to regulate the children's feelings. We're not being intrusive, but we stay close to the children.

The ECEC staff state that they now have a better understanding of some of the children after taking the competence package, mentioning especially that they have more insight into how to understand quiet children. The staff also describe themselves as being more compassionate and aware of the children's various signals relating to attachment, and they think that they can read the children's signals more accurately.

Lotte: It's very helpful to use the circle of security to see the children from within, trying to see why they react the way they do, and understanding that my role as a member of the staff is to regulate behavior and move on. I understand that what I thought I saw at first is not always the same as what the child meant to express.

In order to better understand the signals from the children, most of the informants told us that they stop, ask questions, and reflect: What does this child need now? What are the child's body language and emotional expressions telling us? Do the children feel secure or do I need to look after them when they are exploring the environment? The staff were now more aware than they had previously been of the children's signals about their feelings and needs.

### *Regulation of Emotions and Challenging Behavior*

ECEC staff describe how, by becoming attuned to a child, they could help to regulate his or her emotions and change challenging behavior so the child can have a more secure attachment to the adult. After the competence-raising course, the staff saw more clearly that their role is to help children deal with emotions. They saw how they could change the way in which they act towards a child, and that their own reactions change the child's responsivity.

Eline: There's one child I have big fights with. He gets furious with me. He can kick, bite, and be furious. Then I look at him and confirm that: "Yes, you're furious, but you can't hurt me. Let's sit down and talk about it until you calm down." We sit together and he calms down. He leaves me, and then he comes back to give me a rock. "Here, this is for you." Then I understand that, even if we fight, we can restore our relationship. This project has taught me how important it is to help the children to regulate their emotions. I developed a better relationship with this child after this project.

Eline provides a secure base and shows compassion for the child in a demanding situation, and there is reason to believe that, by giving her the rock, the child has signaled that he wants to fix their relationship. He verified that their connection was secure enough to return to the member of staff, thereby initiating a reparation of the relationship.

### *Mutual Language About Attachment*

The staff's collective understanding of children's needs through theory, observations, and reflections seems to give them a mutual perspective on children. They have a shared compassion for the children, and

a shared understanding and language to respond to and describe the children's needs for attachment and their own roles as attachment caregivers. This facilitates their collective work and makes them more secure in their professional caregiving for the children.

Lone: I have improved my professionalism when it comes to talking to the parents when I'm worried about their child. It's easier to explain what I'm worried about when I can give my reasons as a professional based on what we have learned. We have had cases that have been through the system and ended up in court, and I felt secure as a professional.

In their professional capacity, staff members sometimes engage in discussions with parents when they have concerns about a child. The informants asserted that this process became easier and more ethical when they possessed a stronger theoretical foundation for expressing concern, enabling them to connect their observations of the child with their theoretical understanding. Increased theoretical knowledge, coupled with direct observations of the child, fostered a greater sense of confidence among the staff when interacting with parents in their professional roles.

### **Co-Creating Collective Competence Focusing on Children's Mental Health**

The interviewees expressed a deeper comprehension of the children's requirement for staff proximity—both mentally, emotionally, and physically. They had established a shared understanding of why prioritizing what they perceive as the children's needs is acceptable. The staff reported increased flexibility in the activities they engage in with the children, guided by the children's needs for time and closeness with caregivers. Planned activities may be canceled if staff members sense that any child requires attention and compassion.

Nina: Our understanding of attachment and being an emotionally available adult has changed. We have read literature, raised our competence level, acquired a shared theoretical foundation and understanding, and we have co-created collective competence on children's needs for attachment. We have developed a mutual language relating to attachment, and we're using it all the time.

In summary, the staff utilized the insights gained from working with the competence-raising package to collaboratively cultivate collective competence on how they, as a team, should demonstrate compassion to meet the children's needs for attachment and regulation. They collectively developed this shared understanding within their respective sections, drawing on theory and observations of the children's needs for adults to interact with them compassionately and to prioritize their needs collectively. A crucial aspect of this collective competence is the establishment of a shared language regarding the children's needs and methods to address them, along with mutual respect among staff members.

## **Discussion**

### **Developing Ethical Care**

The ECEC staff observe a notable difference in children's behavior and emotional expressions when they approach challenges with compassion. This approach aligns with practicing preventive care for children's mental health, as the staff acknowledge and validate each child's unique needs (Biringen et al., 2014). In their accounts, our informants articulate a nuanced understanding of their relationship with children, emphasizing sensitivity and awareness of how their own behavior influences children's responses. Within the ECEC setting, compassion plays a crucial role in addressing children's needs and vulnerabilities, creating a supportive environment where children feel secure. This concept, termed a 'holding environment,' involves adults responding to children with empathy, identifying their needs, and ensuring they are free from physical and emotional distress (Winnicott, 2006; Howes & Spieker, 2016). The quality of the relationship between staff and child can significantly impact the latter's mental health (Pianta et al., 2016; Bowlby, 2007; Howes & Spieker, 2016).

Furthermore, research supports the notion that being regulated by a caregiver attuned to the child's needs enhances the relationship's quality (Biringen et al., 2014; Ritblatt et al., 2017). By broadening their approaches to addressing children's needs and becoming attuned to them, staff gain insights into how to effectively support each child. Through a shared theoretical framework and systematic methods of

reflection and observation, staff develop a common understanding and witness changes in their relationships with children. This aligns with Noddings' (1992) assertion that dialogue fosters mutual understanding, empathy, and appreciation, enabling individuals to build substantial knowledge of one another to guide their responses. Research also underscores the importance of this for children's development (Dalli et al., 2011; Ritblatt et al., 2017), highlighting sensitivity to children's needs as a fundamental factor. Our informants describe their journey towards developing ethical care, characterized by staff members who are compassionate, warm, and attuned to children's emotional needs, thus supporting their mental health.

### **Collaboratively Creating Collective Competence**

The project was explicitly led by RKBU in close collaboration with ECEC participants and municipalities actively addressing the need for improved relationships within their respective settings (Bentzen, 2022). Within the project structure, participants formed networks and gained access to resources such as enhanced competence, expertise, and relevant methods (Willumsen, 2020) to inform their pedagogical practices. In essence, the entire process can be described as a co-creation endeavor. Together, they developed an ethical approach to care (Taggart, 2016) grounded in compassion and empathy, along with a co-creation process that mirrors what Sameroff (2009) describes as an understanding of how adults influence children through their behavior. Through reflective dialogues about their actions and attitudes, utilizing relevant theories, observations, and guidance, staff members deepened their comprehension of their relationships with children. They engaged in team reflections on practice, leading to a shared understanding of how their actions impacted children, both positively and negatively.

According to our informants, they collaboratively developed a competence for integrating theoretical and practical knowledge on the core principles of attachment theory and gained a mutual understanding of the importance of meeting children's needs. As our informants describe how their understanding of attachment and emotional availability has evolved, they demonstrate compassion in challenging situations, establish a common theoretical foundation, and co-create a shared language related to attachment. We conclude that the development of an understanding of the importance of compassion appears to be the most significant outcome of this process.

Relational work in ECEC represents a form of ethical practice (Taggart, 2016), and the process described in this article illustrates how the staff cultivated their professional approach, transforming it into ethical practice in the best interests of the child. The interview excerpts demonstrate how the informants have cultivated a shared understanding, reflecting an ethical approach in their co-created practice. This process has led to the development of new perspectives and alternative courses of action. As a result of this collaborative approach, instances of challenging behavior among the children have decreased, and the staff have forged stronger relationships with them, gaining a deeper understanding of their needs. From the staff's viewpoint, employing the Circle of Security framework (Marvin et al., 2002) to illustrate attachment and understanding the children's needs from adults' perspectives have proven beneficial, especially in their roles as secondary attachment figures. As professional ECEC staff, they have developed more nuanced attitudes and responses.

The co-creation process has not only led to the development of a compassionate organization but has also fostered a shared understanding among staff regarding the importance of sensitivity to children's needs (Taggart, 2016). Enhancing ethical care necessitates equipping the staff with emotional skills, including compassion (Taggart, 2019). Through sharing reflections in a supportive environment and demonstrating respect, compassion, and empathy toward each other, the staff have restructured their approach to work. Drawing upon their increased theoretical knowledge and ethical practice, they have integrated attachment theory into their everyday care practices in ECEC settings. Moreover, they now align their actions more closely with what they believe is in the best interest of the children, as they become attuned to the children's perspectives and intentions in the communication process. Consequently, they have fortified their capacity to act in accordance with the UN Convention on the Rights of the Child and the Kindergarten Act (Ministry of Education and Research, 2005), prioritizing care and ethical conduct.



Key factors in fostering mutual trust during co-creation include establishing equivalence among participants, providing explicit leadership, and fostering network-building (Nysveen et al., 2012; Willumsen, 2020). In this project, all ECEC staff, regardless of their educational background in ECEC, underwent the same training. The focus of the competence-raising course and observations was made transparent. Additionally, they developed a shared identity as professional ECEC staff and a common language through the competence-raising package. This unified approach strengthened their focus as attentive caregivers, which, in turn, can positively influence children's development.

## Conclusion

This project has a comprehensive focus on mental health, integrating theory, observation, and reflection into an ongoing learning process involving the entire staff in ECECs. Our study has engaged with the insights of 33 ECEC staff members, who have clearly identified crucial factors to prioritize in nurturing the relationship between staff and children.

The ECEC staff describe how they have collectively developed a shared language and understanding of children's behavior and needs through their work and the embedded co-creation process. Our conclusion is that achieving a higher level of reflection and the ability to respond in more nuanced ways to children's needs requires increased ethical awareness and collaborative efforts to foster a compassionate organizational culture that reflects knowledge of caregiving and children's rights.

By strengthening the ethical dimensions of professional practice, we argue that our project has enhanced the daily operations of ECEC, grounded in children's rights (UN, 1989). By prioritizing the protection of children and being attuned to their communication cues and needs (Article 19), and by empowering them to express their feelings and desires (Article 12), children can be better understood and taken more seriously. This protection enables children to realize their potential (Article 29) (UN, 1989).

The use of competence-raising packages, where ECEC staff collaboratively engage in their practice over time, appears to have a positive impact on both the ethical and practical dimensions of ECEC professionalism.

This article provides key insights into fostering close relationships with children in ECEC, yet it represents just one facet of the ongoing efforts to enhance understanding in this intricate field. A potential limitation is our study's focus on three municipalities in Norway, with qualitative data exclusively sourced from ECEC informants, excluding input from other stakeholders. Nonetheless, the study contributes to our comprehension of mechanisms for enhancing competence in ECEC, particularly concerning children's mental health.

## Declarations

### *Authors' Declarations*

*Acknowledgements:* Not applicable.

*Authors' contributions:* ASB participated in designing the study and collecting data, while both ASB and IA analyzed the data. ASB drafted the manuscript, and both ASB and IA reviewed and edited it. Both authors read and approved the final version of the manuscript.

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**Appendix: An example from the coding process**

Familiarization	Coding	Searching for themes	Core category
<p>Nina: Our understanding of attachment and being an emotionally available staff has changed. We have read literature, raised our competence and acquired a shared theoretical foundation and understanding, we have co-created collective competence about children’s needs for attachment. We have developed a mutual language relating to attachment, and we’re using it all the time.</p>	<p>Attachment emotionally available staff</p> <p>shared theoretical foundation and understanding</p> <p>children’s needs for attachment.</p> <p>a mutual language relating to attachment, using it all the time</p>	<p>Understanding has changed</p> <p>Raised our competence</p> <p>A mutual language</p> <p>Using it all the time</p>	<p>co-created collective competence</p>