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EARLY CHILDHOOD EDUCATION

Assessing the response and measures adopted by a private provider in the Metropolitan area of Helsinki in the fight against COVID-19



ABSTRACT

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The early childhood education sector was and continues to be affected by the COVID-19 pandemic. Immediate response changes were introduced globally, and the educational sector saw students, teachers, and parents given new guidelines regarding teaching methods and modes of reaching out to all stakeholders within a national, regional, and municipal educational framework to contain and minimise the effects of the COVID-19 infections. This study was focused on investigating recommendations made by the Finnish Institute of Health and Welfare for early childhood education institutions in Finland to mitigate the spread of COVID-19.

A qualitative research approach was utilised, and data was collected with semi-structured interviews from six participants, all of whom were employed by one early childhood education provider. The interviews were conducted in an online setting to adhere to social distancing rules. The data collected were transcribed, and a thematic analysis was used to obtain the results.

The results from the study yielded information that was linked to new ways of working, the responsibilities assumed by parents and teachers, information that indicated the institutions readiness and pedagogical amendments made.

This study would provide a basis for stakeholders in early childhood education to develop a sustainable framework of plans to achieve better educational service delivery during the COVID-19 pandemic.

Keywords: Early Childhood Education, Corona Virus (COVID-19) and Pedagogy

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1 INTRODUCTION

Education occupies an important place in society as pointed out by Ringel et al. (2018, 2). Early childhood education is an educational service that seeks to provide help to children and their families by providing early learning tools to ensure their inclusion and adaptability. Social service in Finland is a field with a statutory responsibility to protect and promote the welfare of citizens, children, adults, vulnerable and marginalised in communities. As such, persons enrolled in early childhood education represents children as well as the vulnerable.

Early childhood education services in Finland are provided by NGOs (Non-governmental organisations) and public (government actors) to develop the life and living situations of children. Since the COVID-19 pandemic, the educational service actors such as early childhood education and care providers have adapted to changing social conditions while still providing essential services such as pedagogy and education.

Finland has continued to provide early childhood education on a face-to-face basis and with the COVID-19 pandemic having posed challenges to early childhood education, recommendations were made by the government of Finland to support the wellbeing and welfare of all the parties involved. Therefore, the overall aim of this study was to examine the measures recommended by the government of Finland for early childhood education providers within the metropolitan region of Helsinki as a response to limit the transmission rate of COVID-19. Furthermore, the study seeks to determine how an early childhood education provider from a professional, pedagogical, and institutional perspective have dealt with providing early childhood education while ensuring that the welfare of all parties is taken into consideration.

The rationale for undertaking this topic is a combination of personal, academic, and professional motivations. The initial interest was aroused by professional working life experience in an early childhood education environment during the COVID-19 pandemic. Secondly, the personal interest rests in having a child who may need to attend early childhood education while the COVID-19 pandemic is ongoing, and finally, a study like this will add to the body of knowledge within early childhood education and COVID-19.

2 BACKGROUND

Discussions related to the evolution of the COVID-19 pandemic to include variants, vaccines that were created to combat COVID-19, statistics and recommendations related to the Finnish society are considered in this chapter.

In December 2019, the world was notified of an outbreak of pneumonia-like diseases causing severe respiratory symptoms, known as COVID-19. The World Health Organization (WHO) declared a pandemic on 11 March 2020 after assessing the alarming levels of spread and severity and the rising number of deaths. The origin of COVID-19 is still unclear and remains controversial. Still, according to a research article on the COVID-19 pandemic Ciotti et al. (2020, 365), critical reviews in laboratory sciences revealed that pneumonia cases were epidemiologically connected to the Huanan seafood wholesale market in China as the Epicenter of the virus. While “inconclusive”, addressing the world on the COVID-19 pandemic, World Health Organization in responding to the outbreak, the director-general remarked that:

“Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death” (WHO director-general 11.03.2020).

Based on the above mentioned, the world has paid a high toll during the COVID-19 pandemic in terms of human lives lost, economic and social repercussions, increased poverty, and challenged governments worldwide to introduce drastic response measures through adjustment of working systems, all in a bid to contain, mitigate and minimise the risks posed by the COVID-19. The immediate response measures introduced in most countries to combat COVID-19 revolved around the lockdown of cities, public facilities, changes in behaviour and lifestyles, wearing face masks and vaccinations. While these measures seemed plausible in most cases, they have also caused widespread consequences on national economies, reduced population because of deaths and immense health challenges.

2.1 Variants of COVID-19

COVID-19 has evolved since January 2020. Late 2020 saw the emergence of variants that posed an enhanced risk to global public health. Prompted by the characterisation of specific Variants of Interest (VOIs) and Variants of Concern (VOCs), the World Health Organization (WHO) named four Variant of Concern (VOC) genealogies. The Alpha variant (B.1.1.7), first detected in the U.K in September 2020 and seen in Finland in December of 2020, became the principal variant of COVID-19 both in Finland and subsequently in Europe. The Beta variant (B.1.351) detected in South Africa in September 2020 has mutations in the S gene that differ from the British variant mutations. The Gamma variant (P1) was detected in Japan and Brazil on 12 December 2020. The Delta variant (B.1.617.2) detected in India in October 2020 was first seen in Finland in March 2021 in cases related to travelling. The proportion of the variant has increased rapidly. By the end of June, the Delta variant had replaced the Alpha variant as the dominant type during a new naming convention for the variants established by the World Health Organization (WHO) as an option to numerical names. The Centers for Disease Control and Prevention (CDC) has labelled Delta “a variant of concern” (VOC). (Finnish Institute of Health and Welfare, 2021).

2.2 COVID-19 Vaccines

In Finland, Astra Zeneca- Vaxzevria, BioNTech- Pfizer and Moderna- Spikevax are the COVID-19 vaccines available. If taken, these COVID-19 vaccines may prevent infection from spreading from person to person. However, these vaccines provide protection based on the number of doses, age, underlying illnesses, and variants of the COVID-19. Furthermore, although regarded as excellent and may help protect against COVID-19 severe infections, the effect of the vaccines available in Finland does not prevent the possibility of contracting or transmitting the COVID-19 in its entirety. Therefore, it was recommended that vaccinated persons follow given guidelines, including wearing face masks and social distancing. (Finnish Institute for Health and Welfare, 2021).

So far, no vaccines were recommended for children below twelve years of age in Finland. COVID-19 vaccinations currently offered in Finland are for everyone aged 12 and above, and the vaccines recommended for children are Biontech-Pfizer’s

Comirnaty vaccine or Moderna's Spikevax vaccine. (Finnish Institute for Health and Welfare 2021). A decree on COVID-19 vaccinations on 5 August 2021 entered into force on 9 August 2021 recommended that children above 12 years and older be vaccinated.

2.3 COVID-19 Statistics in Finland

Early childhood education continues to be provided face-to-face. From an epidemiological perspective, children are less exposed to COVID-19 than adults (The Finnish Institute of Health and Welfare 2020). The cases were 0–3 years old: 25% and 4–7 years old: 17% infections. According to the statistics on COVID-19 cases, the Finnish Institute for Health and Welfare (THL), an independent expert bureau working under the Ministry of Social Affairs and Health, revealed that the country had recorded 24 August 2021, a total number of 123,061 confirmed cases. Based on the contagious and infectious nature of the virus, the Finnish Government, with recommendations from significant policy and decision-making stakeholders, initiated immediate response measures aimed at controlling the spread of COVID-19 at different intervals.

“The Finnish Institute for Health and Welfare (THL) studies, monitors, and develops measures to promote the well-being and health of the population in Finland. It provides expertise knowledge to government, municipal and provincial decision-makers, actors in the social welfare and health sector, organisations, the research community, and the public. Its key areas of focus (sustainability of the welfare society, reducing inequality and social exclusion, changing spectrum of diseases, preparing for health threats, transition of the service system)”. (The Finnish Institute for Health and Welfare 2019)

2.4 Recommendations by the Finnish Government

A key sector affected by the COVID-19 pandemic and where immediate response changes have been introduced from a global level is the educational sector. This study focuses on Finland and specifically the early childhood education sector, where new rules relating to the functioning of both public and private service institutions were made to mitigate the COVID-19 pandemic. Students, teachers, and parents were given new guidelines regarding teaching methods and modes of reaching out to all

stakeholders within national, regional, and municipal educational framework to control and minimise the effects of the COVID-19 infections.

Key recommendations adopted by the Finnish government were reported in the (Valtioneuvosto), which is the government information platform. Since the pandemic outbreak has revolved or rotated on restrictions, lockdown, wearing face masks outdoors and indoors, in areas where meetings cannot be avoided, remote meetings, COVID-19 testing, vaccinations and quarantine cannot be prevented. Within the early childhood education sector and on the government communication platform, some recommended measures were to ensure that children or adults who are ill do not attend early childhood education and care. Ensuring that staff and children movements between groups or sites were prohibited, avoiding forming large groups, and providing strict hygiene routines in early childhood education. The recommendations also addressed the responsibility of providers on ensuring the applicability of the above recommendations. For instance, early childhood education providers are responsible for ensuring the safety of children, the safety of employees, emphasising enhanced cleaning, reducing group sizes, cancelling field trips, and forming permanent groups of staff and children. These recommendations were meant to support local early childhood education providers in finding the best ways to arrange tuition and functioning while also striving to mitigate and minimise the transmission of the COVID-19.

3 LITERATURE REVIEW

Considering the current nature of the COVID-19 pandemic, as of the 21 June 2021, little research has been done in Finland specifically on early childhood education providers in relation to COVID-19 and the measures adopted by governments. However, the intention was to gather information on the pandemic from a global perspective, including the actions taken by early childhood education providers, the government of Finland, and THL to lessen the spread of the virus and reassure the public. During the thesis, first-hand data from institutional participants contributed to the literature on COVID-19 and, more specifically, on measures to mitigate the spread within early childhood education institutions.

Although relatively new, the COVID-19 pandemic has already generated research pertaining to early childhood education. A webinar event (European Commission, 2021) focused on the impact of COVID-19 on early childhood education and care. One of the questions they sought to answer was the effects of lockdowns and COVID-19 restrictions on young children. The background information of the Webinar (European Commission, 2021) acknowledged the importance of early childhood education as an imperative first step of learning in a child's life.

To give an idea of how the COVID-19 pandemic has globally affected early childhood education, investigated was research conducted in other Nordic countries to include Sweden and Norway. Additionally, the United States was included to show variation and other countries were included to provide a global understanding of the effects that COVID-19 had on educational services, social services and social work with countries implementing distance learning in an effort to mitigate the spread of COVID-19.

3.1 Previous Research

According to Samuelsson et al. (2020, 131), early childhood education institutions were viewed as secure and safe places. Response measures established to combat COVID-19 were based on children's reactions, parents, and the commitment of teachers.

Samuelsson et al. (2020, 132), explains that similarly to Finland, children have the right to early childhood education in Norway and Sweden. Therefore, allowing pre-schools to remain open was from a rights-based perspective. It was essential to acknowledge that this was not the same for all countries as the United States does not recognise pre-primary education as a right. Sweden allowed preschools to remain open while eventually, Norway imposed a national lockdown which included closing early childhood education institutions.

The research conducted by Samuelsson et al. (2020, 133) gives an account of a headteacher in a Swedish early childhood education facility where a crisis action plan was developed which brought about fundamental changes in health and sanitation protocols aimed at keeping the environment safe for the children, therefore, mitigating the spread of COVID-19. The crisis action plan was subject to changes as added information about COVID-19 was realised. The programs' alterations were to curb the spread of the coronavirus in early childhood education facilities.

3.2 Distance Learning in Early Childhood Education

According to Hidayati (2021, 208), authorities in Indonesia opted to implement remote learning in early childhood education. This measure demonstrated efforts by authorities to mitigate the spread of the coronavirus during the COVID-19 pandemic; therefore, learning activities were carried out remotely. The Ministry of Education and Culture instructed teachers to delay assigning tasks to children during the COVID-19 pandemic acknowledging the importance of play, acquiring life skills, independence, and character values. In addition, Hidayati (2021, 208) explains that learning activities to understand the COVID-19 pandemic were administered to children through play, wearing masks and washing hands.

3.3 Social Services and Social Work During COVID-19

Amadunsun (2020, 2) suggests that social work may be one of the most affected professions during the COVID-19 pandemic as human rights and human relationships are significantly affected. Furthermore, Amadunsun (2020,4) emphasised that the value of social work is grounded in the ability to help persons in need while addressing social problems. However, social work professionals dealing with organisations requiring

face to face interactions in a closed setting should not place the social work professional in situations of increased risk of contracting the coronavirus.

Research conducted in Spain explains that social services, including early childhood education, were not deemed essential, which postponed social services. Social services targeting the larger population of the Spanish community that catered to the minimum welfare of persons were also discontinued. Realising the negative impact of not providing social services, authorities declared that social services and social work professionals are essential and should continue despite the COVID-19 pandemic. Muñoz-Moreno et al. (2021, 2).

4 KEY CONCEPTS

The key concepts used in this thesis were COVID- 19, pedagogy, and early childhood education. The following provides definitions of the key concepts as it relates to the thesis.

According to World Health Organization (2020), Coronavirus diseases, abbreviated COVID-19, are caused by respiratory syndrome coronavirus (SARS-CoV-2). While researchers articulate the disease originated from the Wuhan province in China, the disease had been declared a pandemic by the world health organisation (WHO) in January 2020. Although COVID-19 is a new disease, many of its symptoms are still under research. However, the disease has caused several damages in lifestyles, economies, and other aspects of society, including education worldwide. As a result, most governments have adjusted their working systems to contain and mitigate the spread.

Pedagogy refers to how educating is carried out or achieved. It is defined as instructional techniques and strategies that enable learning and provide opportunities for acquiring attitudes, knowledge, skills, and dispositions within a particular material and social context. It also refers to as the interactive process between teacher and learner and the learning environment (Siraj-Blatchford et al. 2002, 28).

Pedagogy refers to the practice (or the science, the craft, or the act) of teaching. Furthermore, pedagogy defined teaching methods, including teaching styles, teaching theory, feedback, and assessment. Pedagogy or education is the interaction process between the early childhood educators, the child, and the child-parent/guidance to enable learning to occur and provide opportunities for knowledge, attitude, acquiring skill, and dispositions within a particular social and material context. In addition, pedagogy can be distinct from and complementary to the curriculum. It means curriculum describes the 'what' while pedagogy describes the 'how.' 'WHAT' is the learning opportunities offered, and 'HOW' is what educators do to assist the child in enabling learning. It explains that the early childhood curriculum model during the COVID-19 pandemic will significantly influence the educator's pedagogical interactions and the child placed within the institution of the early childhood service provider. What

methods were put in place by childhood education providers to stop the spread of COVID-19, and how were those methods effective and respected by staff, parents, and children.

According to the Act on early childhood education and care (A 540/2018), early childhood education is defined as an organized goal-orientated way that includes upbringing, education, care and pedagogy. Early childhood education is a term that commonly refers to preschool and infant/childcare programs. It refers to educational programs and strategies geared towards children from birth to seven in Finland. This period of a person's life is widely considered the most vulnerable and crucial stage.

In addition, the Act on early childhood education and care (A 540/2018) highlights the aims intended as promotion of development according to the age of a child, growth, health, wellbeing, promotion of lifelong learning, equality, pedagogical activities, provision of a healthy and safe care environment, ensuring interpersonal relationships, developing the ability to respect cultural heritage, participation, and collaborating effectively with the child's guardian to ensure balance development and wellbeing. To achieve this, early childhood education providers are responsible for providing safe, pedagogical, and engaging programs to meet the needs of children at multiple ages, even during a pandemic like the COVID-19. Responsibilities are not limited to but include overseeing children daily schedules, supporting staff, promoting the well-being and health of children, maintaining childcare facilities, and developing appropriate educational activities.

Early childhood education, although mandatory from the age of six, children in Finland have the right to attend early childhood education from ten months, according to The Finnish National Agency for Education, Compulsory Education in Finland (EDUFI/2018). COVID-19 has brought about changes in early childhood education, as some parents can decide to keep their child or children at home because of the fear of contracting COVID-19 and mitigating the spread. In this case, parents can provide justifications or valid reasons why a child age of six cannot attend preschool. Parents who choose this action are responsible for preparing the child for the public exam; they know that selecting a bilingual or international school is extremely competitive. This decision is completed using a document called Absence Agreement /Pre-Teaching (POISSAOLOSTA SOPIMINEN/ESIOPETUS). Parents provide justifications or

valid reasons while the child should remain at home at six years and take responsibility for the outcome.

During the COVID-19 pandemic, early childhood education providers focused on preventing infections and limiting the spread of the virus. Therefore, making sure that they follow the health authorities' instructions for implementations in education and early childhood education and care alike and the instructions discussed with staff, parents, and children. In this way, they may reduce the spread of the COVID-19 pandemic and protect the vulnerable persons in the population.

5 PURPOSE, AIM AND RESEARCH QUESTIONS OF THE STUDY

The aim of the thesis was to examine how an early childhood education provider in the metropolitan area of Helsinki, implemented recommendations made by the Finnish government to curtail the spread of COVID-19.

Early childhood education in Finland continues to be provided face-to-face. According to (World Health Organization 2019), children below 18 years are less likely to be seriously affected with symptoms caused by COVID-19. While adults 50 years and older, particularly those with underlying medical conditions such as asthma, diabetes, heart disease, and cancer, are more likely to be severely affected by COVID-19. It was, therefore, essential to assess how the private early childhood education provider dealt with and provided early childhood education while ensuring that the welfare of all parties was taken into consideration.

The relevance of this thesis can be situated in two angles. Firstly, it highlights the role of early childhood education providers in managing the COVID-19 pandemic by showcasing the work and pedagogical approaches adopted to ensure the safety of children, teachers, and confidence-building among teachers, parents, and children. Secondly, the study is also intended to reflect early childhood education providers based on the recommendations. This study puts forth practical tools adopted to ensure smooth interaction between teachers and children, as observed from the study results. Similarly, it is also intended to serve as a point of reference for future students interested in studying the contributions of early childhood education providers in the fight against COVID-19.

The research will contribute to understanding the tools used by early childhood education providers and therefore examine how the tools were applied in making the best decisions possible to limit the spread of COVID-19. The response plan update based on new executive orders and collective knowledge about fighting the COVID-19 virus while providing quality childcare will help many other early childhood education institutions. Creating a plan to provide care during COVID-19 based on safety while ensuring children receive the best care possible amidst the constraints posed by social distancing, face mask-wearing, and the lack of emotional expression in a childcare setting.

This research seeks to discover the best practices and identify steps taken by early childhood education providers during the COVID-19 pandemic. Therefore, the study seeks to answer the following two research questions:

1. What factors were introduced by the early childhood education provider to mitigate/ slow down the COVID-19 pandemic?

This research question examined recommendations initiated by THL in the engagement to mitigate COVID -19 and how the private early childhood education provider in the Metropolitan area of Helsinki, Finland adopted the recommendations.

2. What pedagogical amendments were established by the early childhood education provider to promote education during the COVID-19 period?

The second research question studied pedagogical changes and challenges faced by the private early childhood education institution in the Metropolitan area of Helsinki, Finland, during the COVID-19 period. It sought to understand the new pedagogical methods adopted under restricted measures by the provider to mitigate the spread of the virus within their institution from March 2020 to June 2021.

6 RESEARCH ENVIRONMENT AND PARTNER

The work-life partner was a private early childhood education institution located in the Metropolitan area of Helsinki, Finland. For ethical reasons, the work-life partners' names would not be mentioned in this thesis. The early childhood education institution provider aims to provide pedagogy, social services, and safety to the children in their care. They work according to the Early National core curriculum for early childhood education and care. Childhood education and care (ECEC) is part of the Finnish education system and a crucial stage of the child's growth and learning. The spread of COVID-19 has seen new pedagogy, social services, and safety protocols implemented by the institution to ensure that children, families, and staff members are as safe as possible.

The following gives an idea of the duration of time children spend in the care, the age groups catered for, and some pedagogical activities undertaken by the early childhood education institution. The early childhood institution provides bilingual early childhood education for children aged ten months – 6 years, from Monday to Friday, 7.00 – 17.00. Included are two English language groups, for 3 - 4-year-olds and 5 - 6-year-olds. English is used daily for children from 3 – 6 years to focus on the child growth and development: emotional, social, physical, intellectual, cultural, and moral/ethical. The Finnish language is offered to children ten months – 3 years. This early childhood education and care (ECEC) institution produces high-quality education and care in the Metropolitan Area of Helsinki. The teachers used strength-based pedagogy focusing on 21st-century skills in their everyday work with children. Teachers, careers, and providers in this private Finnish early childhood education institution are qualified at the university level. All other caregivers and instructors at the early childhood education institution have at least an upper secondary level qualification in social welfare and healthcare. In addition, the staff also consist of a manager, assistants, and a cleaner. The private early childhood education institution also offers various activities, including arts and crafts, storytelling, physical education, and many more. It is an international environment with a strong emphasis on developing social skills, courtesy, good manners, understanding, and respect.

7 RESEARCH METHOD, DATA COLLECTION AND ANALYSIS METHOD

Research-oriented methods using a qualitative approach, specifically face-to-face interviews was employed in collecting the data for this thesis. The information collected was analysed using the thematic approach. The primary data from the institution interviewed was reviewed, and the current body of literature about COVID-19 was considered. A qualitative research method was suitable for this study because it is subjective in explaining social service phenomena. Here, data analysis and interpretation provided information about the methods used by early childhood education providers to mitigate the spread of COVID-19. The analysis data identify trends or commonalities deeply rooted in the results.

7.1 Methodology

As Kothari (2004, 7-8) explained, the methodology in research refers to the rationale behind the use of the methods or techniques used in research. The method used in this thesis was qualitative and employed the use of interviews. Specifically applied was the personal interview method as it sought to justify the intention to obtain personal views from participants based on experience. According to Kothari (2004, 97), the suitability of the qualitative method approach in research allows the method of interviewing to be used for investigating and collecting information on a personal basis from the sources concerned.

7.2 Data Collection

Collecting the primary data for this research was executed in the form of personal interviews. According to Kothari (2004, 97), data collection using the interview method requires participants to give oral responses in a face-to-face setting. One major limitation acknowledged by the COVID-19 pandemic was the inability to have face-to-face interviews. As such, interviews were carried out in an online environment in the second week of June 2021. Semi-structured questions formulated in appendix 2 of this document were used in the interviews and allowed the researchers to reach a more profound level while exploring more clarity.

According to (The Family Health International 2005), in-depth interviews are optimal for data collection that involves individual perspectives, personal history, opinions, and experiences. Conducting individual interviews for data collection was dependent on the institution COVID-19 restrictions. The participants were workers from the same early childhood education environment, the same work team and department, distinguished by the different age groups, various work experiences and qualifications. Interviews commenced after the thesis plan was accepted and all the necessary forms and agreements were signed.

The number of participants equated to six, and each person was invited to attend an online interview. Times for the interviews were pre-arranged based on the convenience of the participants. The interviews were conducted and recorded with the participants permission. The allotted time for the interviews was between 30-45 minutes. However, some exceeded 60 minutes based on the respondents need to explain and clarify; the shortest interview was 25 minutes, and the data collected when transcribed amounted to 13 A4 pages.

7.3 Data Analysis

Preparation for the data analysis stage of the research started by transcribing the recordings obtained from the interviews. In extracting the responses used, the transcribed data was divided between the two researchers, each receiving responses from three participants. Each researcher identified from the transcribed data the most suitable responses in relation to the thesis questions. The process was then reversed with the researchers exchanging the transcribed data between themselves and the same method of finding the suitable responses was followed. After this process was completed, the responses identified that were similar in nature was used and the responses identified that were different were discussed and justifications for why those responses should or should not be used was presented by both students to reach a decision.

Ethical principles outlined in appendix 1 of this document was adhered to, taking into consideration the privacy of each participant, thus enforcing anonymity. Moreover, the details of the ethical considerations specified the intention to use the data obtained in a publicised thesis. Appendix 1 also describes how the data collected was stored, protected, and only accessed by the students responsible for this thesis. Further, it

indicated that the data will be kept for the duration of the study and will be destroyed upon completion.

According to Baralt (2012, 223), the qualitative analysis presents a detailed human experience. The data analysis method focused on finding answers to the research questions, and as such, the thematic analysis method was used to analyse the data. Braun and Clarke (2012, 57-71) stated that the thematic analysis method provides a systematic way to organise, identify, and find patterns in themes, offering insight across the data sets. The transcribed data required careful reading and re-reading to become familiar with and to understand the contents. Data segments were coded, then classified into themes to identify and organise various categories in the interview transcripts. Highlighted by Baralt (2012, 223), qualitative coding is interpretive and provides numerous cycles for exploration and re-reading of the data. Furthermore, the different interview transcripts, when compared, should ascertain similarities and differences in the themes.

To answer the research questions, the six-step process, Braun & Victoria (2006, 87) was used to do thematic analysis. The process consisted of (i) data familiarization by reading, re-reading, and transcribing data. (ii) generating initial codes, (iii) searching for themes within the data, (iv) reviewing themes as they emerged from data, (v) defining and naming themes and (vi) producing the final report.

Figure 1 below provides further clarity on the process used in obtaining the themes. Tables 1 and 2 below presents a detailed account of how the themes were derived from the transcribed data. Repeatedly reading the transcribed interview data allowed the extraction of transcribed responses with similar relationships and relevance to the thesis. Once identified and the context of the transcribed responses was completely understood, codes were established by placing the transcribed responses into categories that described what each was about. The identified codes were further classified into sub-themes which clarified how the codes were related to each other. The sub-themes were then used to uncover the themes that were most associated with the research questions.

Figure 1: Clarifying the process of themes derived

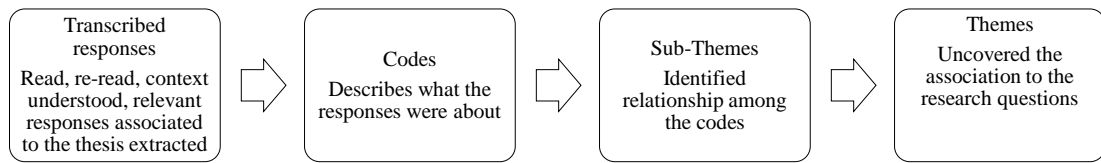


Table 1: Demonstration of how themes for the first research question were established.

Responses from Transcribed Data	Coding	Sub Themes	Themes
<p>“Limited contact with the parents; meetings are mostly done via WhatsApp video call.”</p> <p>“No trips are done, going to museums or theatre plays because we avoid using public transportation with the children.”</p> <p>“Good hygiene, respect for others and good and constructive information for everyone.”</p>	<p>Social Distancing</p> <p>Online interaction</p> <p>Avoidance</p> <p>Safety precautions</p> <p>Cleanliness</p>	<p>Social restrictions</p> <p>Covid-19 guidelines</p>	<p>Engagement Roles</p>
<p>“Good communication between parents and teachers to keep doing the same work together.”</p> <p>“The children should be aware of this situation, and the same message that we give at kindergarten has to be the same that parents are giving at home.”</p> <p>“During daily routines, we showed, explained, and observed that children follow the agreed regime. Sending them back if they try only to use water.”</p>	<p>Social Interaction</p> <p>Cooperation</p> <p>Communication</p> <p>Routines</p> <p>Observation</p> <p>Vigilance</p> <p>Teaching</p>	<p>Pedagogical plan</p>	<p>Professional and parental responsibilities</p>
<p>“Yes, quarantine is done with the concerned group, and that side of the kindergarten had been closed for the duration of the quarantine. Contact tracing with the help of public health centers is also made.”</p> <p>“A list of all children and staff in said groups who have had close contact with an infected person was compiled along with social numbers and sent to the infection unit so they could contact parents and send out quarantine notifications.”</p>	<p>Quarantine</p> <p>Isolation</p> <p>Shutdown</p> <p>Information management</p> <p>Confidentiality</p>	<p>Health and safety precautions</p>	<p>Institutional Preparedness</p>
<p>“Biggest challenge is evaluating whether children are sick and to what extent should they be sent home”.</p> <p>“As well, we need to use masks, which prevent us not using facial expressions with kids.”</p> <p>“The biggest challenge when a family had been exposed and got positive for Covid 19, yet they did not inform right away the kindergarten staffs.”</p>	<p>Changing Environment</p> <p>Flu symptoms</p> <p>Unclear words</p> <p>Facial emotion</p> <p>Language development</p> <p>Irresponsibility</p> <p>Carelessness</p> <p>Negligence</p>	<p>Social expression</p> <p>Social challenges</p> <p>Lack of parental responsibility</p>	<p>Challenges</p>

Table 2: Demonstration of how the themes for the second research question were established.

Responses from Transcribed Data	Coding	Sub Themes	Themes
<p>“We had activities that explained viruses in general and how they can spread.”</p> <p>“We even made together transparent visor masks for the children to use if they wished to.”</p> <p>“Our pedagogical programmed remained the same, except for the fact that we were limited in visiting other places due to closure...”.</p> <p>“Methods might have stayed the same, but precautions were put into our daily life.”</p> <p>“We do not accept or invite other professionals or students to our buildings which reduce possible contact.”</p>	<p>Educational demonstrations</p> <p>Activities</p> <p>Methods</p> <p>Planning</p> <p>Teaching</p> <p>No Physical contact</p> <p>Social distancing</p> <p>Small groups</p> <p>Exclusion</p> <p>Teaching limitations</p>	<p>Precautionary measures</p> <p>Institutional restriction</p> <p>Learning Restrictions</p> <p>Educational restriction</p>	<p>Pedagogical effects</p>

7.4 Ethical Principles

As stated in Mc Neill & Chapman (2005, 12), ethical principles are significant in any research. To add, Mc Neill & Chapman (2005, 12) further expressed that awareness is increasing about the responsibilities and obligations that researchers have to participants and the rights of those participants. Therefore, ethical principles were considered throughout the research process.

The Finnish National Board of Research Integrity (2019) emphasised the importance of ensuring that potential participants were aware of their rights before becoming a part of any research. Participation in a study further explained by the Finnish National Board of Research Integrity (2019) is voluntary, and the participant possesses the right to withdraw consent at any time. Furthermore, participants would be made aware of the intended purpose of the research and how the data collected will be used.

Before commencing the research study, informed consent was obtained from all participants using the consent form shown in appendix 1 of this document. As depicted by the Finnish National Board of Research Integrity (2019), informed consent is central in ethical principles when dealing with human participants. McNeill & Chapman (2005, 12-13) further describes this main ethical principle as consent given after participants have been provided with and understand all necessary information related to the research before deciding to be part of the research. Participants in the research, including the service provider, would remain anonymous to enforce confidentiality; therefore, names would not be mentioned. Data collected will only be accessed by the responsible students and stored on password-protected devices. Additionally, audio recordings obtained from the interview would be destroyed after use.

8 FACTORS TO MITIGATE THE SPREAD OF COVID-19 WITHIN THE EARLY CHILDHOOD EDUCATION INSTITUTION

The results obtained from the first research question, “what factors were introduced by the early childhood education provider to mitigate/ slow down the COVID-19 pandemic,” is presented. The results describe the themes uncovered from the thematic analysis and give corresponding examples from the interview responses. In presenting the results for this thesis, all responses were considered, and the word “respondent” was used at the end of every quote to distinguish what was said by the respondent. However, no other identifying factors were added to ensure that the ethical principle of anonymity continued to be enforced.

8.1 Engagement Roles

Engagement roles represent the new norms that children and professionals were familiar with, such as social distancing and health and safety precautions, including washing hands and sanitising surfaces. These engagement roles were not meant to create fear but rather educate children and professionals alike on how to behave inside and outside the kindergarten institution.

All respondents agreed that working during the pandemic has been much different from previous ways of doing things. Most respondents admitted the need to adjust to new ways of engagement, which was quite challenging as this took a while to get used to it. Parents were no longer allowed inside the kindergarten, and when they had to, they had to abide by the COVID-19 guidelines and instruction by sanitising and wearing face masks, which some say is scary for both teachers and children. Virtual and electronic means of communication and learning have become more prevalent. In addition, several respondents mentioned the cancellation of road trips to curtail the spread of COVID-19 further, and instead, walks around the school forest were made to replace these trips. Below is a quote exemplary of respondents’ expression of the changes COVID-19 has brought to ways of learning.

“Limited contact with the parents; meetings are mostly done via WhatsApp video call. Parents are not allowed inside the daycare, and if they do, face masks

should be worn. No trips are done (going to museums or theatre plays) because we avoid using public transportation with the children. Instead, we made trips to the forests nearby or within the vicinity of the kindergarten.” (Respondent)

Most of the respondents felt that nothing else could be done to mitigate the spread of COVID-19. It was thought that all necessary measures were being taken, from hygiene in the workplace to the use of face masks and observing social distancing. Some also felt that more can still be done in passing correct and timely information.

“I believe the practices that we have in place are sufficient, and parents are not allowed indoors without masks and discussions are done online. We do not accept or invite other professionals or students to our buildings which reduce possible contact.” (Respondent)

The respondents felt that only good hygiene and sticking strictly to COVID-19 rules of engagement was the only way both children and staff could remain protected in early childhood education institutions, with many adults working together in groups.

“To be realistic, we can’t 100% remain protected, only if all of us had a bubble around us to not be in contact with no one. Good hygiene, respect for others and good and constructive information for everyone.” (Respondent)

8.2 Professional and Parental Responsibilities

The importance of educating children on the COVID-19 situation was a combined effort by both professionals and parents. It was determined that collective efforts ensured that information communicated to children within the early childhood education institution corresponded with what was communicated to children in the home environment. Additionally, professionals had an obligation to share new information about COVID-19 with parents. In contrast, both parents and professionals were responsible for ensuring healthy hygiene habits were practised, and any suspected symptoms of COVID-19 were closely monitored, and the necessary precautions were taken.

Respondents stated that early childhood education providers have a role in communicating COVID-19 information to parents and children, ensuring that COVID-19 precautions were strictly observed. Children spend most of the day in kindergarten, and as such, providers need to instil in them the habit of being hygiene conscious all the time. Moreover, health and hygiene information given by kindergarten should coincide with what is being taught by parents at home. There would not be a contradiction, and children can quickly form healthy habits to help mitigate the spread of COVID-19.

“In my opinion, we have to keep the balance and don’t show our fears to children, but on the other hand, we have to explain how important it is at this moment to take care of our hygiene. Also, good communication between parents and teachers to keep doing the same work together. The children should be aware of this situation, and the same message that we give at kindergarten has to be the same that parents are giving at home.” (Respondent)

8.3 Institutional Preparedness

Institutional preparedness refers to how COVID-19 situations requiring quarantine and isolation measures were dealt with. As stated in (Finnish Institution for Health and Welfare, 2021), quarantine and isolation remain key in avoiding the possible transmission of COVID-19. Early childhood education needs to shoulder some responsibility by assisting the relevant authorities in tracing persons suspected of contracting COVID-19. Furthermore, early childhood education institutions needed to ensure that protective gear, that is, face masks, were being used and be prepared to explain to small children the reason for using the face masks.

“Yes, quarantine is done with the concerned group and that side of the kindergarten had been closed for the duration of the quarantine. Contact tracing with the help of public health centers is also made.” (Respondent)

All respondents attested to the use of face masks in the kindergarten, and the reaction of children to seeing the benefit of face masks, according to most respondents, was not extraordinary. Children seemed to be already well informed about things, and

the wearing of face masks is now a part of clothing, even though it drew attention at inception, but not anymore.

“Yes, children are aware of the situation (pandemic crisis), so they are not surprised at all. Though, in the beginning, they asked teachers why they have to wear face masks.” (Respondent).

8.4 Challenges

Therefore, the COVID-19 pandemic represents a new era and does not come without challenges for early childhood education providers in adhering to new ways of working in a changing environment. New engagement roles, additional professional and parental responsibilities, being prepared as an institution to deal with the new measures put in place by authorities and making amendments to pedagogical teachings to combat COVID-19 presented challenges for early childhood education providers.

Most of the challenges experienced by the respondents were about the phobia of contacting COVID-19. All symptoms of other ailments raise a red flag for COVID-19. Using a face mask was also challenging for most respondents, as it impeded facial expression, which is key to communication with kindergarten children. Another challenge expressed by several respondents was the risk of possible quarantining upon the discovery of a case. As a result, the workplace was not the same, and the constant fear of contacting COVID-19 has psychological and financial implications.

“Well, keeping the “scary feeling” away during my work can be difficult, somehow we are limited by the virus. Being in quarantine for one week because of one case at the workplace was not a good feeling. I got a car to avoid coming to work with public transportation. Some adaptations we all have to do.” (Respondent)

Many respondents expressed concern about the inability to restrict children from maintaining social distance, which considers that children love to hug and touch each other. Additionally, challenges came with parents not taking the pandemic seriously, and any form of negligence could seriously affect others. Communication with the use of face masks also posed some challenges. Below is a quote exemplary of respondents reply.

“The biggest challenge when a family had been exposed and got positive for Covid 19, yet they did not inform right away the kindergarten staffs. Irresponsibility, carelessness, and negligence of anyone positive for Covid 19 in such a way they are exposing themselves to other people who may also catch the virus.”
(Respondent)

Respondents dealt with the challenges by being more observant and vigilant about the health status of children in their care and taking necessary precautions in curtailing cases, so it doesn't escalate.

“Biggest challenge is evaluating whether children are sick and to what extent should they be sent home. As covid mimics flu symptoms, recommendations from THL are to send them home and that they are tested. Parents struggled a lot as they needed to go to work themselves. It got to a stage where kids were hiding coughs and looking ashamed when they sneezed, as parents had probably spoken at home about how they needed to go to work and could not be home with them. On the other hand, feeling that any sickness could be a potential health risk for myself, which I would take home to my own family. We need to give the parents the benefit of the doubt and trust that they have others and their best interests at heart and would not knowingly send a sick child to daycare. I must say it happened a lot which was very sad to see and understand.” (Respondent)

9 PEDAGOGICAL AMENDMENTS AND EFFECTS WITHIN THE EARLY CHILDHOOD EDUCATION INSTITUTION

The results obtained from the second research question, “what pedagogical amendments were established by the private early childhood education provider to promote education during the COVID-19 period”, is described below. This section sought to understand the pedagogical effects because tuition in kindergarten is quite different, unlike adult education. Consequently, some pedagogical methods were adopted to cope with changes related to COVID-19.

Pedagogical effects mentioned by most respondents were the splitting of classes into smaller groups, movement across groups was limited to reduce contact, trips to the library, museum, public gatherings and outings according to this private early childhood education institute were cancelled. Teachers introduced other ways of making learning fun through videos and online assistance. One of the respondents said this about the change COVID-19 has brought to different learning and teaching methods.

“Our working space is quite limited. We can’t take kids to public places, events. So, we need to stay creative at our kindergarten premises to keep kindergarten activities interesting and fun. As well we need to use masks, which prevent us not using facial expressions with kids. We need to find how we approach kids. We started to use more online services to co-operate with parents, for example, via meetings.” (Respondent)

There have been pedagogical changes, according to respondents. Some pointed at the use of face masks impeding clear communication, which is essential for children who are just starting to learn languages; therefore, changes were made to ensure children can still learn with this impediment. Some thought it was essential to make learning fun through a series of activities that involved contact at this stage of education. With COVID-19, there is a limitation to physical contact as social distancing must be observed. Physical touch has changed how teachers communicate with children. Still, on the other hand, it has brought about closer relationships and engagement between families and teachers, even though this was mostly done online. Here is the response from one of the respondents.

“I must say that we had to change the methods of our teaching in every subject for example gym where some of the games cannot be applied and so on. Also, be aware of hygiene and social distance. Each child has their own space and social distance.” (Respondent)

Respondents agreed that no changes were made to the main activities, besides trips that had to be cancelled and restrictions from public places such as parks to curtail exposure to COVID-19. This slight change was cushioned with other fun ways of learning, hence the need for creativity. Below is a quote exemplary of respondents’ expression on main differences with the COVID-19 period.

“Our pedagogical programmed remained the same, except for the fact that we were limited in visiting other places due to closure, using public transport, visiting populated parks, trying to find appropriate times when contact with other daycare children is limited. Dealing with them was a bit of a challenge to come up with ideas on how children could experience freely without risking our normal program. We had to get creative in lesson plans. Discussing with children about ideas on what we could do to maintain the fun aspect.” (Respondent)

10 QUESTIONS RELATED TO THE ETHICS AND RELIABILITY OF THE STUDY

“Qualitative research is beneficial for discovering and explaining phenomena” Shuval et al. (2011, 1). As noted by Freeman and Altekruze (2004, 164), moral perspectives provide professionals with the means to deal with practical problems and establish a code of ethics. Ethics remains a significant factor in qualitative research because research participants constitute a vital part of the research process. Therefore, it was the responsibility of the researchers to adhere to relevant ethical principles to ensure that the research procedure did not expose the participants to risk.

Respect for ethical principles was exercised throughout the thesis process when working with the collaborators and presenting the findings. Merriam (2009, 15) states that “the validity and reliability of a study depend on the investigator’s ethics”. The participants were informed that the intent of the research was used in the publicised thesis. Name and identity were only going to be known to the responsible students, and any identifying information was altered for anonymity purposes. The recordings collected during interviews were stored on a password-protected device, and the transcribed interviews were stored on another password-protected device and password-protected document. The data was only accessible to the students responsible, and all the data collected would be destroyed from all the devices used for storage after the thesis was published. Further, it was also indicated that there were no foreseen risks in participating in the research, and withdrawal of participation could be made at any stage of the research for any reason without consequence. Approval for the publication of the final report of the research would be determined by the manager and participants from the early childhood education institution and an opportunity to read the information is presented.

From a professional capacity of a kindergarten teacher, the research conducted was not biased and was undertaken in accordance with early childhood ethics for researchers. According to Bertram, T. et al. (2016), ethical codes in early childhood research serves as a framework to guide researchers, publications and distribution of results.

Appropriate academic research, articles, and journals were used without plagiarism. In addition, respect for interviewees and correspondents was adhered to by not revealing identities as was outlined in the consent form seen in appendix 1 of this document.

11 DISCUSSION

According to (Aslanargun and Tapan 2011, 222), early childhood education is when a child develops cognitive, affective, and psychomotor skills, and therefore early childhood education represents a crucial stage of education. This study highlighted several responses and measures adopted by an early childhood education provider in the Metropolitan area of Helsinki to mitigate the spread of the COVID-19 and create a hygienic and safe environment for learning.

The COVID-19 pandemic triggered the lockdown of schools and kindergartens in many countries, Samuelson et al. (2020, 132). In Finland and other Nordic states, early childhood education was seen as essential to educational development and as such taken seriously. Early childhood education is best delivered through face-to-face engagement, and Finland continues to engage in-class learning. In a bid to keep schools running, necessary changes were made to the ways of learning. Measures undertaken by early childhood education providers agreed with what was practiced in Sweden, where action crisis plans were drafted, and changes were made to health and sanitation protocols aimed at keeping the environment safe for children, Samuelson et al. (2020, 133). Schools had to strictly abide by all COVID-19 directives of maintaining high hygiene standards, using facemasks, washing hands, ensuring social distancing, disinfecting surfaces, and taking prompt responses to suspicious symptoms.

The study sheds light on the necessity of collective efforts to combat COVID-19 in early childhood education institutions. Effective communication between parents and teachers helped children achieve more from education Bilaloglu and Arnas (2019, 822). Maintaining a healthy kindergarten environment was a joint effort by all stakeholders (government, parents, teachers, and children) as a COVID-19 free community does not end in kindergartens but reflects how every hour of the day is spent. All must take responsibility to ensure a safe learning environment.

The fight against COVID-19 is not yet over; even though science continues to make great strides in discovering vaccines and ways to ensure healthy living, a safe society is still the responsibility of all, including small children.

Questions specifically related to vaccines revealed a responsible approach to mitigating the spread of COVID-19 by professionals as 90 per cent of the professionals within the early childhood education institution were vaccinated.

12 CONCLUSIONS

This study demonstrated the series of measures adopted by one private provider of early childhood education to ensure the disbursement of knowledge in the face of a global pandemic, COVID-19. These are challenging times around the world and staying true to the promise of early childhood education for all Finnish children presents challenges. Several pedagogical changes were affected to help facilitate education during the COVID-19 pandemic. Enlightening children about the pandemic creates smaller learning groups, with fewer group visits and cancelled trips. These changes affected learning, with teachers being more creative within kindergarten premises to make learning fun for children while ensuring a safe learning environment.

12.1 Summary of the Study

Research-based and professional perspectives contributed to understanding the tools used by early childhood education providers. They, therefore, examined how the tools were applied in making the best decisions possible to limit the spread of COVID-19 in early childhood education institutions while creating safe spaces for children and staff members alike. The response plan update based on new executive orders and collective knowledge about fighting COVID-19 while providing quality childcare will help many other early childhood education institutions. Creating a plan to provide care during COVID-19 based on safety while ensuring children receive the best care possible amidst the constraints posed by social distancing, face mask-wearing, and the lack of emotional expression in a childcare setting. This research seeks to discover the best practices and identify steps providers take to help in a time like this. Determining the response measures and level of preparedness from teachers, children, and daycare owners offers the possibility of initiating policies on improving response measures and better and adaptable ways of working with different age groups in times like this.

A study like this helped shed light on early childhood education providers dealing with and providing early childhood education while ensuring that all parties' welfare is considered. This study also emphasised the importance of social services during this challenging time. Thus, ensuring that everyone involved is playing their part in the fight against COVID-19. It was discovered that timely and quality information was vital in

mitigating the spread of the COVID-19. Consequently, the government at all levels through its agencies should ensure people are updated regularly about COVID-19.

Conclusively, plans drawn out by early childhood education providers in early childhood institutions have further extended the frontier of knowledge in this area. This study could serve as a blueprint for others to follow in ensuring children in Finland and, by extension, around the world are not deprived of early childhood education during the pandemic.

Based on the outcome of this study, it was believed that this study would provide a basis for stakeholders in early childhood education to develop a sustainable framework of plans to achieve better educational service delivery. Furthermore, it was discovered that timely information was vital during this COVID-19 period. Early detection can help mitigate the spread of the virus; therefore, stakeholders should work out plans to detect cases of exposure early so that the necessary actions can be taken. Consequently, parents, teachers, and children must be carried along on updates regarding the virus.

12.2 Professional Development

Throughout this study, Monique had ample opportunity to demonstrate knowledge and skills and general competencies previously acquired from the course at different stages of the thesis. As such, having to do this contributed immensely to my professional development. This study challenged my ability to implement research methods suitable to the thesis to produce the information required. Planning, implementing, and analysing the contents of the thesis required precision when considering the ethical obligations to our participants. The ability to manage time to meet required deadlines, although challenging, was maintained. Respect was shown for different opinions, and healthy discussions ensured progress. Playing an active role as part of a team was also crucial to this thesis process. Additionally, insight into understanding some of the early childhood education environmental operations has increased the knowledge of this social service.

Inscribing this thesis has been a wonderful experience for Eunice. The COVID-19 pandemic with the restrictions and obligations of studying online and working amidst these exceptional contexts. For Eunice, this study had moulded professional

development having to conducted online interviews with field professionals while working in the COVID- 19 pandemic. Conducting interviews online with field professionals was indeed the most challenging, yet it was also fulfilling. The study has also helped to strengthen confidence as nervousness was experienced during presentations from the outset of the study. Still, as time progressed, the act of having to be composed and overcome nervousness had contributed to increased confidence at the end of the interview process. At various stages of the thesis process, the expression of the thesis to an audience had immensely developed.

There has been tremendous development as a future social service professional during the thesis process. Eunice has had a pleasant experience in the qualitative research process of the study. The first study plan was to conduct the thesis as an individual. However, after understanding the idea from our able supervisors, the decision was made to try with my partner Monique. Coming out of my comfort zone was a challenging situation and the entire process, particularly the analysis and the findings have taught me many skills for future research work and social sciences development. Getting involved in the process and talking to the participants was a great challenge that Eunice has drastically improved in social services. The participants have helped me develop self-control, endurance and the ability to look at issues critically and professionally without being irrational in submissions. This study has improved my sense of professionalism, but also it has helped to develop the skill of interviewing clients for future research work.

12.3 Recommendations

This study proffers the following recommendations based on the results early obtained from researching within one private early childhood education institution. Professionals and early childhood education institutions may apply learning tools and practices during the COVID-19 pandemic and even after COVID-19 cases have diminished by keep using good hygiene and maintaining safe distance since COVID 19 has come to stay like other viruses. Moreover, the tools and practices may be implemented during periods of infectious disease and flu seasons. Measures recommended mitigating the spread of COVID -19 in early childhood education environments include creating positive social and pedagogical changes.

Firstly, to support safety and basic needs through traditional and childcare best practices relationship, structure and engagement enhancing routines can be engaged with the diverse groups. For instance, play peek-boo by covering your mouth with the mask and taking the mask away to reveal a smile. Do it several times and at the end, tell the child you will be smiling under the mask even though your face is not visible. This game is vital to children between the ages of 10 months - 3 years and those starting kindergarten to gain their trust.

Secondly, to reduce the potential impact of a masked face, childcare providers may wish to use face shields, homemade transparent masks that show more of their faces, including their lips and mouth, or attach some smiling faces to the front mask. Using an emotional face mask is essential in a childcare setting to minimise the impact on young children's learning and development (Scott, 2020). Furthermore, some psychologists/experts on early childhood development like Mckoy (2020) and mental health organisations like the (Florida Association for Infant Mental Health (2020) have called and suggested using these types of face shields and masks in childcare settings. Providers can play games like guess my expression, which involves interactive and participative questions such as asking the children to watch their eyebrows and eyes. At the same time, you make emotion on your face with a face mask while creating different expressions with your mouth and asking children to think about smiling eyes. Ask children to guess how you are feeling today from the expression of the provider eyebrow and eyes and vice versa. It will not only support the child social-emotional development but also elevate fear and motivate confidence in children.

Thirdly, face masks can present communication barriers and impede social interactions between children and early childcare education providers, especially for children starting a second language. To minimise this shortcoming and resolve the mask social-emotional communication dilemma in kindergarten environments, educators can use gestures by hand or paper drawings and speak slowly and slightly louder without shouting amidst the context. Moreover, this can also improve learning and enhance confidence in children-teacher relations.

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APPENDIX 1

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CONSENT FORM:

Consent form for participation in research.

This research concerns the bachelor thesis titled: "**EARLY CHILDHOOD EDUCATION: Assessing the response and measures adopted by a private provider in the Metropolitan area of Helsinki in the fight against COVID-19**"

The responsible students are Fuh Eunice Neh Espe Ntoko and Monique Arcoven.

Supervising teacher: Marianne Nylund

By signing the form below, you agree to this interview being recorded for the thesis research. By participating, you agree that the information you share during the interview can be used in the publicised thesis. Your name and identity will only be known to the responsible students, and any identifying information will be altered for anonymity purposes. The recording of this interview will be stored on a password protected device, and the interview will be transcribed onto another password protected device and document. This data will only be accessible to the students responsible and kept for this research project and discarded after completing the thesis and publication from all stored devices. We do not expect that your participation will pose any risks to you, and withdrawal of your participation in the research may be done at any stage of the research for any reason without consequence.

By signing this form, I agree to the above conditions and consent to the interview and information obtained from this interview to be used in the aforementioned thesis research. I am aware that my participation is voluntary and that I may withdraw from participating at any time during the research. I am also aware that my identity will be known only to the responsible students conducting the interview.

Date

Printed Name (Capital Letters)

Signature

APPENDIX 2

Interview Guide

- 1) How has it been different working during the COVID-19 pandemic compared to previously?
- 2) What pedagogical methods are put in place because of the COVID-19 pandemic?
- 3) What pedagogical changes happened to facilitate education within the kindergarten?
- 4) Have the main activities been changed within this COVID-19 period?
- 5) If the activities have been changed, please describe how they support mitigating the spread of COVID-19
- 6) What kind of challenges are brought about by COVID-19 have you experienced? How did you deal with them?
- 7) What do you think about the role of the kindergarten providers to mitigate the spread?
- 8) Were there any cases of COVID-19? If yes, what measures were taken? Who took these measures?
- 9) What have been the main challenges within the daycare in trying to ensure the kids are carrying out that safe practices?
- 10) How does the daycare deal with these challenges?
- 11) From a personal perspective, is there anything more that can be done in the early childhood environment to mitigate the spread of COVID-19?
- 12) How can children and staff remain protected in early childhood education with many adults working together in groups?
- 13) Are masks worn in your institution? If yes, what were the reactions of the kids towards the teachers?
- 14) Are staff being encouraged to get vaccinated to mitigate the spread of the virus and to protect themselves?
- 15) What are the consequences if a staff member refuses to get the vaccine and is affected by corona?

APPENDIX 3

Recruitment text:

Hello,

We, Monique Arcoven and Fuh Eunice Neh Epse Ntoko are student at the (Diakoniamattikorkeakoulu). We are currently researching EARLY CHILDHOOD EDUCATION: Assessing the response and measures adopted by a private provider in the Metropolitan area in Finland in the fight against COVID-19 as our thesis. I (Eunice) am also an early childhood education provider in a kindergarten institution. We are looking to interview an early childhood education provider in the Metropolitan area in Helsinki about the methods adopted during COVID- 19 for our research.

The interview would cover your experience in the kindergarten, other colleagues, and its different effects on your life and how you dealt with those issues in the kindergarten settings.

The interview will be between 30 minutes to an hour, depending on how in-depth you wish to discuss your experiences. You will need to be comfortable speaking English. Interviews will need to be recorded, and no names will be included in the research paper.

If you reside within the metropolitan area of Helsinki, we can meet in person for the interview, depending on the COVID-19 situation. If you live outside of the Metropolitan area of Finland, it is also possible to do the interviews via telephone, What Apps or an online setting of your choice. If you are interested, please don't hesitate to contact us via our school email(xxx), which will be sent directly to your institution based on confidential reasons. So, we may set up a time to meet or make an arrangement for an online alternative. I hope to hear from you!