

hildcare provision for babies and toddlers is an emotive topic. What today's parents want for their babies and toddlers often ceases to be simply a choice between parental care or daycare; it becomes a decision influenced by different elements: what is affordable, what is accessible and personal views about quality - what is 'good enough'.

In England, nearly 60 per cent of babies and toddlers are cared for by someone other than their parent(s); approximately 40 per cent (more than half a million children under two) experience formal childcare arrangements. Some spend up to 50 hours a week in daycare, attracting high costs to parents (£4.50 per hour on average).

The Baby Room Project began in 2009 and was funded by the Esmée Fairbairn Foundation. The Project was responding to an urgent need for information about what actually happens in baby rooms in daycare contexts to support the development of professional education and training, and to inform policymakers. In particular, we were keen to look at the nature of the environments, interactions and resources in place to support the care and education of babies. Through this project, we were able to provide



knowledge, to consider how this related to their practice, and to extend their understanding through discussion. Alongside this work we researched baby room provision, policy and practice through different methods that included questionnaires, interviews, video recorded observations, documenting group discussions and gathering written accounts from participants.

Key findings

During two phases (2009-10 and 2011-12), we worked with 23 practitioners and 16 local authority advisors, and examined the care provision of some 370 babies each year. During the Project we also looked at the goals of national early years policy documents, such as *More Great Childcare* and relevant international texts such as UNICEF's *The Childcare Transition*, which was published in 2008.

Overall, a key finding was that baby room practice is a 'hidden' aspect of daycare provision. In baby rooms in England, where the adult to child ratio is 1:3, costs are high. Consequently, those who care for babies are often the youngest and least qualified staff members, with lower salaries than their more highly qualified colleagues. Practitioners told us that although provision was made for training in child protection, health and safety and food hygiene, they were not able to access professional development that was specifically, or even partially, focused upon work with babies and very young children.

The baby room practitioners in our study talked of feeling isolated; they told us that visitors to the baby room were rare and they had few, if any, opportunities to engage with other professionals. They felt themselves to be overlooked or neglected, with low status given to their work with babies.

Although the adult-child ratios in England are among the best in the world, the ability to provide 'mindful' care for three babies or toddlers creates intellectual, emotional and physical challenges during long working days with few breaks. Despite the influence of neuroscientific studies on political decision making and early intervention, there is little evidence that it has altered understanding of childcare for babies and toddlers, who appear to experience little more than functional attention to their physical welfare, within systems revolving around timetables and routines. This creates an atmosphere of repetitive, strenuous and often stressful activity with little reward or respite for the carers or the babies.

Busy rooms

As a consequence of the current approach to the care of babies in daycare settings in England, babies' experiences often revolve around the busy routines of a setting, as practitioners attend to sleep, food and changing timetables, rather than an individual baby's own rhythms or routines. This in turn results in babies' needs being 'managed' as a group rather than being

personally addressed, and may end in individual needs and abilities being overlooked. Of course, close attention to the care of babies' physical needs is important and, as in our study, may be well catered for. However, as a result of this kind of institutional management of babies, the cognitive, social and emotional explorations of individual babies, their attempts to interact with adults and other children, and their attempts to make choices may be unseen or neglected.

Efficiency, in relation to the everyday tasks and routines of baby room work, can mitigate against the likelihood that practitioners will also find time for 1:1 interactions with the babies in their care. Indeed, one study found that the average time for personal interaction experienced by a baby in daycare is four minutes per day (as reported by WATCh, 2010). In The Baby Room Project, while practitioners talked to babies during sessions defined as play, talk was often limited during nappy changing, feeding or while laying babies to sleep. In some cases, in busy baby rooms, attempts by babies at early talk can be unheard or unnoticed, and a 'good' baby's quietness can be interpreted as a sign of contentment. We found that talking to babies could not be assumed to be a naturally occurring behaviour of practitioners, although the importance of talking to babies is well researched and well known. However, practitioners working with babies need support to develop a reflective awareness of how they talk to babies, and when and where, and why this is important - even during routine elements of their work with babies.

Supporting staff

Without sufficient and ongoing training to help develop practitioners' knowledge and understanding of child development and other theories, practitioners, as in our study, may find the expectation of completing progress records particularly challenging. The interpretation of babies' play, explorations and other behaviours requires more than a superficial knowledge to be

READER OFFER

Kathy Goouch and Sacha Powell's *The Baby Room* offers expert insight into good practice and the latest research for early years practitioners working with the very youngest children. To get a 25% discount on the cost of purchasing your copy, or for more information, visit www.mcgrawhill.co.uk/openup/teachnursery or use the code TEACHNURSERY at checkout by 28/02/14.

understood, developed and supported, and may even be misinterpreted without sufficient underpinning theoretical knowledge.

The Baby Room Project acknowledged the immense responsibility taken by baby room practitioners. However, it also found that low status was attributed to this work, beyond the skills needed to fulfil routine tasks.

In the newly published government documents defining criteria for the qualifications of an Early Years Educator (NCTL, July 2013), scarce mention is made of babies, once again rendering them barely visible in national policy for England. Indeed, reference to 'care' is reduced to a single point (5.3) and relates only to 'planning and carrying out physical care routines suitable to the age, stage and needs of the child' (p7). Only when recognition is afforded to the intrinsically educative nature of babies' care will the status of this first phase of early childhood education and care be enhanced; relevant, ongoing training and professional development provided for baby care professionals; and babies' childcare experiences improved.

Dr Kathy Goouch and Dr Sacha Powell are both Readers at Canterbury Christ Church University. They will look at the Baby Room Project's findings and their implications for the care of the youngest children in more detail next issue.

SECOND-CLASS STAFF

EVIDENCE FROM THE BABY ROOM
PRACTITIONERS IN THE PROJECT SUGGESTS
THAT THOSE WHO WORK WITH BABIES AND
THE YOUNGEST CHILDREN ARE LIKELY TO...

- become isolated from colleagues, supervision and professional dialogue;
- receive research and policy information second-hand, if at all, mediated and interpreted by others;
- be low paid, work long hours with few breaks, often without access to a quiet place to relax or reflect:
- be younger and less experienced than

- colleagues working with older children;
- have lower qualifications, rarely a first or higher degree;
- have little or no access to (relevant) professional development;
- find that training they do access is not relevant to their work with babies and toddlers:
- not receive the support, supervision or guidance of suitably qualified and knowledgeable practice leaders such as Early Years Professionals and Advisory Teachers;
- feel the educational value of their work is not recognised.