

# **The Baby Room Project**

***Dr. Kathy Goouch and Dr. Sacha Powell***  
**(Canterbury Christ Church University)**

## **Introduction**

Recent research from neuroscience has confirmed what many of us have long known and celebrated: babies are born to learn and to learn from significant people around them (Gopnik, *et al.*, 1999; Greenfield, 2000; Meltzoff and Prinz, 2002). We know that babies learn through watching, conversation and experience. Significantly, we also now understand from research that how babies are cared for in their first year of life, the amount and level of their interactions, their physical, social and emotional encounters all contribute to their development, their growing sense of self, of who they are in relation to others and to the growth of their brain.

However, in spite of the amount of scientific, anecdotal and observational evidence that exists now in relation to the care of babies, there remains relatively little research relating to babies cared for outside of their home by people other than their parents. We know that almost half of babies in the UK are looked after in out-of-home contexts, some by family members but others in daycare settings. How babies are cared for in daycare, how their development is supported and nourished in baby rooms in nurseries, is the focus of our study – *The Baby Room*. It is becoming even more important to understand the nature of their experiences as the financial and political pressure increases for mothers to return to work at the earliest stage and, importantly, as the nature of training for those caring for babies is also undergoing radical change.

## **The Research**

In the first phase of our work we discovered that babies in our sample of nurseries were being cared for by a highly committed group of predominantly young women who felt themselves to be unsupported and overlooked in relation to their professional development. They appeared to be unaware of sources of professional information and had no opportunity to network with colleagues in other settings. In some instances, they rarely spoke to colleagues in their own settings and often worked in isolation. In professional development sessions they were keen to learn more about research relating to aspects of their work, to share experiences, to understand more about current national and local policy and to develop a level of confidence in their own practice. For most this was the first time they had encountered an opportunity to engage in professional dialogue with other baby room practitioners from different settings. They questioned one another's practice, motives and beliefs as well as reflecting on their own.

### ***Qualifications***

Frequently encountered anecdotal evidence, from across the country and gathered through our own professional and academic networks, suggests that practitioners with the least experience and qualifications are often placed in the baby rooms of day care and nursery settings with the most qualified and experienced practitioners working with children closer to starting school. Additionally, the annual *Kent Early Years and Childcare Provider Survey* (2008) revealed that, in the 536 settings that responded, the leaders of settings were the most likely to undergo training. On average staff as a whole had undertaken fewer than 2 days training per year. This was also the case for the previous year and suggests an ongoing trend.

In our research sample, the participants were either at Level 3 or working towards Level 3 of their NVQ. A recent survey by the Adult Learning Inspectorate *Early Years:*

*Its not all Child's Play* (2006) found that more than two thirds of the early years advanced apprentices failed to gain their full award of NVQ Level 3. It was with great concern that we learned of the move in 2010 towards a new generic Diploma, reduced in time allocation and in opportunities to graduate learning towards higher education goals. Although their stated ambition is for 'a world-class workforce', CWDC have been seeking to reduce the time spent qualifying from 18-24 months to less than 12 months. Following some pressure from training bodies and others concerned in the development of practitioners and the recent OfQUAL response, CWDC are now working towards the development of a two-year qualification to allow for more experience to be gained and to provide opportunities for the development of higher level skills.

Following the first phase of the Project we do not feel confident that current qualifications are in any way adequate for practitioners to fulfill the enormous responsibility involved in the care of babies for, frequently, most of their waking day.

### **Informed Practice?**

Information in relation to policy seems generally to be obtained from managers. In our project, most participants depend upon cascaded policy information at either national or local levels. Such cascaded information is often informally and sometimes randomly provided, inadequately mediated or misleading in content. How, or if, such information is disseminated varied enormously between settings. One of the key findings from the Project is that baby room practitioners rarely access training and professional development and that their qualifications tend to be confined to the NVQ framework. These findings shaped the structure and content and were picked up in the discussions at early Professional Development sessions, helping to shape the subsequent sessions:

SP: What kinds of professional development opportunities would you like to have?

*Practitioner:* I'd really like to talk to other practitioners and share our views and practice. Often we don't have the opportunity to go on courses and when we do there's not really any chance to discuss things, you don't get to find out what other people do or how they do this or that.

We all think we're doing our job 'correctly' until you see something else and it's different. It makes you think, and the discussions can do that (*Interview, May 2010*)

*Manager:* We have a variety of training: 1st aid, food hygiene, safeguarding...but this is the first thing around that has been specifically about babies and it's really interesting. It gives them [practitioners] the chance to talk to other professionals and understand what they're doing, their perspectives, views and values. I'd love to do it myself. Can I join in? (*Interview, September 2009*)

*Manager:* I would like the project to carry on. I'd like to be able to send my baby room supervisor. Well, I'd like to be able to send all the staff from the baby room. (*Interview, May 2010*)

It has become evident during the Project that practitioners working in baby rooms feel themselves to be neglected. We have no evidence that they seek more pay (although in general it seems that nursery workers receive the minimum wage), only that they

have an overwhelming desire to be valued and to be supported. Throughout the Project, we have been repeatedly told of the value of talk opportunities. We are aware that there is ample research relating to the significant effects of dialogic exchange between teaching professionals and of the acclaim received for the Reggio Emilia approach to sharing understanding of children and the pedagogy surrounding them. It seems to us that, in spite of this knowledge, there are still many employees of nurseries who lack this professional opportunity to improve their practice and to develop professionally. Significantly, many baby room practitioners, who are arguably in the most responsible position in day care, are hungry for such development opportunities. In addition to opportunities for professional dialogue, we know that this group of practitioners also require careful and accurate mediation of policy documents and statutory requirements or the confidence to access and interpret these for themselves. Further, they need to be informed of current research relating to their care of babies, including the highly relevant findings from neuro-science.

From the first year of The Baby Room Project we now know that the kinds of training, support and guidance required for practitioners working with babies need to be specific to their work and carefully designed to include three elements – professional dialogue, policy knowledge and research information. This work needs to be funded, widely available and accessible to low paid nursery employees. Our recruitment for the Project has also taught us that making any kind of support for practitioners available to them is challenging. Nursery employees work long hours, usually from 8am to 6pm, and can rarely, and certainly not without additional funding, be released for educational purposes. However, we also know, as we acknowledge above, that the baby room practitioners we have encountered are committed to their work and enthusiastic learners. It has appeared wasteful to us that there continue to be so few opportunities to capitalise on this enthusiasm to help them to better care for babies.

**Should baby room practice be thought of differently to other nursery practice?**

**What qualities should we be looking for in baby room practitioners?**

**Are qualifications important for baby room practitioners? If so, what qualifications are important and what should be included as part of their professional development programme?**

**References:**

Adult Learning Inspectorate (2006) *Early Years: It's not all child's play*. London: Adult Learning Inspectorate.

DCSF (2008) *2020 Children and Young People's Workforce Strategy*. Nottingham: DCSF Publications.

Gopnik, A, Meltzoff A. and Kuhl P. (1999) *How babies think: the science of childhood*, London: Weidenfeld and Nicolson.

Greenfield, S. (2000) *The Private Life of the Brain*, London: Penguin.

Kent County Council (2008) *Annual Early Years and Childcare Provider Survey*, 2008. Maidstone: KCC.

Meltzoff, A. and Prinz, W. (eds) (2002) *The Imitative Mind: Development, Evolution and Brain Bases*, Cambridge: Cambridge University Press.