



Working with Babies & Children: From Birth to Three

Looking beyond What We Already Know about Our Youngest Children

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Book Title: Working with Babies & Children: From Birth to Three

Chapter Title: "Looking beyond What We Already Know about Our Youngest Children"

Pub. Date: 2013

Access Date: September 6, 2021

Publishing Company: SAGE Publications, Ltd

City: 55 City Road

Print ISBN: 9781446209066

Online ISBN: 9781526408099

DOI: <http://dx.doi.org/10.4135/9781526408099.n3>

Print pages: 26-51

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This chapter will discuss:

- The need to broaden the research lens in light of:
 - New views of the development of babies' thinking
 - New interpretations of attachment and well-being
 - Addressing ethical issues
- Why research from different disciplines matters
- Why inclusion matters
- Why love matters.

Broadening the Research Lens

Research that can contribute to our understanding of the learning and development of infants and toddlers, and can tell us something of how systems and policies can work for them, is of vital importance. However, so-called 'educational' research alone does not provide a sufficiently broad information base to answer all our questions about the learning and development of the youngest children. Two areas of research have, in recent times, been shown to add an important dimension to our knowledge of young children and have become key to current and future understanding of young children. These two areas, which here we call new views of development of babies' thinking and new interpretations of attachment and well-being have provided supportive perspectives on babies' and young children's learning and development, and have contributed to a fuller understanding of the complexity of the task entrusted to those who work with them. These two aspects of research provide not so much new implications for practice, as a validation of many existing practices and ways of providing for and working with young children. Insights of research in other disciplines have prompted deeper thinking and necessitated clearer articulation of our rationale for the environments and routines created for children under three. We discuss these aspects of provision later in the book, but first it is important to consider what these two fields of research can offer practitioners.

New Views of the Development of Babies' Thinking

Not long ago it was thought that newborn babies did not feel pain and that young children could not see the world from anything but their own perspective (David, 1999: 87). Observation has always been an important tool for learning more about what young children can do, and modern observational methods – using film – are building on earlier learning theories developed by such theorists as Vygotsky (1978, 1986) and Piaget (1955). Modern visual and audio recording techniques have enabled researchers and practitioners to create a fuller knowledge base about young children. Recent studies of babies, conducted using film viewed over and over again, have enabled researchers to look more closely at the detail of babies' behaviours, making it possible to develop a clearer picture of their capabilities (Gopnik et al., 1999a; Sumsion et al., 2011). Gopnik et al. (1999a) suggest that it is at times difficult to grasp the amazing phenomenon of how young children think. Their summary of babies' development in thinking is split into three elements: 'Foundation', 'Learning' and 'Other People'. Their Foundation element is where babies are able to translate information and interpret their experiences in particular ways to predict new events. In the Learning element babies use their experiences to modify and reshape their initial representation, so ending up with more complex and abstract representations. This process is ever evolving and children play a dynamic role by exploring and experimenting. The third element applies to the Other People who care for the children actively and unconsciously, promoting, encouraging and influencing children's representations.

In their book *The Scientist in the Crib: Minds, Brains and How Children Learn*, Gopnik et al. (1999b) draw on theories of cognitive and developmental psychology to demonstrate the capacities of young babies and toddlers to learn, and illustrate the complexity of their learning abilities. Developmental psychology has

provided some evidence to help us understand why some elements of practice have always been enjoyed by babies. For example, Gopnik and Schulz (2004) have shown how infants and young children have the prerequisites for making causal inferences particularly in their ability to learn from imitation. Meltzoff and Prinz (2002; see also Gopnik, 2009; Sumsion et al., 2011; Trevarthen, 2010) have shown how babies can understand and imitate some quite complex actions of others, and illustrate how this can be a powerful tool for learning social behaviour. This imitation is clearly seen in the work of Murray and Andrews (2000), where babies were videoed and observed to mimic the facial gestures of the adult minutes after their birth. Both are evidence, if we needed it, of what is going on when adults play peekaboo with young children, and indications that such interactive exchanges between adult and child are much more than simple fun.

Studies in neuroscience (Greenfield, 1997; Greenough et al., 1987), the scientific study of the nervous system, have shed new light on how the brain develops, and so have challenged some long-accepted beliefs about babies. Nobel prizewinner Eric Kandel, a psychiatrist and neuroscientist, argued that the purpose of neuroscience was to help us to understand what happens in the brain. He wrote:

The task of neural science is to explain behaviour in terms of the activities of the brain. How does the brain marshal its millions of individual nerve cells to produce behaviour, and how are these cells influenced by the environment ...? The last frontier of the biological sciences – their ultimate challenge – is to understand the biological basis of consciousness and the mental processes by which we perceive, act, learn, and remember. (Kandel et al., 2000: 7)

Graham Allen was commissioned by the UK government to carry out an independent review of early intervention (Allen, 2011). The review highlights the importance of understanding how the brain functions so that intervention strategies can be put into place for vulnerable children, who are at risk of damage to their developing brains. The two images on the front cover of the report, one of a healthy brain next to one which has been seriously neglected, illustrate the consequences of neglect on the brain development of children in the first three years of life. Allen's review makes sobering reading but the intention in his report is to make clear the importance of early intervention to ensure the best possible chances in life for all children.

It is not necessary for early years practitioners to understand the physiology of the brain, nor do they need to be fully conversant with the development and functioning of the nervous system. Nor is it necessary for us to be aware of the detail of the complex field of neuroscience and neuropsychology. Above all, neuroscience gives us a confidence to trust what we see in babies, and to trust that the complex and rapid development which takes place in the first year of life is fuelled by nature and supported and extended by the environments and relationships in which children are nurtured. In their book *From Neurons to Neighborhoods: The Science of Early Childhood Development*, Shonkoff and Phillips (2000) draw upon a plethora of research to inform their thinking about how children think, learn and develop, which they summarize below:

- All children are born wired for feelings and ready to learn.
- Early environments matter and nurturing relationships are essential.
- Society is changing and the needs of young children are not being addressed.
- Interactions among early childhood science, policy, and practice are problematic and demand dramatic rethinking. (Shonkoff and Phillips, 2000: 4)

In an ever-changing world it is important for busy practitioners to take time to reflect upon their practice and to discuss with others what it is like to be a baby or toddler in an early years setting.

Questions for Reflection

1. Thinking about the four bullet points above, what opportunities are there in your day-to-day work to think about and reflect upon the way in which young children learn?
2. Can such opportunities be built in to your working week?
3. What does the term 'vulnerable' mean to you, in the context of your daily work?

- 4.
How do you provide a nurturing relationship to the young children that you are responsible for?

Neuroscience has now provided evidence of the capacities of babies which have been known to many parents for generations; for example, that young babies can distinguish one human face from another, and that even quite young babies can recognize a familiar face (Gopnik et al., 1999a). Such studies mean that we now know that babies can get bored and need interesting surroundings, company and stimulation. As Brierley (1994: 82) noted: 'The brain thrives on variety and stimulation. Monotony of surroundings, toys that only do one thing are soon disregarded by the brain'.

Video recordings of the eye movements of newborn babies suggest that babies can show preferences for certain objects and images (Gopnik et al., 1999a). That babies can differentiate between objects to seek out, for example, their chosen toy or comforter, is not news to many parents. However, such evidence from scientific research may well be a useful support to those working with the youngest children who no longer need to rely solely on instinct and personal observation but can draw on other research studies too. Studies suggest, as many parents of new babies have known, that babies quickly recognize familiar faces, and, although they may not call this process of human recognition 'habituation' (Gopnik et al., 1999a: 27), they know that their babies know them!

Other similar studies (Gammage, 2006; Meltzoff and Moore, 1999; Shin, 2010; Sumsion et al., 2011) have contributed to our knowledge of how babies and young children develop their understanding throughout the first three years of their lives. Such research suggests that babies are born with innate tendencies of curiosity and recognition and that adults can confidently harness these natural tendencies in order to support those early skills. By creating appropriate environments to stimulate their interests and support their learning and development, practitioners are building on babies' inbuilt desire to discover. 'Staff in infant/toddler rooms must make room in their very busy days to focus on each child, offering him or her the opportunity to experience the warmth and enjoyment of child-centred and responsive shared sessions' (Makin, 2006: 275).

In a study of visual stimuli to babies, Wailling (2005) identified three high-frequency triggers: noise, movement and being outdoors. Wailling writes:

Noise, ranging from an adult calling the baby's name to an unexpected clash of toys, immediately resulted in visual attention being given. ... Movement – ranging from that of a pop-up toy to that of passing people – also attracted the babies' attention. ... Movement triggered scanning and tracking responses in the babies as well as their sustained attention. ... When out of doors the babies scanned and tracked their immediate horizons and once fixed on an object of interest, passing children, the black edge of the buggy rain cover, the movement of the garden shrub when they were being placed on the ground in the car seat before being strapped into the car, appeared almost hypnotised by the imagery. (2005: 52, original emphasis)

Trevarthen's work has become popular among some educationists, who believe it offers evidence to support growing assertions that babies can think and that their environments for learning should be tailored to support such thinking. Trevarthen (1977: 7), inspired by the work of Bruner, writes: 'I became convinced that an exceedingly complex innate mechanism foreshadowing the co-operative intelligence of adults and more general than the mechanism of language, was already functioning in early infancy'.

But we should not be seduced into believing that neuroscience is the key to understanding babies, and we should be careful not to tread uncritically into the realm of scientific research. Images of the brain and talk of young brains atrophying due to lack of stimulation can strike fear into parents and practitioners alike, and it is important to recognize the value of practitioner knowledge, practitioners' research and practitioners' experience. Neuroscience can offer us something, yes, but it does not offer everything and is not a substitute for understanding gained from other disciplines – it is not the Holy Grail. For while it can be useful for those in the field of education and care to learn from studies carried out in other disciplines, such as psychology, the sciences and, in particular, neuroscience, it does not necessarily take us so very far in changing practices. Hannon argues that while the results of the studies of neuroscience are interesting: 'They have limited implications for early childhood intervention and education in the sense of changing what is currently already done on the basis of non-neuroscience research or custom' (Hannon, 2003: 8). Furthermore, as Oates,

Karmiloff-Smith and Johnson (2012) point out, although our knowledge of the importance of brain studies is increasing, we cannot and should not allow these studies on their own, to shape every aspect of policy and practice in early years, without further scrutiny of how such studies can be useful to us in the context of what we already know about young children and alongside other equally important research. Scientific evidence that babies can think, that stimulation is important, has led some parents and practitioners into dangerous territory, and to the so-called 'hot-housing' of babies and young children. In the US, psychologists Golinkoff and Hirsh-Pasek (2004: 3) write of the dangers of the evergrowing market in baby intelligence equipment and information: 'The baby-educating industry had found a receptive audience of parents eager to enrich their offspring. One survey shows that 65 per cent of parents believe that flash cards are "very effective" in helping 2-year-olds develop their intellectual capacity.'

Similarly Crain worries about going against the grain of nature and urges:

Children enter the world with an inborn growth schedule that is the product of several million years of biological evolution. They are pre-eminently 'wise' about what they need and what they are ready and not ready to do ... If baby is hungry, we should feed her; if she wants to play, we should go ahead and play with her; if she is sleepy we should let her sleep and not rouse her to be fed. The baby follows nature's laws so we can safely follow the baby's cues. (Crain, 2003: 11–12)

New knowledge about the development of babies' thinking must be used in concert with findings from other research. Taken together with the findings of research, such as discussed earlier in this chapter, and with new thinking about how babies develop relationships and secure attachments with close adults, we obtain a fuller picture of babies' learning and development. Perhaps the most important point for practitioners to remember in their day-to-day work is, as David et al. assert:

babies focus first and foremost on people, and then on the objects and materials around them (Gopnik et al., 1999[a]; Goswami 1998; Mandler, 1999; Murray and Andrews, 2000).

It is these 'messages' that we can take to help us understand early development and learning – that right from birth, young children are active learners, deeply interested in people, who are trying to 'make sense' of the world around them. (2003: 46)

New Interpretations of Attachment and Well-Being

It is only natural that some parents may become jealous if they feel their child is forming a close bond with another unrelated adult, fearing perhaps that their child will no longer need the parent. However, although this is unlikely, as Goldschmied and Jackson point out, some parents need time to adjust to the new relationships their child is making outside of the family:

Some parents may need help to understand that sharing love and affection with another caregiver is not like sharing an apple or a sandwich where the more people the less there is for each. Love is learned by loving ... by the end of their first year, most children will have formed attachments to several different people. Their love for their mothers is in no way diminished by this. (Goldschmied and Jackson, 2004: 44)

Fundamental to young children's healthy development, and crucial to the development of their thinking, are the parts adults play in their lives and in their all-round growth and development. Positive and close relationships with adults are crucial for all children – indeed for all human beings. We know that people need other people in their lives and seek out people with whom they can spend their days and their lives. Close, intimate and trusting relationships are essential to the well-being of every one of us. Human beings, deprived of the company of other human beings they like and love, will suffer. And the development of close and safe relationships is never more important than for young children who spend time in day care – away from their own homes and parents.

The early nurturance of very young children and the importance of consistent high-quality attachment between the caregiver and the child are in themselves recognized as the vital components in optimal brain development; a part of every child's birthright, and pivotal features in carefully crafted loving, educational and

socio-emotional experience from birth. These are essential ingredients if the brain is to achieve something akin to its real potential, and if humans are to grow into fully functioning, creative and caring adults (Gammage, 2006: 235).

Attachment Theory points quite clearly to the need, in particular for young children, to be in the care of warm responsive practitioners. In 1953 Bowlby argued in his famous study, *Child Care and the Growth of Love*, that an infant forms a relationship with its mother which is special and different from the relationships he or she forms with other adults. What Bowlby described as 'monotropy', was never without controversy because it was said to have disregarded the close relationship a baby might also form with their father, siblings, grandparents, and so on. Bowlby suggested that the bond between mother and infant in the first six months is so intense that, if broken, it would cause irreparable damage to the baby.

Drawing on Bowlby's Attachment Theory, young mothers were told that leaving their children would have long-lasting, damaging effects on their babies. However, in a further study, *Attachment and Loss* (1969), Bowlby argued that his earlier work had been misinterpreted and that his theory had been misunderstood: 'It has sometimes been alleged that I have expressed the view that mothering should always be provided by a child's natural mother, and also that mothering "cannot be safely distributed among several figures" (Mead, 1962). No such views have been expressed by me' (Bowlby, 1969: 303).

Bowlby's Attachment Theory is a clear example of why questions should be asked of researchers, and why research should be scrutinized before its findings are used to inform and develop policy and practice. The children in Bowlby's study had been separated from their mothers – indeed from all members of their families – for long periods of time and were reared in residential institutions or had spent long periods in hospital. It is little wonder, then, that the children showed signs of suffering from a lack of close involvement with loving adults. There is a danger in using research for purposes different from those intended. Interpreting findings about a specific group of children, with specific needs and living in particular (and different) condition from many other children in society, and generalizing these to apply to all members of society, is dangerous. (Bowlby's study is part of the history of work with children in hospital, and he might well claim to have played some part in changing the shape of children's nursing and of attitudes to the involvement of parents in the recovery and well-being of sick children.)

More recently Vorria et al. (2003) examined the quality of attachment to caregivers of a group of Greek infants reared in a residential nursery prior to adoption at around the age of two years. They showed how the children's capacity for attachment was related to the children's cognitive and psychosocial development, their behaviour, temperament and the sensitivity of their caregivers. Vorria et al. (2003) found that the majority of infants reared in residential group care showed what they called 'disorganized' attachment to their caregivers, and that those babies who were 'securely' attached were observed to express more frequent positive affect and social behaviour, and to initiate more frequent interaction with their caregivers. Shin (2010) investigated adult-child interactions and infant-peer relationships in nursery settings. Her findings suggested that the characteristics of infant-peer relationships are different to adult-child relationships. However, because the subtle signs of intentional communication between infants and toddlers are often overlooked by early childhood practitioners, Shin suggests that her study provides further evidence that practitioners have a significant role to play in encouraging growing friendships between young children. We can conclude from these two studies that positive attachments support children's well-being and are vital for learning, but such studies of attachment which include children in routine home and day-care settings have been lacking until quite recently.

Others have contested Bowlby's theories (Cassidy, 2008; Melhuish and Moss, 1991; Rutter, 2002), arguing that the security of the mother-child relationship is also dependent on the skills and abilities of the mother, and that mothering skills are not necessarily innate. As Cassidy (2008: 15) points out, relationships are 'hierarchical rather than interchangeable', which supports the view that infants can cope with being separated from their mother and that she is not likely to be replaced in her child's affections provided the child receives sensitive caregiving from an adult who is closely attuned to their needs. We think that for practitioners working in professional roles with infants and young children there are two key messages to bear in mind here: (1) high quality caregiver relationships are central to emotional development (Carroll, 2001; Elfer et al., 2012; Schore, 1997) and learning (Sylva et al., 2012) in infants and toddlers; and (2) relationships take time to

develop (Cassidy, 2008). Thus there is a compelling argument for young children who attend day care to be given not only opportunity but time to become closely attached to one or two special adults – key person(s) – rather than being indiscriminately cared for by a range of people (Bain and Barnett, 1986).

Lee (2006) studied the development of relationships between three babies (6–11 months of age) and their caregivers in a childcare setting in New York City. Using observations, video recordings and interviews, Lee found both common and unique patterns of relationship development. The study shows that the children took between six and 11 weeks to build firm relationships and that the infant–caregiver relationship is two-way and reciprocal. The daycare context, Lee suggests, can have a significant impact on the development of close and supportive relationships between carer and child. Lee concluded:

Building a firm relationship between infant and caregiver was a mutually beneficial and meaningful experience for both the infant and the caregiver. Relationship development also made for easy and smooth communication, sharing of thoughts and emotions, and mutual understanding between infant and caregiver. In addition, the infants and the caregivers made an effort to fine tune their behaviours in response to each other's development and change continuously, which is crucial in maintaining a firm relationship. (Lee, 2006: 146)

Although Lee's study focused on only three babies, there is an important message here, as we have already mentioned, about allowing babies time to 'settle' and 'attach' – a process whereby one human being learns to connect with another cannot be hurried.

In many communities all over the world babies are cared for in extended families where grandparents, aunts and older siblings share in childcare – the babies in these families have the opportunity to 'attach' to key family members from the moment of birth. As David (2006: 30) reports: 'Grandparents in ethnic minority communities can often be seen as providing the strongest reason for families maintaining minority languages'.

Attachment Theory has had a troubled past, and (as is the danger that findings from neuroscience will also be misunderstood and misused) so Attachment Theory has, at times, been used and manipulated throughout its history for economic and political ends. The apparent misrepresentation of Bowlby's work about the mother–child attachment bond has long been debated – variously used as a 'stick' with which to beat working mothers, as a politically expedient tool, in relation to the economy and the workforce, and as a rationale for flexible working hours, and so on.

Sensational at the time (and perhaps – in part – responsible even now for the 'guilt' expressed by many mothers who return to work and 'leave' their baby in home or day care), some considered Bowlby's theory to have been used to promote politically expedient ends. At the time, servicemen were returning from the Second World War, and jobs (which had been largely carried out by women during the war years) were needed for the men. Perhaps 'Your baby needs you' was a better phrase to utter than 'We'd prefer the men to do these jobs now!' Bowlby's study became the object of political debate and was used by post-war pressure groups to argue that women should stay at home to rear their children. Working around the same time, Winnicott (1953, 1957), a paediatrician and psychoanalyst, developed the concept of 'containment' or 'mental holding', and the 'transitional object' (often referred to as the comfort blanket). The point here is that babies not only need to be held physically but also to be 'held in mind' (Miller, 1992). Winnicott's work has helped professionals to understand the needs of stressed and distressed children and to support children, particularly at times of transition in their lives, while his notion of the good-enough mother (1964), is also useful in seeing a mother whose physical and emotional attunement to her baby helps her baby to adapt without trauma to changes, including the eventual realization on the part of the baby that she or he is separate from his or her mother, and has also been influential in developing family and educational practices. For Winnicott the adult is the emotional environment. Thereby, as Fonagy et al. (2008) explain, it is how the adult responds to the baby's non-verbal clues and intonations that distinguishes whether the baby is being cared for by an adult who is warm, loving and in tune with the child.

Addressing Ethical Issues

This also causes us to raise issues about the ethics of research. All research, especially that involving

children, must be conducted to the highest of ethical standards. For example, Wailling (2005) carried out a research project to determine what visually attracted two five-month old babies in their homes and in childcare settings. Wailling went to considerable lengths to consider the ethics and rights of the babies. The carefully planned minutiae of her approach to the research was striking ([Table 2.1](#)).

Table 2.1 Wailling's Ethical Framework

	Ethical issues which may arise	Action to be taken	Key reference
Research design	Minimizing the risk of significant harm during the research design and in conducting the field study	Identification of possible risks in the use of electrical equipment	Australian Association for Research in Education (AARE) (1999, p.3)
	Use of videotaping in baby's home/care setting	Letter sent to interested participants outlining project and its aims including a breakdown of equipment to be used and a section for questions Discussion with adult participants re: research questions, expectations, level of involvement (proposed length of video recording, agreeing dates to review recordings and discuss findings) and how the findings are to be presented (x ref confidentiality and anonymity)	Society for Research in Child Development (SRCD) Ethical Standards (1991) x ref principles 2, 6, 7, 8, 11, 12, 13 & 14
	Informed consent of parents and carers	Use of consent slip — name, tel no and e-mail address given of academic supervisor, released to verify research status of researcher	University of Sheffield dissertation guidelines (2004, p.23)
	Acknowledgement that participants have the right to withdraw at any time	Availability of proposed ethical code of conduct that governs research and how it will be adhered to	Graue and Walsh (1998, p.57) Morrow and Richards (1996, p.103) University of Sheffield dissertation guidelines (2004, p.23)
Baby's rights	To use non-intrusive research methods	Video recording schedule to take into account baby's routine and preferences if known	x ref initial interviews with parents and carers
	Baby becoming distressed when recording	Stop recording, time length of stoppage, include this in the analysis of research method, resume recording when the parent/carer feels confident that the baby is comfortable and alert	Christensen and Alison (2000, p.10) Graue and Walsh (1998, p.60)
	Jeopardy — if videoing brings to light circumstances which jeopardize the well-being of the baby — e.g. baby left with feeding bottle propped against a pillow	Stop recording and take interventionist action if baby is at risk of physical danger — i.e. choking If baby has been at risk of physical danger, inform parent/carer of duty of care to report incident, leave setting, write down observations using a narrative style, sign and date within one hour of leaving setting, inform Child Protection helpline (number available in local Area Committee Child Protection booklet (acquired January 2005) follow advice and procedures, telephone setting informing them of my wish to discontinue research project	SRCD Ethical Standards (1991) x ref principle 9 AARE (1999, p.4)
Professional conduct	Sharing findings and reporting results — avoiding giving advice, commenting on the care of the carer, abilities of parents	Conduct interview to discuss findings of recording and completed questionnaire. Consider strengths and weaknesses of interviewing	Cohen et al. (2003, p.27) Clough and Nutbrown (2002, p.107) Cohen et al. (2003, p.281)
		Flexible interviewing methods and considering ethical issues when interviewing	
		Careful transcribing	Cohen et al. (2003, p.281)
		Consider appropriate methods of recording interviews — tape recording, note taking	Cohen et al. (2003) p.292
	Building a sense of mutual trust — clear agreement as to the length of videotaping/who is to review recordings (x ref anonymity) how findings are to be presented in the dissertation, disposal of recordings (agreement that all recordings made will be passed on	Letter sent to participants, agreement outlining clearly what involvement involves, how results are to be reported	SRCD Ethical Standards (1991) x ref principle 2
		First meeting between researcher and participants to outline proposed length of video recordings, overview of questionnaire, indication of length of follow-up interview and how findings will be presented.	SRCD Ethical Standards (1991) x ref principle 7 & 3
	to the baby's parents, x ref incentive — the recordings to provide a unique record of the baby's history)	Agreement to be involved in research sought (signed permission slip signed by parents, carers and dated)	SRCD Ethical Standards (1991) x ref principle 4
		Acknowledging that participants have the right to withdraw at any time	BERA Ethical Guidelines (1992, p.2)
Page 10 of 14	Personal misconduct — 'what if' scenario — what if money from the setting is missing following my visits?	If requested make available CRB disclosure and personal references of good conduct	SAGE Books - Looking beyond What We Already Know about Our Youngest Children SRCD Ethical Standards (1991) x ref principle 2, 11, 13 & 14
	Confidentiality — showing/discussing recordings with those who are actively involved in the research project	Conduct feedback sessions to discuss findings of recording and completed questionnaire	Graue and Walsh (1998, p. 60)

In the following extract Wailling (2005: 42–4) describes her ethical approach.

Consideration of ethical issues throughout this dissertation has been a constant theme. Primarily, my field studies have taken place in three domains: the family home, a childminder's home and in a day care setting. By video recording the babies in their own homes, I was aware that I was documenting private lives. Although the two childcare settings came within the remit of regulation and inspection under the national care standards (Sure Start/DfES 2003a; Sure Start/DfES 2003b), the boundary between private and public sphere was difficult to define. I was aware, for example, that gaining permission to video in the home of a childminder crossed both boundaries. My research involved her as a professional childcare practitioner, however the setting, the immediate environment, was part of her family life.

The way forward seemed to be in the use of an ethical framework, which could be developed and adapted to meet specific purposes relevant to my research. Marsh (2003), Parker (2002) and Chilvers (2002) successfully adopted an ethical framework as a working tool to document each step of their research projects, from research design to dissemination of findings. My use of such a framework evolved as the field study progressed to take into consideration aspects such as my role as a researcher and the 'what if?' scenario, for example what if I witnessed a situation which placed a child at risk of injury?

With the completion of the field study ... the advantage of using an ethical framework was that it could still be added to – especially with regard to the presence of children not directly involved in the research who 'wandered' into the viewfinder when recording was taking place. Recording non-participant children did not present itself until the last session of recording in the group day care setting but did need to be addressed. The key worker's own child came to her mum for a hug, an action which attracted the attention of the project baby. This resulted in a short recording of the baby's interaction with this older child. On discussion later with the manager of the setting it was decided that the permission given by all parents to photograph children in the nursery was probably sufficient to cover this scenario.

The completion of my ethical framework [Table 2.1] was a working document, often referred to and amended. Key references were taken from two sets of guidelines, the British Educational Authority for Research Ethical Guidelines (BERA, 1992) and the Australian Association for Research in Education Code of Ethics (AARE, 1998; Bibby, 1998). To supplement these guidelines other sources, referenced in the grid, were used to examine more closely issues such as children's rights and participation in research. It was important to consider if any adaptations were needed when working with babies. Such changes would influence not only the research design but also the presentation of the outcomes themselves. As Christensen and James (2002) highlight, research involving children does not require special techniques but research methods should take into consideration the 'concrete particularities' (p.ix) of the persons being studied.

The use of video recordings, as an appropriate research method, was balanced against babies' and caregivers' feelings. For example, the mother involved in the piloting of the video recordings felt that the tripod video recorder was intrusive, especially when she was comforting the baby, so I changed to a hand held camcorder. This issue becomes especially important, as Stone et al. (1974) argue, if infants are sensitive, as we must now believe, researchers must take serious account of the procedures that they use. Although the implications of research with children and involving children are well documented (Graue and Walsh 1998, Grieg and Taylor 1999, Cohen et al. 2003, Christensen and James 2000 and Mooney and Blackwell 2003), few studies discuss their approaches to research with babies under six months.

In the above extract, Wailling describes the method and process she adopted in her research project to ensure the ethical 'safety' and consent of those involved. It is now a mandatory requirement for researchers, including those involved in student programmes, to undergo a formal ethical review process (BERA, 2011). However, it is important to be clear about the difference between the ethical issues that Wailling so carefully addressed in her research and the institutional practice of complying with an Ethical Review in order to gain ethical approval to begin the research. Particularly striking in Wailling's research was her amendment of the use of the tripod when filming the mother and child, and this confirms the importance of establishing an environment of trust, confidentiality and indeed 'voice' for both participants. Ethical practices are an issue for practitioners as well as for researchers, and we return to this issue later in the book.

Some things never change, and the debate about the role of the mother is re-ignited from time to time by television programmes, other media reports and specific newsworthy events. The implications of Bowlby's controversial theory have been argued and debated for over half a century since it was first published in the 1950s. It has contributed to the ongoing controversy about day care for children, with critics of Attachment Theory claiming that secure attachment is not always necessary for healthy development and arguing that it may depend on cultural child-rearing practices (Göncü, 2010; Hennessy et al., 1992; Woodhead, 1996), and others such as Dahlberg et al. (2007) and Trevarthen (2004) arguing against attachment practice in nurseries, claiming it hinders young children's ability to make friends. However, as Elfer et al. (2012) make clear, the key person approach is not intended to diminish children's relationships with other adults and certainly not with their peers. More likely, as noted by Shin (2010: 298) the closely attached adult is more able to 'facilitate close peer relationships', as they will be more attuned to the child/ren. Much research suggests that babies, toddlers and young children fare best when they are securely attached to one or more familiar adults. The Effective Provision of Pre-School Education project (EPPE) (Sylva et al., 2004) and the National Institute of Child Health and Human Development (NICHD) (2002) emphasized the part played by the quality of interactions between staff and children in settings where children are cared for when away from their parents. 'The quality of the interactions between children and staff was particularly important; where staff showed warmth and were responsive to the individual needs of children, children made more progress' (Sylva et al., 2004: 3). This is not surprising – it makes sense that young children will want to be with adults who respond as if they like them and behave positively towards them. Babies and young children need to feel accepted, liked and loved if they are to feel comfortable about themselves and what they can do. High levels of self-esteem are an important part of young children's ability to develop resilience and independence (Roberts, 2002, 2010). The Well-being and Involvement scales developed by Laevers et al. (1997) give practitioners the opportunity to judge the levels of children's well-being at a particular moment in time, recognizing that when a child is in a state of high well-being the opportunities for sustained learning and development are heightened. 'Children with a high level of well-being feel great. They enjoy life to the full' (Laevers et al., 1997: 8). When there are high levels of both well-being and involvement Laevers describes this as being like a 'fish in water'.

Humans like to be liked and 'babies [in particular] like to be liked by their familiar adults' (Parker-Rees, 2007: 7). The role of familiar adults in affirming children's actions is crucial, because they can make or break children's feelings and increase or shatter their self-esteem. As McMullen and Dixon (2009: 112) point out: '...We build our most trusting and productive relationships between and among those individuals with whom we establish a reciprocal feeling that each relationship partner is valued as competent and worthwhile'.

Attached babies are often happier babies; babies who 'smile with their whole bodies' and who are secure and calm. 'When babies understand that what they feel is okay with the people around them, they have a better chance of learning to calm themselves' (Gonzalez-Mena, 2007: 20). Attachment is at the core of the 'key person approach' (Elfer et al., 2003, 2012) which provides clear evidence of the importance of close and specific relationships between practitioners, children and parents. Elfer et al. (2003) define the key person (KP) and the key person approach (KPA) as consisting of the close triangular attachments between the child, the key person and the child's parent/guardian or main carer (we return to this later in the book). It is a mandatory requirement within the EYFS (DfE, 2012a) to make provision for children to be assigned a key person. However, Page and Elfer (2013) demonstrate that practitioners do not always find it easy to cope with the emotional complexity of these close relationships. As Cortazar and Herreros indicate (2010), there is a need to find out what early childhood practitioners themselves already know about attachment theory and what strategies will assist them to understand more about how attachment relationships impact upon their day-to-day work with infants and toddlers.

Why Research from Different Disciplines Matters

The findings and the insights generated by Attachment Theory and subsequent studies on attachment and intimate relationships between young children and their carers, must – like any research study – be subject to informed, critical responses and used by sensitive and informed practitioners to create meaningful experiences for the children they work with. Brierley (1994) asserts that adults who work with young children have a responsibility to recognize each and every child's potential. This view is supported by Gopnik et al. (1999a, 1999b) who have shown that it is the confidence and reassurance of adults which gives the youngest children confidence to explore new things. In the 1930s Vygotsky called this 'scaffolding' the child's learning.

So, studies by generations of researchers from a range of disciplines have come together to show how crucial and complex are the roles of early years practitioners in supporting the positive development of young children's relationships and learning.

As Gerhardt (2004) suggests, we have arrived at a time in which the emotional aspects of living and learning can be informed by different research disciplines. In other words, it is not only what babies and children learn that is important but how they learn – they need holistic approaches to learning. Educationalists, health specialists, psychologists, social workers, community workers and others can come together with families to support the whole development of children, and government policy is beginning to recognize the importance of young children's emotional development (COAG, 2009; DfE, 2012a; Learning and Teaching Scotland, 2010; Sure Start, 2006).

Why Inclusion Matters

The Every Child Matters agenda (DfES, 2004b) was a key to inclusive policy in practice with the aim of supporting parents from pregnancy onwards. Although the policy agenda has moved on, the 'joined-up' systems of health, family support, childcare and education services to provide all children with the best start possible chance in life (2004b: 2) are still relevant within early years pedagogy and indeed still exist within the remit of Sure Start Children's Centres (DfE, 2010), and this too is recognized by government (DfE, 2011). Though policy moves on and language changes, every child does still matter, so, keeping with the language of the ECM policy, we see that every child is important – all children are entitled to 'the best start possible in the vital early years'. And so an inclusive position must lie at the heart of policies for children. A policy which is inclusive means meeting diverse needs in different ways – equality of opportunity and experience, not 'identikit childcare':

All children are individuals, unique in their abilities, from a rich diversity of backgrounds, beliefs and cultures. All children have the right to be treated with respect, positive regard and dignity. Articles 29 and 30 of the United Nations Convention on the Rights of the Child (1989) state clearly that respect and recognition for the child's own cultural identity, values and language (and that of others), should be part of his/her education. (French, 2007: 10)

Inclusion is about partnership, it is about families, practitioners and government working together. It is about doing things differently and valuing everyone: 'Inclusion and responsive care are crucial if children's rights are to be promoted effectively. Through working closely with parents and other professionals, staff in early years settings recognise that all those involved with children and families have an important contribution to make' (Learning and Teaching Scotland, 2010: 20). And this recognition of diversity, difference, contribution and need must be in the consciousness of all who work with and for young children and their families. Nutbrown and Clough (2013: 2) see inclusion as 'a political and social struggle which foregrounds difference and identity and involves whole-setting and practitioner reform', having moved from being related solely to issues of learning difficulty to 'a central part of the governmental agenda for broader society'. Nutbrown and Clough represent the voices of children, parents and practitioners to highlight the importance of inclusion and the devastating consequences of excluding children and families because of who they are. They show how, for example, the exclusion of a travelling family, the racist harassment of a Pakistani family, violence and antagonism towards two gay parents, and the denial of a nursery place for a child with emotional and behavioural difficulties has a detrimental effect on those who exclude as well as those who are excluded.

A powerful recent study of the views of parents with disabled babies shows how parents can see their children as simply that, children. Goodley (2007) tells the stories of some parents who battle with the exclusionary practices of professionals – and sometimes of family and friends – to identify their children as the individuals they are:

We're both from here, we've got a lot of family and friends here but further afield as well, we're very lucky. But even so we only had a couple of negative comments about 'oh I don't know whether to send a card' or 'I don't know whether to say congratulations or not'. And you kind of have to deal with that and just think 'well people are only perhaps a little bit ignorant and unsure as to how we have taken the news'. (Mother of baby boy with Down's syndrome)

The Parents of Disabled Babies Project (Goodley, 2007) also highlights the ways in which some parents see their babies, as babies first:

But actually, why should you want to get rid of it [autism] anyway because I think some of the experiences that we've had with Ben are just amazing and very humanising really. I mean some of the things he's able to tell us, I really think that some adults would be struggling to find the words for that and the fact that we've worked very hard together to always find a way of understanding each other, it's sort of very enriching. (Mother of three-year-old son diagnosed with autism)

Inclusion matters because it is every child's right to have an education and be cared for in their community. Inclusion matters because it is every child's right to belong.

Why Love Matters

Gerhardt (2004) firmly believes that affection shapes a baby's brain. In her book, *Why Love Matters* (2004), she states that the orbitofrontal cortex is a vital part of the brain in relation to the development of emotions. She writes: 'What needs to be written in neon letters lit up against a night sky is that the orbitofrontal cortex, which is so much about being human, develops almost entirely post-natally. This part of the brain develops after birth and doesn't begin to mature until toddlerhood' (Gerhardt, 2004: 37).

Research tells us then that relationships, as well as being fundamental for healthy emotional growth and development, are also crucial in terms of all aspects of children's learning and development. It is from this basis of secure relationships between children and practitioners that issues of practice in relation to children's cognition and learning development can be considered. Gerhardt has been arguing for the place of love in policy (Gerhardt et al., 2011), and Page's (2011a) research on mothers' views of love also has implications for practice, which we return to in [Chapter 8](#).

Practitioners need to understand current research; they need to be able to take from research the essential pieces that support and inform their role and stimulate their thinking about their own practice; they need to be alert to research which is unhelpful and misinforming. Do they need to know about the precise location and function of the orbitofrontal cortex? Probably not, but – as we hope this book will demonstrate – they do need to know why attachment and love matter.

Further Reading

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<http://dx.doi.org/10.4135/9781526408099.n3>