

Second Edition

Working with Babies & Children

From Birth to Three



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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).

T-LL-2-1-Wailling's ethical framework

Table 2.1 *Wailling's ethical framework*

Research design	Ethical issues which may arise	Action to be taken	Key reference
	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	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	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)	University of Sheffield dissertation guidelines (2004, p.23)
	Acknowledgement that participants have the right to withdraw at any time	Use of consent slip — name, tel no and e-mail address given of academic supervisor, released to verify research status of researcher	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	Availability of proposed ethical code of conduct that governs research and how it will be adhered to	x ref initial interviews with parents and carers
	Baby becoming distressed when recording	Video recording schedule to take into account baby's routine and preferences if known 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)

Continues

Table 2.1 Continued

	Ethical issues which may arise	Action to be taken	Key reference
Professional conduct	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	SRCD Ethical Standards (1991) x ref principle 9
		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	AARE (1999, p.4)
	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)
		Flexible interviewing methods and considering ethical issues when interviewing	Clough and Nutbrown (2002, p.107)
		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
	Ethical issues which may arise	Action to be taken	Key reference
	to the baby's parents, x ref incentive — the recordings to provide a unique	Agreement to be involved in research sought (signed permission slip signed by parents, carers and dated)	SRCD Ethical Standards (1991) x ref principle 4

Ethical issues which may arise	Action to be taken	Key reference
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
Personal misconduct — 'what if' scenario — what if money from the setting is missing following my visits?	Acknowledging that participants have the right to withdraw at any time If requested make available CRB disclosure and personal references of good conduct	BERA Ethical Guidelines (1992, p.2)
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	SRCD Ethical Standards (1991) x ref principle 2, 7, 11, 13 & 14
Building a sense of mutual trust	Consider appropriate methods of recording feedback sessions	Graue and Walsh (1998, p. 60)
Building a sense of mutual respect	Consider ethical issues in interviewing	Cohen et al. (2003, p. 246)
Ensure that the questionnaire is clear and easy to complete and its completion falls within the agreed boundaries of research project and participant involvement	Outlining aims of dissertation	
Pilot proposed questionnaire and evaluate feedback and make amendments		
Entry into field	Finding participants	University of Sheffield (2004, p.23)
Approaching 'go between' agencies LEA childcare development officers, NCMA co-ordinator	Outline aims of dissertation	
Approaching interested c/minders, key workers in day care settings and the parents of babies in their care	Discuss code of research conduct	

Continues

Table 2.1 *Continued*

	Ethical issues which may arise	Action to be taken	Key reference
Gaining consent of participants	Ensuring that parents/carers give informed consent	Obtain written consent Obtain consent of any adult/child who is framed in the video recordings	x ref research design and use of consent forms
Data collection	Put in place procedures that ensure that all recordings/completed questionnaires and notes are stored securely and anonymity is addressed	Referring to participant babies using agreed names Use of locked cabinet to store field notes which contain contact details	SRCD Ethical Standards (1991) x ref principle 2, 7, 11 & 13
Leaving the field	Put in place procedures that ensure anonymity in all recordings/completed questionnaires, notes and findings Ensure that participants know how the outcomes/findings of the research are to be presented	Strive to create relationship which is based on honesty and openness Make available completed dissertation prior to submission for final marking in September 2005	BERA Ethical Guidelines (1992, p.2) x ref request for family to have a copy of dissertation/all recordings and notes
Data analysis	Offer all original video recordings made in the baby's own home and in their care settings to individual baby's parent Interview with parents/carers to share video recordings/researcher's interpretations and outcomes of the completed questionnaires Avoid fabrication, falsification or misrepresentation of data	Give verbal and written undertaking	x ref participation letter 3 BERA Ethical Guidelines (1992, pp. 1-2) Cohen et al. (2003, p.292) SRCD Ethical Standards (1991) x ref principles 2, 7, 11, 13 & 14 Graue and Walsh (1998, p.60)

Ethical issues which may arise	Action to be taken	Key reference
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Ethical issues which may arise	Action to be taken	Key reference
Present data analysis, outcomes and findings mindful to cultural, religious, gendered, and other significant differences		BERA Ethical Guidelines (1991, pp. 1-2)
Write dissertation adhering to dissertation guidelines		
Distribution of dissertation — two copies to University of Sheffield	Two copies to the University of Sheffield	University of Sheffield (2004, pp. 30-31)
Distribution of findings to other agencies	One copy to parents of babies involved in research project (if requested)	
	In-house seminar session to colleagues (Ofsted Early Years)	
	Summary of findings to Dr A. Franklin, University of Sussex	
	Summary of findings to NCMA co-ordinator	
	Summary of findings to manager group day care setting	
	Summary of findings to participant childminder	

Source: Wailing (2005)

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

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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

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

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