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The Baby Room Project: Findings and implications

by Dr Kathy Goouch and
Professor Sacha Powell

**'When we started our research in 2009
there was very little knowledge in the
public domain about how babies and young
children were cared for in daycare settings'**

Approximately half a million babies (under two-years-old) experience some kind of formal childcare in England, but who looks after them and what do they do with all day in baby rooms in nurseries?

CHILDCARE IS a topical issue and has been high on political agendas for some time now. Perhaps this is predominantly because of the importance of cultivating the voting power of women, with promises of flexible and affordable childcare; or perhaps because of the ongoing work/welfare debate in England – where entry to paid employment is seen as an antidote to intergenerational disadvantage; or perhaps because childcare of ‘good quality’ is thought to offer the foundations for lifelong learning and achievement that may mitigate against some early risk factors arising from multiple deprivations.

We have estimated previously that approximately half a million babies (under two-years-old) experience some kind of formal childcare in England, which, if they spend an average of 20 hours a week in daycare, generates revenue of about £2.5 billion a year. So, where the majority of care is provided by the private, for-profit sector, the care of babies and young children has also become very big business! But who looks after babies and what do they do with them all day in rooms designated for babies in nurseries? What happens in baby rooms?

What happens in baby rooms?

For at least the last 10 years, we have been reading, thinking and talking about what happens to babies in daycare settings and to the people employed to look after them. We have been fortunate to have been funded (from The Esmée Fairbairn Foundation) to carry out a two-phase research and development project called The Baby Room and in this article we would like to share some of our learning.

Although this project officially ended in 2012, we have since been working with a new group of people, and nurseries, on a sister project about singing with babies, Babysong (The Ragdoll Foundation), and early findings from this new work are both confirming our previous conclusions and shedding new light on practice in baby rooms.

As co-authors of the *Review of Literature for Birth to Three Matters* (2003) we had become aware that baby room practice had been neglected as a site for research and enquiry in England but we also learned that this was the case in many other countries across the world.

When we started our research about baby rooms in 2009 there was very little knowledge in the public domain about how babies and young children were cared for in daycare settings but also little was known about the people employed to care. This has now begun to change.

Baby room people

During two phases of our Baby Room Project, 43 settings were involved, 23 practitioners participated, 16 local authority advisers joined the project and provision for 370 babies, between seven weeks and 18-months-old was examined. The project aimed to create guided opportunities for participants to reflect on their own practice, principles, beliefs and influences.

Through discussion in the project’s professional development sessions, we established that there were at least seven significant areas of influence on the practice of participants and these are identified in order of significance, from the centre outward:

- ‘Insiders’ – refers to those working in baby rooms.
- Families.
- Owner/managers.
- Ofsted.
- The Local Authority.
- Media and popular texts (including, for example ‘Supernanny’).
- Central government.

Although ‘families’ in this context refers to the families of the babies in their care, only very occasionally would participants talk about influences from their own families. Yet it was evident that some practices were influenced by long-held beliefs about baby care.

While practice is frequently influenced by personal experience (subjectivities) this is rarely discussed – for example, ways of talking with babies and songs that are sung to babies have often been handed down through parents and grandparents. Practitioners in the project talked about the pressures they felt from various ‘stakeholders’, which were sometimes conflicting. For example, some talked about sleep as a contentious issue because families frequently requested particular sleep patterns or no sleep for their babies during the day in the baby room, while owner/managers often had policies about sleep routines and Local Authorities sometimes offered differing advice.

The important aspect emerging from discussions of this kind of dilemma was that practitioners showed themselves to be voiceless, being pulled in different directions by others, although they expressed their concern for the babies – whose wellbeing they felt was often overlooked in decisions made by powerful ‘others’.

The participants in the project said they felt themselves to be of low status, within nurseries and in the public view of their job. It also became evident during this, and subsequent projects, that the

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Sleep was a contentious issue; families requested particular sleep patterns for their babies, while owner/managers often had their own policies

majority of people working in baby rooms are young women, with fewer qualifications than those working with older nursery children, and who have little or no access to professional development specifically relating to the care of babies, with the exception of mandatory training in health and safety, food hygiene and safeguarding.

Opportunities for professional development, for career progression, to meet colleagues in other centres, for professional discussion, for specialist training - all seemed to be missing for this group of practitioners. But expectations of them are high, including that:

- They perform functional tasks of changing, cleaning, feeding and resting the babies in their care.
- They cherish 'the most precious thing in the world' in the lives of parents.
- They intervene in babies' and young children's care and educational interests.

Participants we have met during our projects worked extraordinarily hard, with high levels of commitment to their work, for long hours, sometimes with difficult working conditions, frequently with low pay, and with little support to develop their professional knowledge and greater understanding of their roles.

Baby room themes

Three themes – Relationships, Environments and Talk – were chosen for closer examination in the project.

Relationships:

There is usually clear agreement about the importance of relationships. However, it became clear in the project that there may be differences in how the quality of the relationships between practitioners and babies was constructed and understood and that this might be subjective.

An example of this was in the variable ways that 'loving' care was exemplified and permissible, with some parents perceiving any demonstrable 'loving' care as a threat to their own relationship and others preferring this approach. Equally, some nursery policies required practitioners to develop a 'professional' approach to the care of babies, which seemed to indicate the development of a more distant relationship.

The Key Person approach was generally in evidence, although this was interpreted and practised differently in different nurseries. Recording the extensive list of people with whom each participant was required to 'relate' clearly demonstrated the size of the task expected. This list included, as well

as the babies themselves; Parents; other carers; childminders; siblings; grandparents and extended family members; social workers; local authority advisers; health professionals; Ofsted inspectors; and colleagues and managers in the setting.

While we have described some of these relationships as ‘fleeting’, others required a substantial physical, emotional and intellectual investment.

Environments:

In our projects, the term ‘environment’ has included the physical space, material resources, people and interactions. We found that babies and their carers often spent long working days together and that the ‘emotional climate’ of the environment impacted on them both (see Peter Elfer’s work for more discussion of this, 2013; and Elfer and Dearnley, 2007).

In the wider world, care or ‘emotional labour’ (Osgood, 2010) is often devalued. Reconceptualising the care of babies as emotionally demanding work is highly relevant to discussions of environments and requires ‘well-managed and appropriate emotional practice through daily professional interactions’ (Osgood, 2010).

We were surprised to learn through project discussions that decisions about the layout of the rooms and the use of resources were often made by senior staff in the nursery without reference to baby room practitioners. For example, where, when and how babies sleep is a highly important contributing factor to babies’ physical, cognitive and emotional development and a highly contentious topic for debate, and yet this is rarely discussed and varies dramatically from baby room to baby room.

However, the people who work in baby rooms felt they had little control over the physical environment, their rooms, or about the kinds of routines that happened there. Of course, these rooms varied enormously - some had baby rooms in basements, others were in converted classrooms, or converted factory spaces, and some were in purpose-built settings – all with advantages and disadvantages that are rarely, if ever, debated.

The nature of the baby room environment, the resources and objects available impacted on the kinds of interactions that occur between adults and babies. We became concerned that the low status of childcare provision, and the even lower status of baby rooms, was resulting in some practitioners ‘making do’ with low-cost or even shabby environments. We were reminded of the argument that this situation is in contrast to commercial premises, banks and businesses, which are designed with plenty of natural light, soft furnishings and often have high quality art displayed on the walls:

‘Banks, shops and restaurants pay huge sums to interior designers to create a visual environment which is attractive to customers during their brief visits. Yet we are often content for children to spend their most formative years surrounded by

ugliness and clutter.’ [Goldschmied and Jackson, 2004]

While ‘ugliness’ was not really apparent in our projects, the contrast is clear here and reflects the idea that somehow the baby room is rarely visible to broader society and the aesthetics may apparently matter less than in commercial premises. Also, in some nurseries, it is important to record that there were no comfortable dedicated spaces for practitioners to enjoy breaks away from the babies, which we know is a highly significant factor in the wellbeing of people who look after them.

Talk

Our projects began with the premise that talking with, talking to and talking around babies matters very much, and that the way that adults use their voice with babies is very important. We are now less than sure that close verbal interactions and the benefits of intimacy with babies can always be assumed to be a natural occurrence.

In the busy-ness of baby rooms, with all the calls on practitioners’ time to engage in tasks of cleaning, preparing food, changing babies, opportunities for quiet, affectionate, smiling and relaxed ‘conversations’ seem to be rare. Additionally, it seems that practitioners are expected to be busy – which does not seem to include sitting calmly with babies for any length of time.

Rich interactions do take place between practitioners and babies, but these invariably take second place to task-oriented, routine-based work practices. Opportunities then to experience the enormous rewards brought by babies to ‘conversations’ may be rare.

Where talk does occur in baby rooms, it seems often to be ‘instructional’ talk, in both tasks – ‘come on, let’s wash your messy face’ – and in play – ‘what’s this, it’s an elephant’ – rather than ‘affectionate’ talk, led by and sustained by babies. Signing, touch and non-verbal behaviours are apparently becoming more frequent.

New chapters in the baby room story

One of the key elements in our findings from The Baby Room Project is the lack of specialised professional development and support available for people who work in baby rooms. This situation has not changed, even though the term ‘baby’ is now more likely to be written into national, local and nursery policy documents, which often reference ‘babies and young children’.

High level opportunities for people who work in baby rooms to come out of their settings and join networks of baby room practice is important for many reasons, including:

- To raise the status and self-worth of those people engaged in this highly responsible work.
- To increase the specialised knowledge base and

breadth of understanding required to work in this phase.

- To link baby room people to each other to form local, regional, national and international networks.
- To connect baby room people to the range of policies raging around the sector and to the politics circling their practice.
- To offer supportive discursive spaces, within which debates about aspects of practice can occur in safety.

In our projects, we have found that if participants are provided with these specialist, high quality opportunities, their level of engagement is high and this carries back into practice with high levels of impact on their work with babies. We have also found that the participants in our projects have been extremely keen to progress, to know more, to debate practice issues and to engage in national consultations.

During our projects, participants have relished opportunities to also discuss the language used to define baby room practice and have been keen to seek alternatives, for example, to the word 'love' in relation to their work with babies, and enjoying the debates that Jools Page offers with her careful

theorising about 'professional love' (Page, 2011).

We have discussed our use of the term 'intimacy' when talking about the nature of their interactions with babies - with some participants feeling uncomfortable because of common usage of this term, outside nurseries. 'Attachment' has also been discussed, and sometimes the synonyms of 'closeness' or 'bonding' have been preferred.

By interrogating language itself, the meanings behind words are put to the test, challenged and examined and close reflections made on the practice encompassed by the language. Discussions have also included what a 'conversation' with a baby might be like, what you might say to a baby and how you might use your voice. The term 'motherese' has rippled through these conversations, with participants' own films of their practice illustrating what this actually looks like, and how it sounds.

Babysong

Our new project, Babysong, has emerged from our previous work to support practitioners in developing 'intimacy' with babies in their care; in order to find ways to help them express warmth and affection in their practice; and to help participants find ways to express this with babies through songs, including lullabies.

There is a wealth of research supporting the use of songs and music for a range of developmental reasons and indeed, early findings suggest a clear impact on the wellbeing and engagement of adults and babies through the use of the human voice in close singing encounters. Through all of our project work with practitioners working in baby rooms, we have been struck by the isolation that many say that they feel and we have been deeply concerned at their low professional self-esteem.

It has also become clear that many of the project participants' views of how they might be accountable in their practice rest on the quality of the functional activities in which they engage - routines, cleaning and tidying, changing and feeding. Support needs to be given to help practitioners find ways of combining tasks with talk and song so that routine elements of their day can become 'conversational', responsive opportunities with babies.

This is not an easy task, and those of us who have been involved in the Baby Room projects have been awe-struck by the enormity of the tasks involved in the care of many babies and the physical, emotional and intellectual investment that this requires.

We are hoping that continued participation in this project will help with these issues - by increasing networking opportunities, raising the status of close, affectionate talk and signing encounters, and helping with ideas for weaving the delights of songs and lullabies into everyday routines. We know that reciprocity, shared engagements, and dialogue with babies through talk and song will bring its own rewards.



photo by Lucie Carlier

Participants have been keen to progress, to know more and to debate practice issues



Baby room practitioners need to be accompanied in their learning, as we all do, and just as babies need the company of others to learn

Conclusion

The impact that relatively small-scale research and development projects can have is important but not wide ranging. Baby room provision in daycare has been a rather hidden phase of early childhood education and care for too long. The people employed to work in baby rooms have also been, and have felt, neglected.

A new strategic vision for improved outcomes for babies requires a significant national investment – first, in more clearly defining the aims of daycare for babies, and then in ensuring that the practitioners working in baby rooms are confident and sufficiently knowledgeable to make decisions about care, to speak authoritatively on behalf of babies and to take effective control in respect of the frequently competing demands made on them by families, colleagues and professional agencies.

It is our view that without this level of investment, the quality of baby room practice is solely dependent on the good will and good nature of baby room people and their ability to draw on their own resources independently to work with babies. This ‘incidental’ notion of care for babies is not sustainable.

As long ago as 2006, Professor Peter Moss called for a ‘re-envisioning of the early childhood worker’

(Moss, 2006) as he examined ideas about the professionalism, identity and values of those working in the sector. Moss looked across the world at ways of understanding the care and education of young children, and identified three ‘models’ or images – ‘the worker as substitute mother’, ‘the worker as technician’ and ‘the worker as researcher’. He invites us to ask critical questions, and we repeat these in this context: How is baby room work understood and what values are considered important?

Since then, of course, Professor Cathy Nutbrown’s robustly researched *Independent Review of Early Education and Childcare Qualifications: Foundations for Quality* (2012) has been published, with careful recommendations about training, qualifications and professional development. At the moment and without recourse to any theory or philosophical basis on which they can stand firm or from which to develop a pedagogy of care, the influences on practitioners working in baby rooms are fairly superficial – for example, one participant commented, ‘you go by Ofsted most of the time’. This is perhaps partly why some practitioners do things ‘because it’s always been done like that’ or why practices can quickly change to meet the demands of parents or Ofsted.



Babies should only come across people in daycare who set out to care for them

The projects have given participants a window on theory, and experience of the practice of theorising, with the time, space and resources (for example, people who will help them) to think and talk and think again. Baby room work is physical and emotional, and will perhaps only become intellectual when practitioners start to ask themselves the ‘why are we doing this?’ questions and when the answer is more than ‘because we’ve always done it like this; because my manager tells me to; or because Ofsted says we have to’.

Baby room practitioners need to be accompanied in their learning, as we all do, and just as babies need the company of others to learn. This is the vision of an early childhood professional sent to us by Visiting Professor Mary McMullen (2012), from Indiana University: ‘The deliberate early childhood professional is one who always proceeds from a

Key points

- Approximately half a million babies (under two-years-old) experience some kind of formal childcare in England, but who looks after babies and what do they do with them all day in rooms designated for babies in nurseries?
- During two phases of our Baby Room Project, 43 settings were involved, 23 practitioners participated, 16 local authority advisers joined and provision for 370 babies, between seven weeks and 18-months-old was examined. The project aimed to create guided opportunities for participants to reflect on their own practice, principles, beliefs and influences

strong philosophical frame, one that is built upon her knowledge and beliefs, as well as her unique capabilities and talents. The beliefs that guide professional decisions should be reasoned beliefs, those that have come from years of deliberation on the interconnectedness of theory, research and practice, not clouded by our personal outside issues, formed out of convenient habit or based on unexamined assumptions.

‘A philosophical frame is not a solid, static structure, but rather more organic and flexible, allowing room for growth and change. As the elements of the frame become frayed or faded, threads may need to be reinforced, with the old ideas and beliefs being revisited, re-examined; in all ways, beliefs must be defensible and stand the test of scrutiny as they are articulated to others.’

This idea of ‘deliberateness’, or perhaps the intention to care, is important. It is impossible to legislate for the possibility that babies should only come across people in their life who set out to care for them, but we surely can, or should be able to, ensure that this is the case in the daycare institutions designed for them.

It is difficult to know what ‘the intention to care’, ‘a deliberate professional’, or ‘professionalism from within’ (Osgood, 2010) looks like in practice and indeed they may not comprise a single picture but more likely a mosaic of images. However, any personification of ‘deliberateness’ will involve a commitment to nurturance, an understanding of the need for ‘engrossment’ in babies and their lived experiences, and will be combined with an urgency to learn more.

Through research like The Baby Room project, hopefully, ideas and beliefs are being examined and articulated, research is receiving attention and theories are being constructed. Evidence of growth and change will develop, over time. However, a national/international debate is required about what societies expect to happen about the care of babies and who they think should care for them.

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