Babies are born primed to engage with people and to explore the world around them. They are learning and developing from their day of birth in every context in which they find themselves. As babies’ participation in out-of-home early childhood education and care (ECEC) settings is rising (OECD, 2012), the quality of this education and care is of the utmost importance. This article explores why we should focus on babies in ECEC settings in Ireland, the unintended consequences of some policy actions, the specialised knowledge and relational skills required for working with babies, and some recommendations for policy and practice.

WHY WE SHOULD FOCUS ON BABIES IN ECEC SETTINGS
We now know that the period from birth to 18 months is when more will be learned than at any other time. Early experiences, including babies’ relationships with others, interact with genes to shape the architecture of the human brain and provide the foundation for sound mental health. The postnatal brain doubles its size in the first year and attains 80–90% of its adult size by age three (Nugent, 2015). What babies learn and how they develop in their early months and years is truly extraordinary. In contrast to the vulnerability and dependence of a newborn baby, a typically developing 18-month-old baby may be walking, talking, and feeding independently. Such leaps of learning and development require nurturing and support by committed educators in early childhood settings.

A wide range of argument and evidence from babies’ rights, health, infant mental health, and neuroscience points to the importance of nurturing education and care for babies’ flourishing (French, 2018). We have ‘a good deal of evidence that early childhood interventions, including child care interventions, can make a difference in improving outcomes’ for children, including babies, when the intervention and care are of high quality (Waldfogel, 2002, p.553). There is also evidence, however, that attendance in non-parental care can have negative effects (Melhuish et al., 2015). Despite these inconsistencies, comprehensive reviews of research conclude that training and qualifications affect educators’ ability to provide responsive, nurturing, sensitive care and education to enhance babies’ development and learning (Melhuish et al., 2015).

POLICY CONTEXT IN RELATION TO BABIES IN IRELAND
Early Childhood Ireland (2018) reports that 3,542 children from birth to one year and 30,060 from 13 months to 36 months attend early childhood settings in Ireland. Since December 2016, all staff working directly with children in such settings must hold a minimum of Quality and Qualifications Ireland (QQI) Level 5 Major Award in Early Childhood Care and Education (or equivalent). If the setting
is providing the Early Childhood Care and Education (ECCE) scheme (for children from two years and eight months), all ECCE room leaders must hold a minimum QQI Level 6 Major Award in Early Childhood Care and Education (or equivalent).

To ensure that qualifications meet requirements, the Department of Children and Youth Affairs has released a list of Early Years Recognised Qualifications, available on its website. A higher capitation fee is payable to ECEC providers where all ECEC leaders in settings hold a bachelor degree in childhood/early education (minimum of Level 7 on the National Framework of Qualifications or equivalent) and have three years of experience working in the sector.

There is an unfortunate consequence of this policy for babies in ECEC settings in Ireland. Currently there is no capitation scheme for babies and consequently no higher capitation incentive for higher qualifications. The literature acknowledges the importance of the quality of nurturance that babies receive, and that the higher the qualification, the better the experience for the child (Melhuish et al., 2015). Because of the current policy and the demands on settings, babies are likely to be left in the care of the least qualified personnel. But given the explosion of learning and development in their earliest months and years, babies should be educated and cared for by the most qualified personnel.

**SPECIALISED RELATIONAL PEDAGOGY**

Qualifications alone are not sufficient to guarantee the nurturance of babies’ learning and development. Dalli (2014) reports on the rise of research evidence in relation to pedagogy with babies in group-based settings, with key findings converging on the notion of a specialised ‘relational pedagogy’. A concept called a ‘neuro-relational approach’ has emerged (Lebedeva, 2018), in recognition that experience, not simple maturation, changes the brain (neuro-) and that all learning happens in the context of relationships (relational). In other words, the brain is an organ that is changed, in interactive and complex ways, by relational experiences with others.

This idea of relational pedagogy speaks to what educators do in relationships, environments, and experiences in their daily care of babies (Benson McMullen et al., 2016). Consistent with neurobiological and child development research, Dalli (2014) reveals that relational pedagogy draws on the same concepts for optimal development: very young children need sensitive, responsive caregiving from educators who are affectionate, available, and on the same wavelength as them.

Relational pedagogy involves meeting babies’ care needs and emotional demands in a predictable, consistent, calm, and loving manner. Babies need those around them to follow their lead and focus on them as people (not just the task). For example, bodily care routines (feeding and nappy changing) are opportunities for learning and are managed in a calm, unhurried, interactive way, with the baby given time and space to eat at their own pace and to be held and physically moved with respect. Respect is important and is demonstrated in how the baby is talked to about what is happening.
and how the baby is offered respectful and gentle touch. The difference between task-based care and a specialised relational pedagogy is outlined in the table below (adapted from Fleer and Linke, 2016, p.9).

**TASK-BASED VERSUS SPECIALISED RELATIONAL PEDAGOGY**

<table>
<thead>
<tr>
<th>Task-based care</th>
<th>Specialised relational pedagogy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related to getting the task done, e.g. quickly change nappy or feed baby</td>
<td>Relating to the whole child, not just the task – seeing opportunities for learning and communication, e.g. narrating the experience for the baby, using the nappy-changing experiences to offer choice – hold the powder or the tissues, playing, singing songs, nursery rhymes, and games.</td>
</tr>
<tr>
<td>Adult routine/schedule-based</td>
<td>Infant rhythm and need-based, e.g. the baby is gently placed in their cot when they indicate that they are tired, and are fed when they should be hungry after the last feed.</td>
</tr>
<tr>
<td>Do what has to be done</td>
<td>Stop, look, listen, and think about what it means for the baby first, e.g. if the baby has to have a nappy changed, think what it would be like to have an adult (sometimes an unfamiliar person) pick you up and change your clothes, without explanation.</td>
</tr>
<tr>
<td>Doing things to the baby, e.g. wiping their face with a cloth after feeding</td>
<td>Doing things with the baby, e.g. offering the baby the cloth to respectfully wipe their own face; if not accepted gently, unhurriedly wipe her face while explaining what is happening.</td>
</tr>
<tr>
<td>Focus on the task</td>
<td>Focus on doing things in the relationship with the baby, e.g. talking through everything that is happening, pointing things out to the baby, and seeing the situation from the baby's point of view</td>
</tr>
</tbody>
</table>

While it is accepted that reliable, sustained relationships in the family are important, the need for predictable and stable relationships in ECEC settings is acknowledged less frequently. The negative and disruptive impacts of abrupt changes in personnel for babies, related to high educator turnover, are too often disregarded (National Scientific Council on the Developing Child, 2004). The specialised relational pedagogy needed for working with babies can be achieved by developing a quality, key person approach.

The role of the key person involves having particular responsibility for the baby and the relationship with the baby's family. This relationship begins before the baby starts in the setting. The key person engages in every aspect of the baby's day, from the time the baby arrives to the time they go home, with responsive interactions tuning in to the baby's natural rhythms. Key persons work in teams, and ideally stay with the same baby for the first three years of their life, providing continuity of care.

Babies are just starting to make sense of the world. In their early stages in the ECEC setting, it is important that babies be exposed to a limited number of people: ‘Being handled by many different people – each with their different way of holding, soothing, talking to and changing the baby’ impedes babies’
sense-making (Fleer and Linke, 2016, p.9). One study reported an alarming number of people changing babies' nappies over time (Jackson and Forbes, 2015). This is to be avoided. Only the baby's key person (or a family member) should change the baby's nappy in the setting.

According to the National Scientific Council on the Developing Child, ‘Prolonged separations from familiar caregivers and repeated “detaching” and “re-attaching” to people who matter’ are emotionally distressing and can lead to enduring problems (2004, p.3). The authors write that no scientific evidence supports the belief that a baby having to form numerous relationships with educators provides valuable learning opportunities for them.

The argument about whether the key-person approach works or not is over in the UK, to the extent that it is compulsory in the Early Years Foundation Stage (the mandatory curriculum in the UK). That is not the case in Ireland: the key-person approach is recommended in the Aistear Síolta Practice Guide, and excellent resources are provided, but the approach is not mandated here yet.

RECOMMENDATIONS AND CONCLUSION
It is recommended that there be incentives to increase the qualifications of and attract higher capitation for those working with babies. If I am a baby of six months, surely I have a right to be nurtured and educated by a person with equal qualification as if I am three, six, or seventeen years of age? Those qualifications must include content on relational pedagogy. It is also recommended that a key-person approach be mandated for working with babies in Ireland.

We now know that the first days of a child's life set in motion a train of events that are the basis of later learning and development. We also know that babies' learning and development is a function of the everyday experiences and people they encounter. Greater attention is required to strengthening the resources and capabilities of those who nurture babies. The skills required to work with babies are not intuitive and require a specialised relational pedagogy.

REFERENCES


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**First ever early years cross-departmental strategy**

On 19 November 2018, the Government unveiled ‘First 5’, Ireland’s first ever cross-Departmental strategy to support babies, young children and their families.

The ambitious ten-year plan will deliver:

- A broader range of options for parents to balance working and caring
- A new model of parenting support
- New developments in child health, including a dedicated child health workforce
- Reform of the Early Learning and Care (ELC) system, including a new funding model
- A package of measures to tackle early childhood poverty.

The Strategy was jointly launched by An Taoiseach Leo Varadkar, Minister for Children and Youth Affairs Dr Katherine Zappone, Minister for Health Simon Harris, and Minister of State at the Department of Education and Skills, Mary Mitchell O’Connor.

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I-r: Minister for Children and Youth Affairs Dr Katherine Zappone, An Taoiseach Leo Varadkar, and Oscar, aged 5.