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Introduction

For a decade, we (the authors) have been actively engaged in funded research about Early Childhood Education and Care (ECEC) for babies and toddlers. In all cases, our work was approved by a Research Ethics Committee (REC). This scrutiny process provides an important mechanism for encouraging researchers to consider carefully the impact of their intentions and for protecting research participants from harm. But it can be simplistic in its requirements, its application and its conceptualisations of research relationships, procedures and outcomes. This article is not concerned with the shortcomings of RECs; instead, we consider some of the situated and relational ethical considerations that we encountered and which, in our experience, rarely surface in applications for ethical approval. We acknowledge that the very act of researching can do harm or lead to unintended consequences. Through our work, we became aware that research can produce results that may be unpalatable to the researchers and / or the participants.

We have used Tronto's (2013) five elements of an Ethic of Care to frame our post hoc reflections about researching the principles and practice of early childhood education and care (ECEC) for babies from birth to two in England. We employ the term, 'palimpsest'¹ to convey our understanding of the ways in which multiple scripts, including research narratives, are layered upon those working with babies and young children. For example, the imposition of a national curriculum 'script' has the potential to usurp pre-existing professional beliefs, knowledge, understanding, identity and autonomy.

Background

In 2017, Canterbury Christ Church University in England hosted its 8th Baby Room Conference and welcomed more than 120 delegates from across the UK and beyond.

¹ A 'palimpsest' is a tablet or manuscript on which successive scripts are written or re-engraved



The continuing success of these annual, research-driven events reflects a recognised need and call across the Early Years sector for professional learning opportunities, which centre upon early childhood education and care (ECEC) for infants and toddlers.

Ten years ago, the idea was born for a ‘Baby Room Research and Development Project’ and its associated annual conference. At the start, this project was the only one of its kind in England and attracted the attention of policymakers and political pressure groups. The original focus on babies’ experiences turned towards the knowledge, expertise and experiences of baby room practitioners (or infant and toddler teachers and caregivers as they are variously known in other English-speaking countries).

In practice, the ‘Baby Room Project’ became an umbrella term, which has encompassed a series of research projects across the decade (see www.canterbury.ac.uk/rcfcfc) and we have witnessed the evolution of policy language and agendas during that time.

A diminishing attention

In 2008, the Department for Children, Schools and Families (now the Department for Education) in London issued its first statutory, national curricular framework for the learning and development of children from birth (to five) – the *Statutory Framework for the Early Years Foundation Stage* or ‘EYFS’ (DCSF, 2008). This appeared to signal a seriousness with which politicians and the bureaucracy of educational governance viewed the provision of *early education* for infants, toddlers and two-year-olds as well as young children aged from 3-5 years. But as the EYFS subsumed *Birth to Three Matters* (DfES, 2003) it also effectively diminished the attention that this high profile, non-statutory framework had provided for nearly five years.

Simultaneously, the Government of the time was promoting a range of ‘back to work’ initiatives and encouraging more women to enter or return to employment following child birth. The underlying motive was a desire to reduce child poverty and the welfare bill. Maternal employment was seen as an antidote to sustained child poverty rates and the government worked hard to ensure sufficiency of ‘childcare’ provision.

Meanwhile, attention to early education, which became conflated with early intervention and preventative agendas for ‘socially excluded’ young children, targeted those aged three years and above (now two years through ‘free’ and subsidised places in ECEC settings). Early education became constructed as a panacea for social problems thanks to the findings of substantial, longitudinal studies, which attributed positive outcomes to high quality early education (e.g. The Effective Provision of Pre-School Education (EPPE) Project, Sylva et al, 2004). However, there was little quantitative, outcomes-focused evidence affording the same attention to children younger than three, which policymakers could wield to justify their decisions. Consequently, the same levels of attention and investment were not afforded to early education for infants and toddlers. The heavily-funded Sure Start programme offering multi-agency services for families with children from birth to four had shown seemingly disappointing results through its national evaluation (National Evaluation of Sure Start (NESS), 2010).

Therefore, working parents continued to struggle to afford the spiralling costs of unsubsidised group-based ECEC provision for infants and toddlers with a national, average cost of £4.50 per hour (NZ\$ 7.85) for children under two (Save the Children & The Daycare Trust, 2011). With favourable ratios for this age group (1 adult to 3 babies under two) compared with many other countries (OECD 2012), the costs of provision were high and the employment of more highly qualified, experienced staff was (and remains) a challenge for many settings. However, statutory welfare requirements in England dictate structural features, including ratios, which give rise to high costs to parents. These regulations exist to protect the rights and safeguard the wellbeing of babies up to two years of age. The regulatory demands and efforts to sustain and improve all aspects of provision should be complementary rather than conflicting.

The Consequences

Successive governments' efforts to develop a hierarchical qualifications system were successful while substantial financial incentives were made available to the burgeoning private, voluntary and independent ECEC sector (e.g. through the Transformation Fund). But once investment in education and training dwindled, ECEC employers were left with higher salary bills for their staff (typically around 80% of total running costs) and it was unsurprising, if disappointing, to find that there was a tendency for the youngest, least educated and often the most poorly supported practitioners to be working with babies and toddlers (Goouch and Powell, 2013). Conversely, government-commissioned and independent studies were indicating that the most highly qualified and often more experienced practitioners were likely to be working with children over three (e.g. Hadfield et al 2010). This included the Early Years Professionals - or EYPs - whose 'status' was introduced by government in 2006 with the aim that they should provide pedagogical leadership across their settings.

More recently, research evidence has indicated that the mechanism for inspecting and awarding quality ratings to ECEC provision by the Office for Standards in Education (Ofsted) may be flawed. Mathers et al (2012) applied the Revised ITERS scales (Harms et al 2003) to provision for children up to two and compared their findings with the Ofsted grades for each of the settings involved. They found discrepancies between the ITERS result and the Ofsted rating. Their finding suggests that Ofsted inspectors may be poorly equipped to recognise good or bad quality provision for infants and toddlers; may overlook the quality of provision for the babies when making a judgement; or that questions remain concerning the reliability of both approaches to 'measuring quality' or of doing so on separate occasions.

In Conclusion

Despite more frequent references in recent policy documentation to *babies and young children* and the establishment of parliamentary groups that focus on babies, it appears that much work remains to be done to continue to raise the profile and status of baby room work and to convince policymakers of the immense potential that babies have from birth for social and cultural learning together with knowledgeable and skilful companions (Roberts 2011).

This goal of increased research and development activity specifically on babies and care has remained a central ethical imperative for our work for a decade. However, as we reflect on the many ethical challenges and dilemmas that have been integral to the research and development work, we now feel anxious. The overarching aim of raising the baby room banner above the policy parapet may result in being hoisted by our own petard because the result might be increased downward pressure from a pervasive 'school readiness' agenda as the education agenda remains focused on academic attainment.

The ethics of engagement in baby room research

Joan Tronto's ethic of care, developed from 1993 and derived from a feminist perspective on what matters in political life and civil society, offers a framework for reviewing our engagement in baby room research.

Tronto's basic premise is that politics must exercise reciprocal care and so all care becomes political. We have experienced research as imbued with epistemic orientations and laden with values, academic norms and peculiarities of form and function. Within our baby room projects, we have frequently questioned our axiology (what we value and why) and ethical positioning (as respected / disrespected, empowered / disempowered and so on) - of ourselves and those with whom we have engaged in research encounters (Clough & Nutbrown, 2012).

Tronto's work has helped us to scrutinise our beliefs and our conduct. She states that, 'An ethic of care is an approach to personal, social, moral, and political life that starts from the reality that all human beings need and receive care and give care to others. The care relationships among humans are part of what mark us as human beings. We are always interdependent beings... It is as important to realize that we are receivers as givers of care, acted upon as well as agents.' (Tronto, 2009 np).

In her recent work, which brings together ethics and democratic theory, Tronto has articulated her four, original elements of an ethic of care with an additional, fifth element:

1. Attentiveness – caring about
2. Responsibility – caring for
3. Competence – care giving
4. Responsiveness – care receiving
5. Plurality, communication, trust and respect; solidarity – caring with

Tronto acknowledges that many other values or moral qualities could be included, such as gratitude or hope, but adds that the list is not intended to be exhaustive (Tronto, 2013: 35). This caveat leaves room for more localized understandings and lived experiences of an ethic of care and may address some of the criticism that her earlier work attracted along with that of other care ethicists. For example, Noddings' (1994) and Tronto's early work (1993) was criticized for being limited in scope, normative and having a parochial white, middle-class, heterosexual perspective (e.g. Keller et al, 2003).

With these criticisms firmly in mind, the elements of her ethic of care still offer a useful framework for examining the aims, practices and consequences of our work as part of our personal, social, moral and political lives as researchers.

1. Epistemological attentiveness in our baby room research

Attentiveness or ‘caring about’ others is an important first step in pursuing an ethical orientation in research but it raises the question of how we might know and understand another person’s needs. The maxim of ‘do unto others as you would have them do unto you’ (which is reminiscent of Foucault’s (1986) call to place oneself as the subject of one’s actions) may serve well to raise awareness of the impact of our behaviour on fellow human beings. But it presumes that what is good for one is good for all (and herein, perhaps, lies part of the aforementioned criticism of Tronto’s work as normative). Arguably this represents the oppressive and violent ‘grasping’ that Dahlberg and Moss (2005) tell us the philosopher Emmanuel Levinas warned against, whereby Others are connected to us through an encounter, but always different from us.

Ways of Knowing

With this in mind, a first consideration, in reviewing our research, was epistemological. In the Baby Room project work, we sought to create dialogic spaces where diverse ways of representing knowing and types of knowledge might flourish. The former included the spoken word, sometimes uttered hesitantly, sometimes fluently; embodied knowing – sometimes shared through ‘body language’ and demonstrations of previous actions; written forms, such as diaries or narrative accounts; video recordings and sketches or diagrams. Through these diverse forms of ‘data’ we tried to build a composite picture of baby room work from the perspectives of project participants. This was problematic: although there was frequently agreement about what was involved in babies’ education and care, there were many variations on a theme. For example, the question of where babies slept, when, for how long, with or without company and based on whose say-so.

Types of Knowledge

The types of knowledge that we encountered included episteme, techne and phronesis:

- ‘Episteme is what is commonly known as knowledge you can e.g. read in books, or what is known as propositional knowledge
- Phronesis is the knowledge of familiarity or practical wisdom
- Techne is the knowledge of application or craftsmanship’ (Aegerter 2012).

In projects that were designed and led by postdoctoral researchers, which often involved gatherings of participants on a university campus, we were acutely aware of the prominence of a latent hierarchy of knowledge that surrounded all of us, with episteme at its apex. This was compounded by the wider policy context for the Early Years sector. The promotion of academic qualifications for the Early Years by successive governments, presented as an ‘undeniable truth’ has effectively correlated certification with good / better quality practice. As a result, phronesis and techne have been relegated to ‘lesser’ forms of knowledge. Creating mutually respectful spaces in our Baby Room project work was vitally important for

valuing all types of knowledge and ways of knowing. Despite arguing for the *relevance* of new theoretical and empirical knowledge (episteme) in the lives of baby room practitioners, this was never privileged over the epistemic reservoirs they had constructed in the past, their practical wisdom or how their knowing might translate into skilful practice (*techne*).

2. Responsible research encounters with babies and baby room practitioners

Tronto describes responsibility in relation to caring for others' needs. But as explained above, there is a danger in assuming knowledge of the Other and perceiving what their needs might (or might not) be. In practice, observational work in baby rooms presented an ethical challenge of trying to imagine the impact of our presence on the babies and practitioners in order to meet the requirements of our University's Ethics and Governance Committee's process for scrutinising methodological plans. In essence this process serves to encourage all researchers to reflect with care on their proposed activities and in particular those that involve 'vulnerable' groups. In our case, the babies fell within this group because of their age; whereas the practitioners (all of whom were older than 18, although some only just) did not. However, our research enquiries revealed many ways in which the practitioners revealed themselves to be more vulnerable and without protection. Some had precarious contractual terms and conditions; others felt themselves to be at the mercy of others' requirements and without occupational respect (highlighting in particular the difficulties they experienced in having to bend to some parents' demands, despite going against their own judgement in some cases).

We were also aware of the incentivised nature of our project: we offered free professional development in return for involvement in what was collectively a data gathering exercise. Although this was made plain, we became aware that some of the practitioners had been 'encouraged' to join the project by their managers. Consequently, caring and taking responsibility for informed consent became a preoccupation and a continual process of highlighting the research aspects of the project and checking for consent to gather, analyse and interpret their 'data'. We built in mechanisms for reporting our initial interpretations in development sessions, providing the opportunities for confirmation, rejection or reconstruction of the findings by the participants.

Research as Social Practice

We endeavoured to guard against the use of narrative (and other) methods as 'research instruments' in which the researcher(s) frequently steer the agendas and direct the lines of enquiry, often unconsciously (Talmy, 2011). We tried instead to create dialogic spaces that might yield 'research as social practice'. The intention was to enable more equal dynamics from which to co-construct lines of enquiry and interpretation, although power inequalities remained inevitable to some extent (*ibid*). Ultimately, we held the pen and crafted the stories. In doing so, we were aware of the dangers that are inherent in inference (by

ourselves and others) and the need to care for how we re-presented the stories of babies and practitioners.

3. Competence in giving care and attention to participants and the research process

In her discussion on the ethicality of research in ECEC settings, Solvason (2013: 2) describes a careful approach to accumulating ‘a hundred things done a little better’ through a research approach that became more ‘humanised’. Rather than privileging the technicalities of research (although methodological ‘rigour’ was and remains a central concern in our work) we were eager to explore the dispositional competences that evolved within our project groups, including ourselves.

Troubling over process

We were keen to assert that we were not experts and could claim no competences in caring for babies in ECEC settings. These competences were the preserve of our participants. But giving care to these adults in our development sessions and research visits to their settings required competence that was grounded in research expertise and in a dispositional orientation to researching ‘with’ rather than ‘on’ others, which Solvason highlights as a requisite of the humanised approach.

Holding the participants, including the babies, in mind as we analysed, interpreted and report(ed) our findings in ways that only qualitative enquiries can, became of utmost importance to us. We troubled over ways to do this: at its simplest, for example, having agreed to protect the identities of our participants and their settings, we were tasked with creating false identities while maintaining fidelity to them as real people with whom we entered into a reciprocal contract to care.

4. Responsiveness to others’ constructive criticisms as a form of care

During our projects we were fortunate to have the companionship of many supportive partners and colleagues. We remember well the daunting nature of presenting our project plans, interim findings, interpretations and drafts of articles or book chapters to them; and to submitting our work for peer scrutiny in the UK’s Research Excellence Framework (REF) assessment exercise in 2014. Receiving constructive criticism and recognising this as a form of care can be challenging in the academic world where (as explained earlier), much resides on presenting an image of epistemic confidence in a hierarchy of knowledge. We talked of wearing a cloak that bore the markers of episteme: a cloak decorated with methodological jargon; academic name- (and quotation) dropping; impact factors; the size of research grants. But we were uneasy wearing this cloak of academic confidence that masked an uncertainty and our companions helped us to shake it off.

Our ethical responsibility to the ECEC field, the Early Years sector, our participants and the babies and families involved in our projects was paramount. This required a willingness to

subdue certainty, to embrace the kinds of hesitancy and uncertainty that signify a post-modern turn in research and to construct these moments as caring encounters. Mercieca (2011: 67) sums up this feeling when she says that, ‘my perspective is shifting to accommodation, as I see the need to stop my want for certainty and to work with the moments of uncertainty which occur ... So the confusion which I experience and which caused me a lot of concern, is what I have to, not only resign myself to, but befriend and use to my advantage’ (cited in Mercieca and Mercieca 2013: 233).

The relational nature of care reflects the continued interest and delight we have held in *our* learning as much as our interest in the learning of participants with whom we worked in development sessions (and about whose ‘outcomes’ we have been required to report to funders). Our growing knowledge of baby room work – learned from the participants – shaped the design of project professional development sessions, conferences and our relationships with practitioners and with babies and their families.

5. Solidarity and the fight for recognition of baby room work as valuable and important

For the last ten years, we have worked to understand and promote the importance of ECEC for babies and toddlers in the UK, as well as trying to raise its status. We have argued that the invisibility of babies is indicative of a lack of interest or political will on the part of government to make equal provisions and stipulate similar recommendations in terms of qualifications requirements for babies’ and toddlers’ early education as for children over two. After all, learning begins at birth (if not before!). Such invisibility is reflected, for example, by the lack of published statistics on the numbers of babies registered in group-care settings.

But we now find ourselves with an ethical dilemma: if we continue to draw attention to the hidden situation in baby rooms, we may contribute to an enhanced regulatory gaze. This may lead to a requirement for practitioners to feel obligated to perform in response to an external professionalization and standards agenda that sits uncomfortably alongside their own educational ideologies and constructs of babyhood; the pedagogies that flow from their intuitive relationships with the babies and toddlers in their care; and the emergent curriculum that grows from and around these situated encounters.

Critically mindful care challenges society, and the politicians and policy makers who constantly create and re-create experimental political projects in care and education, to avoid treating the *practitioners* as ‘palimpsests’ inscribing, cleaning, and re-inscribing those who work with babies and young children; and to remember when creating political scripts to invest in the babyhood of babies.

Through our projects we have thought about the ‘scripts’ that practitioners bring to their work, and the dialogic encounters that support them to both ‘signal’ and ‘signify’ events in their baby room stories (Gouch and Powell, 2013a). We facilitated professional

development spaces that created professional gossip, professional uncertainty and professional curiosity. But we have also worried about the values-laden scripts that we, as researchers, may superimpose on our research participants who, like palimpsests, are repeatedly inscribed with layers of external demands, requirements and identities.

Conclusion

In this article we have highlighted a handful of the many ethical challenges that we encountered in our baby room research. There are multiple procedural and axiological issues that we could have shared as further examples. Ethical research as democratic practice (in Tronto's terms) can be a minefield and, as Urie Bronfenbrenner once observed, if we were to worry about all the ethical problems that empirical studies throw up, we would probably never do research again. Rather than fixating on the challenges as impenetrable barriers or insurmountable hurdles, we have felt privileged to encounter them. We have learned so much in the process of trying to understand and find solutions to each situation and from all those with whom we have worked. Ultimately, this demands that we care deeply about the centrality of ethics in our work.

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