

Achieving high-quality provision in English baby rooms: Looking ahead to the future

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Executive Summary

The expansion of funded early childhood education and care (ECEC) in England to include children from nine months of age marks a significant shift in how provision for babies is understood, funded and scrutinised. For the first time, public investment is flowing at scale into the baby room of English nurseries, bringing renewed urgency to longstanding questions about what constitutes high-quality provision for children aged 0–2 and how such quality can be best supported.

The project ‘Achieving high-quality provision in the baby room of English nurseries’ set out to contribute to this conversation at a critical moment. Through the combination of a global evidence review, large-scale engagement with baby room educators and nursery leaders across England, and a co-productive vision-building process, the research has generated one of the most comprehensive pictures to date of quality in the English baby room.

A series of detailed reports and briefings have already been published across the three strands of the project (see references and links to previous reports on the cover page). This final report takes a different approach. Rather than revisiting each strand in depth, it brings findings together to identify the most important themes, tensions and opportunities for the future of policy and practice relating to the baby room.

Key findings

A central finding of this project is that discussions of quality in the baby room are undermined by a lack of clarity about purpose. Across both international evidence and sector perspectives in England, the baby room is understood in multiple ways: as a space of care, a site of early education, and a form of support for families. These framings are not mutually exclusive, but they are not always coherently articulated or aligned in policy and practice. As a result, conceptualisations of quality - which would ideally flow from a shared articulation of purpose - remain fragmented and difficult to translate into practice.

While a statement of purpose is yet to be crafted for English baby rooms, there is much greater consensus about what high-quality provision in the baby room should look and feel like in practice. Across all strands, participants described the importance of environments that are calm, nurturing and emotionally secure; relationships that are consistent, responsive and attuned; and experiences that are shaped by careful attention to babies’ individual needs and rhythms. Quality is experienced in the atmosphere of the room, the nature of interactions, and the strength of relationships with families.

The research highlights the central importance of process quality – the everyday experiences of babies – while also identifying the structural conditions that enable it. Among the structural levers we considered based on findings from the literature, group size emerged as a particularly significant factor in an English context. While ratios in English baby rooms are in line with international expectations, our research repeatedly demonstrates that the number of babies in a room has a profound impact on the quality of interactions. Moreover, in England, group size remains unregulated. While our sample included baby rooms with up to 30 babies, all of our project strands point toward the need for significantly smaller group sizes, and 6–12 babies was identified in the vision-building workshops as an ideal among baby room educators and nursery managers.

We consider the workforce to be the key agent of quality in the baby room. Baby room educators described their work as highly skilled and relational, requiring deep knowledge of development, strong observational and responsive practice, and emotional attunement. However, this expertise is not consistently recognised or supported. Participants in our research raised concerns about the relevance of existing qualifications, limited access to baby-specific professional learning, and the relatively low status afforded to work with babies within the sector and beyond.

The research points to a growing, shared vision of what high-quality provision should be. Through the vision-building workshops, educators and leaders articulated a coherent picture of the ‘ideal’ baby room, encompassing nurturing environments, strong team cultures, meaningful engagement with families, and structural conditions that support relational practice.

Implications for the future

Taken together, these findings suggest that the sector is at an important moment of transition. There is now a stronger, more practice-informed understanding of what quality in the baby room looks like. However, this is not yet matched by a clear, shared articulation of why the baby room exists and what it is ultimately for.

Crafting a clear statement of purpose for baby rooms is an essential next step, the development of which should be spearheaded by government. Decisions about policy, regulation, funding and workforce development need to be grounded in a clear sense of the role the baby room plays in children’s lives, in families’ lives, and in society more broadly. Without this, there is a risk that expansion of provision will outpace quality assurance and improvement.

Looking ahead, there is a need for sustained, sector-wide dialogue, which must be led and supported by government, to:

- Craft a clear statement of purpose for the baby room, articulating the desired impact of the baby room on babies, families and society;
- Translate the emerging vision of quality into actionable frameworks for policy and practice;
- Reconsider structural conditions, particularly group size, in light of their impact on babies' experiences;
- Strengthen the workforce through more relevant qualifications, expanded professional learning, and greater recognition of professional expertise;
- Use relevant campaigns to position the baby room as an integral and foundational part of the early years system, rather than a peripheral or isolated space.

Ultimately, getting the baby room right matters not only for the effectiveness of current policy, but for the experiences of the youngest children in the system and their families. As our current government fully recognises, the first years of life are foundational. Ensuring that babies experience high-quality care and education is therefore not simply a technical or operational challenge, but a societal priority. This report provides a synthesis of what we have learned so far. It also sets the stage for what needs to happen next.

Introduction

The expansion of publicly funded early childhood education and care (ECEC) in England to include children from nine months of age marks a significant policy shift, bringing the provision for babies (0–2-year-olds) into sharper public and political focus than ever before. This change has intensified longstanding questions about what constitutes high-quality provision for 0–2-year-olds in the baby room of nurseries, how such quality can be supported and sustained, and how the workforce underpinning this provision can be recognised, prepared, and developed.

Through this project, we set out to contribute to this emerging conversation at a critical moment. Historically, the baby room has been comparatively under-researched and under-theorised, both in England and internationally, with particular gaps in understanding around the perspectives and experiences of baby room educators, the nature of their professional learning, and the status of their work within the broader ECEC system. At the same time, international evidence points to significant variation in how countries conceptualise and support work with the youngest children, suggesting important lessons, along with missed opportunities, for the English context.

In response, we designed a project organised around three interrelated strands:

1. A comprehensive review of international and English literature on quality in provision for 0–2-year-olds;
2. Empirical research with baby room educators in England, focusing on their understandings of quality, professionalism, status, and professional learning;
3. A co-productive process with sector leaders to develop a shared, forward-looking vision for the baby room workforce and provision.

Each of these strands generated its own set of detailed outputs, including interim reports, briefings, and interactive resources. These outputs provide a more in-depth analysis of specific aspects of the research and are referenced throughout this report, including on the cover page and in the ‘Research Design’ section so that readers can access further detail.

This final report takes a different approach. Rather than revisiting each strand in depth, it draws across the project as a whole to synthesise key insights, identify points of convergence and tension, and highlight the most significant implications for policy, practice, and future research. In taking this approach, we aim to:

- Bring together findings on how quality in English baby rooms is currently understood and enacted;
- Illuminate the central role of the workforce in shaping this quality, and highlight the urgent need to focus on and prepare the baby room workforce to offer high-quality provision for 0–2-year-olds;
- Surface the most important priorities and opportunities for the future, as identified through collaborative engagement with the sector.

The report is therefore intentionally integrative and forward-looking. It is designed to support ongoing dialogue across the ECEC sector, informing decision-making at a time of rapid change, and providing a foundation for future work to build on the insights generated through this project.

The following section summarises the research we carried out, on which our findings are based. Further details on research design are available in our previous reports, which look in depth at each project strand.

Research Design

Overview

This project adopted a pragmatist, co-productive and multi-method research design, structured across three interlinked strands. A defining feature of the design was the integration of evidence sources and stakeholder perspectives. The project combined:

- A large-scale global evidence review;
- A mixed-methods empirical study with baby room educators and nursery managers across England;
- A vision-building process involving collaborative online workshops with baby room educators and early years leaders.

Across all strands, the research was designed not only to generate knowledge about current provision, but also to support dialogue, reflection and forward-looking thinking within the sector.

Strand 1: Global Evidence Review

The first strand comprised a systematic and iterative review of academic and grey literature focused on provision for children aged 0–2 in group-based ECEC settings.

The review analysed a substantial body of academic literature identified through structured database searches, alongside a set of grey literature items such as key policy documents from around the world. Search strategies were intentionally broad, avoiding overly restrictive terminology in order to capture a wider body of relevant work.

Inclusion criteria focused on:

- Group-based provision (excluding home-based care, such as childminders);
- Relevance to children aged 0–2 (or closely related age ranges);
- Explicit or implicit implications for understanding, measuring, or supporting quality.

Having identified a total of 185 items for further examination (165 academic articles and 20 grey literature documents), our analysis focused on three core dimensions:

- How quality is defined and conceptualised;
- How quality is measured;
- How quality is supported, including structural and workforce-related factors.

In addition, a targeted review of the English policy and practice landscape was undertaken to situate international insights within the national context. The review was conducted iteratively, incorporating feedback from an advisory group and sector stakeholders, and providing a conceptual and empirical foundation for the subsequent strands.

Strand 2: Surveys and Focus Groups with Educators and Leaders

The second strand generated a large-scale dataset on the experiences and perspectives of baby room educators and nursery managers in England, combining quantitative and qualitative approaches.

Data collection was embedded within a programme of six regional professional learning conferences (“Getting it Right in the Baby Room”), held across England. This approach served two purposes: 1) to maximise participation and diversity of respondents; and 2) to ensure that engagement in the research was experienced as professionally valuable.

An online survey was completed by 357 individuals, including apprentices, baby room educators, leaders, and nursery managers. The survey collected individuals' demographic data and contextual data (e.g. role, setting type, group size, qualifications). It also captured insights into working conditions, CPD access, and characteristics of baby rooms.

Survey responses were subject to systematic data cleaning, including removal of duplicates and implausible entries, resulting in a robust dataset for analysis.

Qualitative data was collected through 16 focus groups with a total of 207 participants as part of the conferences. They lasted approximately 45 minutes, included between 6 and 18 participants, and were organised to allow for both educator-only, leader-only and mixed discussions.

Discussions were structured around three core themes:

1. Understandings of quality provision in the baby room;
2. Experiences of qualifications and CPD;
3. Perceptions of professionalism and status.

Focus group data was audio-recorded, transcribed and coded thematically using a collaboratively developed coding framework. Analysis was supported by qualitative data software, enabling both thematic depth and an understanding of how widely particular perspectives were shared across the dataset.

This strand represents one of the largest studies of baby rooms in England to date, combining breadth in the survey data with depth in the qualitative insights.

Strand 3: Vision-Building Workshops

The third strand focused on developing a forward-looking, sector-informed vision for the baby room through a series of structured workshops.

Data was collected through five online vision-building workshops attended by a total of 113 baby room educators and nursery leaders. The workshops were designed to support both reflection and consensus-building. Each workshop lasted one hour and had a dynamic combination of live survey questions (using the platform Slido to share responses immediately with participants) and facilitated group discussions following semi-structured prompts.

Vision-building in the workshops was organised around three key domains:

- What the ideal baby room would look and feel like;
- How the baby room would be situated in the wider nursery context, and how babies and baby room educators would be part of the nursery as a whole;
- How the baby room team would work together and support one another and what knowledge, skills and experiences they would ideally bring.

This strand generated both quantitative and qualitative insights into shared aspirations for high-quality provision.

Integration Across Strands

The three strands were designed to be mutually informing and cumulative. The global review established a conceptual and evidence-based framework for understanding quality. The educators-based study grounded this framework in the current realities of practice in England. The vision-building workshops translated these insights into shared priorities and future-oriented thinking.

This final report synthesises insights across strands, identifies key areas of alignment and tension, and draws out the most significant implications for policy, practice and future research. In this sense, the research design was not only about generating evidence, but about building a coherent narrative across multiple forms of data and engagement, enabling a deeper and more actionable understanding of quality in the baby room.

Findings

This section brings together findings across all three strands of the project. Rather than presenting each strand separately, we organise the findings around a set of cross-cutting themes that emerged consistently across the research. These themes reflect the most significant areas of alignment, tension and opportunity in relation to high-quality provision in the baby room. Our first theme considers the importance of articulating a national statement of purpose for baby rooms, as a fundamental foundation for defining, measuring and supporting quality.

Purpose: what is the baby room for?

A central finding across the project is that discussions of quality in the baby room are inseparable from discussions of purpose. How we articulate what the baby room is for - who it serves and how it serves them - fundamentally shapes how quality is defined, enacted and supported.

The research suggests that purpose is distinct from vision. While participants often struggled to articulate a single, shared purpose for the baby room, there was much greater clarity and consensus when describing what high-quality provision should look and feel like in practice. This points to an important distinction: while purpose remains under-articulated, a more coherent and shared vision of the baby room is beginning to emerge. We take the view that a statement of purpose for English baby rooms is ultimately a contribution that needs to come from the Department for Education. Having said this, the sector can be empowered to create and articulate a vision for the baby room (as explored in subsequent sections), which in turn feeds into an articulation of shared purpose.

Insights from the global evidence review highlighted that purpose is often implicit, contested or under-specified. However, the New Zealand government's approach to 0–2 provision stands apart, offering a clear statement of shared purpose that drives their policies for children under two and baby room practice. This purpose, which is clearly articulated in government documents, focuses on the key principles of empowerment, holistic development, family and community, and relationships alongside valuing babies as they are in the present (Ministry of Education, 2017).

Generally, though, international literature avoids offering a clear articulation of purpose underlying 0–2 provision, instead linking quality to particular outcomes (such as children's development) or to validated measurement tools (Fenech, 2011). Where purpose is discussed more explicitly, it presents an impression of competing priorities: supporting children's development, ensuring children's wellbeing or enabling parental employment. These aims need not be pitted against one another but instead should be woven together in a statement of purpose that offers a clear sense of the priorities of baby room provision. Previous research has demonstrated that without a shared understanding of purpose about the baby room, definitions of quality remain fragmented and, at times, contradictory (Elfer & Page, 2015). Without a clearly articulated national purpose for baby rooms, provision for children aged 0–2 risks being reduced to a basic standard of care, limiting its ability to contribute meaningfully to reducing inequalities in early childhood and link with wider government strategies.

These tensions were strongly reflected in the second phase of the research. Baby room educators and leaders articulated multiple understandings of purpose in 0–2 provision.

For some, the baby room was primarily a space of care, centred on emotional security, attachment and wellbeing. For others, it was a space of early education, with a focus on supporting development and learning. Others emphasised its role in supporting families, particularly working parents. We want to emphasise that these different framings need not be mutually exclusive, but that without a clear sense of how they relate and work together, participants highlighted the difficulty of holding them together in practice. We identified this issue in small but significant details such as what to call those individuals who work in the baby room. We settled on ‘baby room educator’ but found that for some of our participants, this failed to recognise the importance of responsive care and attachment in the work that they do.

The following sections on process quality, structural quality and workforce home in on key aspects of the vision developed through this project, but it is important to recognise that they do not constitute a statement of purpose.

Process quality: what does high-quality provision look and feel like?

Across all strands, there was strong alignment around the centrality of process quality – that is, the quality of babies’ everyday experiences, interactions and relationships.

The global evidence review showed that process quality is most directly associated with children’s developmental outcomes, and that elements of structural quality tend to influence outcomes indirectly through their effects on process quality. Process quality in the context of 0–2-year-old provision includes warm and responsive interactions, secure relationships, attunement to babies’ cues, and environments that support exploration, communication and emotional wellbeing. However, the review also highlighted that process quality is often under-theorised and inconsistently defined, with many studies relying on implicit or circular definitions that come from measurement tools.

In contrast, the second phase of our research enabled baby room educators and nursery managers to provide rich and detailed accounts of what process quality looks like in practice. High-quality provision was consistently associated with:

- Calm, nurturing and emotionally secure environments;
- Strong, consistent relationships between babies and educators;
- Attuned, responsive interactions that follow babies’ cues;
- Thoughtful routines that support both individual needs and group dynamics;

- Close, trusting relationships with families.

Participants emphasised that quality is experienced in the ‘feel’ of the room as much as in its organisation or outcomes. This included the atmosphere, the pace of the day, and the ways in which babies, families and educators relate to one another.

The vision-building workshops reinforced and extended these insights. When asked to describe the ideal baby room, participants (N=84) consistently highlighted qualities such as calm, nurturing, welcoming and homely environments. There was a strong emphasis on emotional tone, relationships and sense of belonging, which related to not only the relationships between babies and educators, but also relationships with families and the team culture in the setting.

Taken together, these findings point to a growing consensus that process quality in 0–2-year-old practice centres on highly relational practice. This speaks to a body of literature identified in the global evidence review that explores quality for the youngest children through the lens of emotional connection, attunement and attachment (Dolby et al., 2023; Klette et al., 2018; White & Redder, 2015). This highlights the need for stronger frameworks that can articulate and support this dimension of quality more explicitly. Validated measurement tools in use internationally (such as the CLASS and ITERS) have been criticised for their failure to capture how pivotal these relational dimensions of practice are (Bjørnstad et al., 2020; Eckhardt & Egert, 2020; Eliassen et al., 2018).

Alongside process quality, the research identified a set of structural conditions that are seen as critical in enabling high-quality provision for 0–2-year-olds; these conditions are the focus of the subsequent section.

Structural quality: the conditions that enable process quality

The global evidence review highlighted the importance of structural ‘levers’ such as group size, adult–child ratios and workforce qualifications. These have traditionally been the focus of policy and regulation, in part because they are more easily measured and standardised. Among these, group size emerged as a particularly significant factor when considering the English context (where group size remains unregulated), with consistent evidence linking smaller group sizes to higher levels of process quality.

These findings were strongly echoed in the second phase of the research. Baby room educators and nursery managers repeatedly identified structural factors as shaping their ability to deliver high-quality provision. Group size, in particular, emerged as a key

concern. While the 1:3 ratio was generally seen as appropriate (though challenging in particular moments or on particular days), participants emphasised that ratios alone do not capture the full reality of working in the baby room and what makes it feel manageable. The number of babies in a room, the number of babies settling at any one time, and the physical layout of the space all influence the quality of interactions and relationships, placing average group sizes well above what the evidence says is conducive to high-quality provision.

In addition to group size, participants highlighted other structural factors, such as:

- The physical environment of the baby room, including space, layout and access to outdoor areas;
- The organisation of the nursery, including the degree of integration or isolation of the baby room with the rest of the nursery;
- Time 'off the floor' to enable reflection, planning and professional learning.

The vision-building workshops provided further insight into shared aspirations in relation to structural quality. Participants consistently envisioned smaller group sizes, with 65% of participants identifying an ideal range of between 6 and 12 babies (n=78). Importantly, not a single participant felt that the ideal baby room would contain 19+ babies and yet our sample from the second phase showed that 15% of baby rooms contained this many babies.

There was also strong support for baby rooms being located in quiet, accessible areas of the nursery, with 75% of participants from the vision-building workshops envisioning the baby room to be in a quiet space in the nursery, and 76% wanting to be on the ground floor (N=87). It was also important for baby rooms to have regular connections to outdoor spaces, with 79% of participants in the vision-building workshops envisioning a baby room with free flow access to the outdoors. The physical positioning of the baby room paired with participants wanting opportunities for interaction with the wider nursery community. 86% of respondents from the vision-building workshops thought it was moderately or very important for educators from across the nursery to connect with the baby room (N=87).

Across strands, structural quality emerges not as an end in itself, but as a set of enabling conditions for process quality. This reinforces the need to consider how structural decisions are experienced in practice, and how they support or constrain the relational work at the heart of the baby room.

Interwoven with process and structural quality is the question of who supports quality in the baby room; the following theme homes in on the central role of the baby room workforce in shaping quality in the baby room.

Workforce: who supports quality in the baby room?

The global evidence review highlighted the importance of workforce-related factors, including qualifications, professional learning and working conditions. While there is evidence linking qualifications to quality, the review also pointed to the importance of baby-specific knowledge and skills rather than broader qualifications (Gilken et al., 2023; Rockel, 2014).

These issues were brought into sharp focus in the second phase of the research. Baby room educators described their work as highly skilled, relational and emotionally demanding, requiring deep knowledge of babies' development, strong observational skills, and the ability to respond sensitively and flexibly to individual needs.

At the same time, participants highlighted significant challenges in relation to workforce development and status. These included:

- A lack of relevance of existing qualifications to work with children under two years old;
- Limited access to baby-specific CPD, with only 35% of our sample accessing baby-specific CPD in the last 12 months (N=273);
- A sense that working in the baby room is undervalued within the sector and by wider society.

Professionalism emerged as a complex and, at times, contested concept. While educators often described their work in professional terms, this was often not reflected in how they felt perceived by others, including their own family and friends. This tension has implications for recruitment, retention and the overall quality of provision.

The vision-building workshops also reinforced the importance of the baby room team as a core component of quality. Participants emphasised the need for supportive, communicative and collaborative team cultures, alongside structures such as coaching, mentoring and ongoing professional learning. Coaching was the hardest form of CPD for baby room educators to access as reported in strand 2. However, in the vision-building workshops, 60% of participants wanted access to coaching as a form of CPD, emphasizing its role in offering baby room educators personalized support that can engage with the complexities of the emotional and relational labor of the baby room (N=85).

There was a clear sense that high-quality provision depends not only on individual educators. Instead, it is dependent on the collective capacity and culture of the team; the significance of the baby room leader as an individual who shapes day-to-day culture

in the baby room; and the connection with and support from the wider nursery, ranging from nursery managers to other educators.

Across all strands, the workforce is positioned as the key agent of process quality. Structural conditions matter, but it is the knowledge, skills, relationships and professional identities of educators that ultimately shape babies' experiences.

In the following section, we return to the question of how the purpose of English baby rooms might be articulated, this time considering it in relation to the interconnected issues of process quality, structural quality, and workforce development discussed here and in the preceding sections.

Connecting vision and purpose

A key insight from the project is the relationship between vision and purpose. While the purpose of 0–2 provision in ECEC remains under-articulated and unclear, there is a growing convergence around a shared vision of what high-quality provision should look and feel like.

This vision is grounded in:

- Nurturing, relational and emotionally secure environments;
- Strong connections between babies, educators and families;
- Thoughtful, well-supported teams;
- Structural conditions that enable meaningful interactions.

This shared vision provides an important foundation for moving forward. Of course, we need to recognise that vision-building is a continuous process, just as quality is not something that we can reach and then be done with. These conceptualisations and enactments are something that continues to grow and develop through reflection and dialogue. Even taking this dynamism into account, we want to stress that having an ever-growing vision is not, by itself, enough. Without a clearer articulation of purpose - the 'why' of the baby room - it is difficult to make coherent decisions about policy, regulation and investment.

A stronger sense of purpose has the potential to:

- Clarify priorities in relation to children's experiences, development and wellbeing;
- Inform decisions about structural conditions, such as group size and workforce requirements;

- Support a more coherent and valued professional identity for the baby room workforce.

At the same time, the vision developed through this project can help to inform and shape that purpose. By grounding discussions of purpose in a shared understanding of practice, the sector is better positioned to move towards a more coherent and actionable framework for quality.

Looking forward: key areas for future discussion and action

The findings point to a set of fundamental discussions that now need to take place across the sector. Future research should continue to deepen our understanding of process quality in the baby room by further exploring high-quality interactions with 0–2-year-olds, ensuring this fundamental element of practice has a robust evidence base on which guidance for the sector rests. Moreover, while outside the remit of this project, we recognize the need for future studies to engage with babies' experiences in relation to quality to ensure that their voices are listened to, valued, and acted upon in the delivery of provision in the baby room.

At a policy level, findings across the whole project point to clear implications for government in leading and sustaining work on quality provision for babies. These implications include:

- Developing a clearer, shared articulation of the purpose of the baby room, bringing together perspectives on care, education and family support, and embedding this within national early years policy and guidance, including the EYFS and the Best Start in Life strategy;
- Nestling these discussions about purpose within the wider 'Best Start in Life' strategy, recognising that high-quality ECEC for the youngest children sits within a broader ecosystem of support for babies and families, including Family Hubs, health visiting, neonatal and social care services, alongside community-based provision such as baby and toddler groups and crèches. Strengthening connections across these services is essential to ensuring that support for babies and families is accessible, coherent and responsive as children grow;
- Translating the emerging vision of quality into quality improvement frameworks that can guide policy, regulation and practice;

- Reviewing the regulation of structural conditions in the baby room, particularly group size, including consideration of whether maximum group sizes for children under two should be incorporated into the EYFS regulatory framework alongside existing ratio requirements;
- Strengthening the workforce and recognising the professionalism of baby room educators through more relevant qualification content, strengthened pathways for specialist baby room practice within initial training and apprenticeships, and expanded access to baby-specific CPD, coaching and mentoring opportunities;
- Ensuring that the baby room is not treated as isolated, but as an integral and foundational part of how we support 0–2-year-olds in England across health, education and social services.

Ultimately, the expansion of provision for babies creates both a challenge and an opportunity. The challenge is to ensure that rapid growth does not compromise quality. The opportunity is to rethink and strengthen the foundations of provision for the youngest children.

Moving forward requires sustained, collaborative effort across policy, practice and research. It also requires a clear sense of why this work matters. Getting the baby room right is not only about improving provision in one part of the system; it is about recognising the significance of the earliest experiences in children’s lives and ensuring that these experiences are supported with the care, expertise and attention they deserve.

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