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Research and analysis

Getting it right from the start: how early years practitioners work with babies and toddlers

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Applies to England

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Executive summary

The first 2 years are crucial to a child's development, laying the foundations for all future learning. By the age of 2, most children will be making marks, starting to run, turning pages in a book, making small towers with blocks, beginning to problem-solve and developing some independence. They will also be able to put 2 words together and understand how to follow simple instructions. If children are to learn these skills, their development needs to be encouraged, supported and monitored by adults, and some skills need to be explicitly taught.[\[footnote 1\]](#)

We are committed to helping children get the best start in life. We published the [best start in life \(BSIL\) research review series](#) to highlight the impact of early

education and care on children's futures. It included recommendations for curriculum and teaching practices for working with children under 2 years old.

Since September 2024, working parents of 9-month-olds have been eligible for up to 15 hours a week of government-funded childcare; from September 2025, this figure will rise to 30 hours a week.[\[footnote 2\]](#) This will likely increase the number of babies and toddlers who are attending nurseries and childminders in England. Guidance for the sector is therefore vital.

This research was carried out in 2024. It explores how early years (EY) practitioners understand the early years foundation stage (EYFS) statutory framework and apply it to the education and care of babies and toddlers. We issued a survey to practitioners, carried out research visits to nurseries and childminders, and ran focus groups with inspectors. We also considered whether practice with babies and toddlers aligns with our BSIL research review series, which offered insights to improve practice for babies, toddlers and young children.

Key findings from this research

- Early years practitioners know the key person role is vital for babies and toddlers.[\[footnote 3\]](#)
- Frequent high-quality interactions between adults and children are critical for quality provision from birth.
- More needs to be done to help practitioners understand their role in babies' and toddlers' physical development.
- Practitioners holding qualifications at or above level 4 are more likely to demonstrate a higher level of knowledge and understanding about high-quality education and care from birth than those who hold a lower qualification.[\[footnote 4\]](#)
- Misconceptions about educating and caring for babies and toddlers can be barriers to the delivery of high-quality practice.
- Difficulties in recruiting and retaining skilled and experienced practitioners affect the quality of education and care provided for babies and toddlers.

Note on language and terminology

For the purposes of this research report, when we say:

- 'babies and toddlers' – we mean children from birth to 2 years old; we know that a small proportion of providers take on babies from 6 weeks old, but this varies from provider to provider, so we have considered all children under 2 years old in this research
- 'baby room' – we mean rooms assigned for babies and toddlers in nurseries;

some nurseries may transition children from the baby room into the next room based on ability, but when we refer to the ‘baby room’, we are talking about the children in this room that are up to 2 years old

- ‘managers/leaders’ – we are referring both to managers and leaders in nurseries, including baby room leads, and to childminders (as they lead their own provision)

Introduction

Main aims and purpose of the research

Our research aimed to understand how early years practitioners think about and use the EYFS framework in educating and caring for babies and toddlers up to the age of 2.[\[footnote 5\]](#) We assessed the practice we observed, and the responses to our survey, as high quality based on whether they aligned with the EYFS and our [BSIL research review series](#). We also considered the factors that influence how practitioners think about their practice, and the implications of this for the key stakeholders of this research.

Why this research is important

Understanding the purpose of the baby room, and of practice with babies and toddlers in general, is a neglected area of EY research, and there are gaps in the evidence. However, there have been some recent developments. The Nuffield Foundation has recently published research that explores this topic in greater depth. Nuffield researchers have commented that the ‘vast majority of the literature on this topic comes from the USA and Australia, with England (and indeed, the whole UK) contributing relatively little literature on this topic’.[\[footnote 6\]](#) We hope that our research will add to understanding of this area of EY practice in England and contribute to the ongoing conversation.

The childcare reforms mentioned above are likely to increase the number of babies and toddlers in early years provision.[\[footnote 7\]](#) This research report provides a timely opportunity to reflect on what practice is like currently for babies and toddlers. [Part 1 of the BSIL research review](#) indicated that higher qualifications among early years practitioners lead to better outcomes for children from birth to 5 years old. A highly skilled EY workforce is particularly important for babies and toddlers, because learning experiences in the earliest years lay the foundation for all future learning and development.[\[footnote 8\]](#) We want practitioners, leaders and managers to think about any gaps or weaknesses in their practice, which can then be addressed, and to share and build on good practice. For example, it would be

useful for leaders to identify and address any misconceptions that are held by practitioners. We know from our inspection work that EY provision is generally of a high standard; however, we do not know how this varies across age ranges. This research study sets out what is being done well for babies and toddlers and what requires further improvement.

Background

The EYFS statutory framework sets out the standards that all early years providers must meet to ensure that children learn and develop well. The framework helps providers make sure that children are kept healthy and safe, and have the knowledge and skills they need to start and do well at school. The EYFS details the requirements for the minimum ratio of staff to children in all EYFS settings. Currently, the ratio for under 2s is 1:3. In September 2023, an optional change to childcare ratios for 2-year-old children from 1:4 to 1:5 was introduced.

The EYFS also sets out the qualification levels that practitioners must hold to be included in these ratios. These differ according to the age of children. To count in the staff-to-child ratios at levels 2, 3 or 6, practitioners must hold a qualification approved for work at that level. There are different ratios depending on the qualifications that practitioners hold, and the Department for Education (DfE) must recognise the qualification as full and relevant at the appropriate level. Without a full and relevant qualification, an individual can only work as an unqualified practitioner in an early years setting and cannot be counted in the qualified staff-to-child ratios. Suitable students on long-term placements, volunteers (aged 17 or over) and staff working as apprentices in early education (aged 16 or over) may be included in the ratios at the level below their level of study if the provider is satisfied that they are competent and responsible (as per paragraph 3.49 of the EYFS).

However, in March 2025 the DfE introduced a new [experience-based route](#) (EBR) for eligible early years practitioners to gain approved status. From September 2025, pending the necessary changes to the EYFS, practitioners who do not hold a full and relevant qualification at level 3 or higher, but who have successfully completed this route, will be able to count towards the staff-to-child ratios at level 3. Practitioners must successfully complete a supervised practice period of 751 to 900 hours in their setting and then go through an assessment process with the setting manager in order to gain 'EBR status'. To be included in the level 3 ratios they must also meet additional first aid and English language qualification requirements.^{[\[footnote 9\]](#)}

Having appropriately qualified staff is important, and Ofsted has expressed concerns about the EBR.^{[\[footnote 10\]](#)}

We hope that this research report helps policy-makers and EY leaders and managers to further understand the link between experience, qualifications and quality of provision, and thus to make the right decisions for our very youngest

children. This could assist greatly in giving children the best start in life.

In the [BSIL research review series](#) we said that, specifically for children under 2:

- developmental patterns, behaviours and characteristics acquired during the youngest years have a large impact in the long term, so practitioners should think about how to develop positive dispositions for babies and toddlers
- practitioners need to provide babies and toddlers with activities to develop a sense of space, place and time which helps them to develop self-identity
- children as young as 3 months can distinguish between faces from their own ethnic group, thereby indicating the significance of personal, social and emotional development, such as recognising commonalities and differences in people
- babies and toddlers learn to categorise objects at between 7 and 24 months old, so practitioners should help very young children to develop an understanding of aspects of the world that will help later with understanding and thinking

Methodology overview

This research followed a mixed methods design and took evidence from:

- a literature review
- a quantitative early years practitioner survey
- 3 inspector focus groups
- 13 in-depth visits to nurseries
- 3 in-depth visits to childminders

We started collecting evidence in January 2024. The research visits to nurseries and childminders involved observations and interviews. The samples for the visits and survey are not statistically representative of the early years sector or the population of England. However, other data triangulation supports the conclusions and implications of the research.

The research was conducted in line with our research ethics policy and approved by our research ethics committee.[\[footnote 11\]](#) A detailed methodology is provided in the annex.

Key findings

Practitioners know that the key person role is vital

Our research found that early years practitioners know that the key person role is vital for babies and toddlers. We collated many examples of good practice around the key person role, and were pleased to see that this role was a strength in many of the nurseries and childminders that we visited, despite being emotionally demanding.[\[footnote 12\]](#)

We observed very few settings where the arrangements for key persons were not working well. Where this was the case, it was usually because practitioners and management lacked understanding of the purpose of the key person role.

For example, in one setting we visited, the allocated key person for each child was a member of the management team who was not the person looking after and making decisions for the child during the day. The management team told us that they greeted parents as they dropped their children off outside the setting, and then took the children to the baby room and passed on any information to the practitioners that had been given to them by the parent. This meant that the practitioners in the room only had second-hand information about the child, including what they knew and could do, and what they should be learning and doing next. They also lacked a solid understanding of the routines the child followed at home. This meant that the planned curriculum content was not sufficiently personalised to support the learning and development of each child. This can also affect the safety and well-being of children – for example, knowing where a baby is in their weaning is essential to their care, and not knowing this could result in serious harm.

Our research found substantial evidence of practitioners building strong relationships with parents and carers. Practitioners recognise that positive relationships with parents help them to support children more effectively. This was evident both during the visits to nurseries and childminders and in the discussions held in the focus groups with inspectors.

When the setting engages frequently with parents, this enables a two-way flow of information. The setting can then tailor its education and care to the individual child.[\[footnote 13\]](#) For example, in one nursery we were told that practitioners take the parents' lead on weaning. This can only happen when there are regular conversations between parents and practitioners. Good communication also means that parents can support their children at home in line with the provision received in their early years setting.

At one nursery, a practitioner noticed that a child they were a key person for was not reaching the typical developmental milestones in their physical development. The practitioner worked with the child's parents to implement a support plan to ensure the exercises and targets set by the

physiotherapist were done both at home and nursery. The key person explained to us that this coordinated approach to these exercises built up the child's core strength and that the child subsequently became more confident when walking.

In another example, a nursery practitioner was a key person to a child with English as an additional language. The practitioner told us how they worked with the child's parents to include them in their child's learning. For example, the practitioner asked the parents to share words, books and nursery rhymes in their home language so these could be used in the setting. This showed that the practitioner valued the child's home language.

High-quality interactions are critical for the development of babies and toddlers

We found that communication and language and personal, social and emotional development for babies and toddlers were well understood by practitioners. But they did not have as good an understanding of their role in supporting children's physical development. We also found that some practitioners lacked understanding of how routine times can be used for high-quality interactions.

Communication and language

Where practitioners understood the importance of high-quality interactions for developing communication and language, they made sure that babies and toddlers heard lots of vocabulary. They knew that this was where they could make a big difference to children's learning and development. We also saw that experienced, knowledgeable practitioners created high-quality interactions by being responsive to babies and toddlers.

Not all interactions we observed, however, were effective. Babies and toddlers were not always given the time they needed to think about what was being said, or asked, or to formulate their response. Similarly, when a child did respond, practitioners sometimes failed to build on the child's response or dismissed it altogether.

We found that less qualified practitioners did not encourage children to use language to communicate their needs.

For example, in one nursery setting we saw children aged between 12 and 18 months old shout and point to resources they wanted. While practitioners gave them the resources, they did not model language by naming the resource or asking if that is what the child wanted. Neither did

they encourage children to think of, and use, words to ask for what they wanted.

Despite some less effective interactions, we saw many examples of practitioners using narration to develop babies' and toddlers' exposure to, and use of, sounds, vocabulary and language structures. Narration is an effective strategy.

On our research visits, we saw practitioners with babies and toddlers purposefully using narration to create a language-rich environment. For example, at one nursery, we heard a practitioner describing the feel of play sand to a child of 18 months. The practitioner used alliteration to focus the child's attention on the /s/ sound:

“What's this? It's sand, slippery, smooth sand. You can feel it slip through your fingers; it feels smooth, it's golden, slippery, smooth sand.”

The practitioner paused after the question ‘What's this?’ to give the child thinking time. The child listened to the words and was encouraged to copy them and say ‘sand’ as they held it between his fingers. The pause was also helpful for developing the child's understanding of turn-taking in conversation. The practitioner told us that their intention was to help children explore different senses and introduce new words. This practice was in line with the findings of our BSIL research review series, where we highlighted that early back-and-forth interactions help children to learn important communication skills, such as how to initiate communication and when and how to respond to others.

When practitioners understand the importance of high-quality interactions to support children's communication and language, they think in advance about the words to use and how to encourage a two-way interaction. When they are attuned to the baby or toddler, they can respond to their vocalisations or words. This is valuable because it can expose children to new sounds, vocabulary and language structures, and help them make links between words and what is happening. It also means that children hear language repeated in varied contexts, helping them to make links with what they know already.

A crucial part of communication and language is introducing new vocabulary to young children, and doing so as early as possible, helping them to copy and practise new words.[\[footnote 14\]](#) In our survey, most respondents said that they introduced babies and toddlers to words beyond what they would typically hear in everyday conversations, thereby enriching their vocabulary. No learning is done in isolation, and as much as these early back-and-forth interactions help children to develop their communication and language skills, they also contribute to supporting their executive functioning – the cognitive and social skills needed for self-regulation and cooperation.

At a nursery, we observed a practitioner with a group of 6- to 18-month-old children who were playing with a treasure basket.[\[footnote 15\]](#) One child became upset that another was playing with an item they wanted. The practitioner verbally acknowledged how the child was feeling by saying: 'It's frustrating when someone has something you want.' The practitioner comforted the child, saying 'I'm here' and distracted them with another item, gently singing as she did so. As a result, the child settled.

At another nursery, a practitioner was with 2 children aged between 18 and 24 months. One snatched a bowl from the other. The practitioner explained to the child who took the bowl that it is important to ask if they want to play with it or to wait their turn. They modelled language and asked about sharing and using 'may I have?' Both children nodded in agreement. The practitioner reassured the children and helped them to play cooperatively.

We also saw practitioners interact with children in a sensitive and nurturing way during their care routines.

In one nursery, we observed a practitioner changing the nappy of a 6-month-old. They narrated their actions while carrying this task out:

"Let's lift your legs and I will put your nappy on. Let's count the fastenings on your baby-grow. 1, 2, 3, let's close it now."

The utterances from the key person were warm and personal. The child heard lots of language, some of which was familiar and some of which the practitioner told us afterwards was likely new and from across the specific areas of learning. This showed that the practitioner was drawing on knowledge about the child to tailor the interaction to their specific communication and language needs, as well as using narration as a pedagogical approach to create high-quality interaction.

A nursery practitioner noticed a 12- to 18-month-old's cue when the baby looked towards them and gurgled. The practitioner responded to the baby's bid for interaction: 'Are you looking at me? What is [name of child] telling me? Are these my eyes? Is this my hair? What's this [pointing at nose]? It's my nose.' The practitioner pointed to themselves and to their own facial features while asking about each one, helping the child to make connections between the word and the part of the face. They also used body language to support the child's comprehension of what was being said. For example, the practitioner put a finger to their chin when pondering aloud what the child was trying to say. They also used a range of facial

expressions to help convey meaning and display interest.

We observed that skilful practitioners used effective strategies to support children's communication and language development.

For example, in one nursery we saw practitioners copying what children did, understanding that mimicry is an early communication strategy. For instance, when a child picked up a coloured shaker, a practitioner held another and sang: 'Shake and shake and shake and stop.' The child smiled and copied her action with the shaker. They repeated this many times, copying each other. We also saw a 6- to 12-month-old child splash their hands in the water tray. A practitioner splashed their own hands saying 'splash, splash', and the child then copied this repeatedly.

On a visit to a childminder, we saw some strong practice when the childminder took the children for a walk. The childminder encouraged the children to stop and listen to a range of sounds in their environment, including the sounds of different animals and water in the river. The childminder modelled the sounds and encouraged the children to copy them. They also used some signs to illustrate certain words, such as 'thank you' and 'stop'.[\[footnote 16\]](#) The childminder sang nursery rhymes to the children to help develop their communication and language further, squatting down and speaking to the children at their level. The childminder encouraged listening, modelled language and, importantly, maintained eye contact. They also gave the children space and time to practise, further embedding new language by recreating it in a rhyme. This showed a deep understanding of the different strategies required to teach language effectively. On the way back, the childminder started to sing some rhymes, including 'Old MacDonald Had a Farm'. The childminder got down to one child's level and asked them 'What does a dog say?' The child made the sound 'woof'. The childminder then repeated back 'woof, woof'. In this example, the childminder recognised that communication and language underpin all areas of learning.

To be able to teach children new language, it is essential that practitioners know about each child and the language they have already learned. Highly skilled practitioners help to enhance children's language development by giving them time to practise and embed what they already know, as well as by introducing new words. In a nursery that we visited, we noted that practitioners were knowledgeable about the children's interests and what language they were familiar with, and they used this knowledge to introduce new words to them. But they were not as skilled at further supporting the children's language development, because when they introduced new words, they did not give the children enough time or opportunities to practise them in everyday play and conversations.

High-quality interactions are crucial for developing babies' and toddlers' communication and language. Practitioners can significantly enhance children's language development by being intentional about their interactions, using effective strategies such as narration, and responding to children's cues. However, it is essential for all practitioners to give children the time they need to respond and to build on their responses to support their language development fully.

Physical development

During our research visits, we observed that practitioners placed a greater emphasis on delivering a curriculum based on communication, language, and personal, social and emotional development (PSED) than on physical development. While a majority of practitioners acknowledged the importance of physical development, this was not always evident in practice. And nearly a third of our survey respondents (31%) believed that physical development in babies and toddlers occurs naturally without adult intervention, when research indicates that adult guidance can significantly influence physical development, affecting the mastery of certain physical skills.[\[footnote 17\]](#)

Good physical development supports children in playing, gaining independence, having positive attitudes towards exercise, and forming healthy habits that benefit their physical health later in life. We observed a disconnect between some practitioners' beliefs and their practice regarding physical development. For example, some said that they encouraged physical activity, but also that they did not believe they could play a role in supporting physical development. There is a need for leaders – and the wider sector as a whole – to help practitioners understand the importance of their role in supporting physical development for babies and toddlers.

In nurseries and in childminder provision in England, there is a strong focus on indoor and outdoor active play.[\[footnote 18\]](#) For this to fully benefit younger children, practitioners need to understand how children progress in their physical development and what support they require. We observed several examples of good practice where practitioners modelled and encouraged physical development. For instance, at one nursery, a practitioner demonstrated to an 18- to 24-month-old how to roll clay by pressing and pushing it, then using a roller. The practitioner's modelling and narration helped the child to understand and replicate the actions.

In another nursery, a key person noticed that a child was not meeting typical developmental milestones for standing. The practitioner provided support by sitting beside the child, helping them stand, and placing objects just out of reach to encourage the child to reach for them. This interaction helped the child gain confidence and practise standing, a necessary step before walking.

Similarly, another practitioner supported a 12-month-old learning to walk by

holding their hands and encouraging them with verbal cues, which also enhanced the child's communication and language skills. The importance of practitioners having a secure knowledge of child development is evident from these interactions.

Child development for babies and toddlers is variable, and different children develop at different rates. This is a key part of the child development knowledge that practitioners need. Practitioners with a sound understanding of physical development can quickly identify delays or gaps and address them through well-attuned interactions – but they do not rush into identifying a child's development as delayed, as this can be stressful for the parent, child and provider. It was reassuring to observe examples of high-quality interaction for physical development.

Some practitioners recognise the importance of physical development – for example, many survey respondents reported encouraging tummy time, incorporating various physical skills in everyday interactions, and providing opportunities to support physical development. However, some practitioners need to understand this better, and to give it greater emphasis. It is concerning that 31% of our survey respondents believed that physical development in babies occurs without adult intervention. This kind of belief hinders effective adult guidance and discourages the kind of well-designed opportunities that are crucial for supporting physical development in babies and toddlers.

Personal, social and emotional development

Our research found that teaching PSED was often implemented through the key person role. Practitioners generally understood this role well, and appreciated its importance for babies and toddlers in their personal, social and emotional development. In nurseries where practitioners had expertise in supporting social and emotional well-being, children appeared confident and had strong bonds with their key person. These children were quick to seek help and comfort from practitioners when needed. Experienced practitioners encouraged self-regulation and independence, allowing children to problem-solve and practise activities before intervening. Independence was also promoted implicitly, for example by encouraging children to feed themselves or put on their coats.

During our research visits, we observed practitioners asking babies and toddlers if it was ok for them to change their nappies, and narrating what was happening throughout the routine – for example:

“I am going to change your nappy now, is that OK? Let's get you on the mat so we can get you nice and clean. Let's get the cotton wool and water, and here is a new nappy, can you see that. Right, I will lift your legs now, is that ok, good girl, let's wipe and all dry now. Shall we get you a nice clean nappy on? There we go, sticky sticky, let's stick it down, all nice and clean.”

Such interactions helped children to receive appropriate support for PSED,

as by age 3 disadvantaged children often exhibit poorer emotional health and self-control than their more advantaged peers.^{[\[footnote 19\]](#)} High-quality PSED relies on interactions that help babies and toddlers build positive relationships with familiar adults and other children.

Knowledgeable practitioners, when questioned during interviews, acknowledged, named and talked about children's feelings and emotions, explaining why the children might feel a certain way.

For example, when a 22-month-old showed a nursery practitioner what they had made, the practitioner responded positively, creating a sense of pride and accomplishment for the child. Another experienced practitioner used a child's fall as an opportunity to help them develop resilience and physical coordination. They supported the child to regain balance and encouraged them to understand and articulate their feelings. These interactions helped children settle quickly after setbacks and built their confidence in physical activities. Experienced practitioners were responsive to children's needs, purposefully designing interactions to support PSED.

Conversely, less skilled practitioners often distracted children instead of helping them understand and manage their emotions. For example, when children were upset about returning indoors, we saw practitioners using distraction techniques instead of explaining rules and expectations, indicating a lack of understanding of children's thinking and emotional needs.

We also observed interactions that provided only limited opportunities for fostering positive relationships. In one setting, practitioners engaged with a child while standing and preparing for an activity, without meeting the child's eye level. This lack of eye contact and divided attention reduced the quality of the interaction. There were also areas where practitioners lacked the knowledge to support children's emotional development effectively. For example, some practitioners did not acknowledge children's feelings when they fell, or failed to manage disputes effectively, missing opportunities to teach emotional regulation.

While practitioners recognise the importance of PSED, they need to understand it better and emphasise it more. Effective guidance from adults and well-designed opportunities to learn and practise are crucial for supporting PSED in babies and toddlers. are crucial for supporting PSED in babies and toddlers.

Routine times

Routine times, such as mealtimes, nappy changes, sleep times and 'circle time', are important for babies and toddlers because they provide consistency and security. When children know what is happening and what will come next, they feel safe and secure. This is especially important for babies and toddlers who cannot yet verbalise their feelings. Keeping babies and toddlers in a routine can help them feel settled and comfortable.

Experienced and knowledgeable practitioners capitalise on routine times, using them to teach children contextual language based on the routine. For instance, they may talk about the journey of food from farm to fork during mealtimes, or about hygiene during nappy/toilet time.

Routine times are sometimes the only opportunity for a practitioner to focus on a single child, and they are therefore an important opportunity for high-quality interactions. These interactions allow practitioners to be vigilant in keeping children safe and help them to assess children's needs and when they may need support.

In one-to-one interactions during routine times, learning can be personalised, as in our earlier example of a practitioner narrating their actions while counting and closing the fastenings on a child's baby-grow.

Skilled practitioners that we observed understood how to manage routines without disrupting the flow of play or learning. They weaved routines into the day's activities seamlessly, and vice versa. For instance, they included reading as part of the sleep routine, or learning about food as part of the mealtimes.

However, during our research visits, routine times were not always well used to advance learning through high-quality interactions for babies and toddlers. We particularly noted this where mixed ages were grouped together for routine times. This is because the provision was not organised in a way that benefited all children, and was not adapted to ensure that babies and toddlers fully benefited from appropriate interaction.

On one visit, we saw that practitioners' interactions with older children took priority; babies and toddlers were present but were not engaged with the routines or tasks. For example, all the children sat together for snack time, and a lot of thought had been put into how the older children would engage with this routine. Older children had to identify their own food mat and used utensils to cut and scoop fruit, while the practitioners used lots of language to describe what the older children were doing. However, the babies and toddlers did not participate in the task or interact much with the practitioners throughout. When asked about this later on, a practitioner said that the assumption was that the babies and toddlers would watch and listen to the older children, and this would be enough for them to learn and engage. However, to simply be in the company of older children is not sufficient for babies and toddlers to develop. Babies and toddlers also need encouragement, and they need behaviours and actions to be modelled directly for them and to them, and to hear language about what is happening.

On some research visits, we saw that routine tasks, such as preparing food, getting ready for the next activity, and updating devices for record-keeping, took priority over interacting with children. In some nurseries, and for some childminders, there was too much emphasis on the task at hand, to the extent that communication dropped to the level of basic instructions. This occurred even when

adult–child interaction was part of a routine, such as getting children ready to go outside.

For example, when preparing to go outside to play, we saw children attempting to put their coats on, while practitioners gave very minimal instructions, such as ‘one arm’ or ‘point your fingers’. When practitioners do not create high-quality experiences during transitional times, routines become mundane parts of the day in which the curriculum is not delivered.

Practitioners told us that the pace of the day with babies and toddlers can limit the extent to which they are able to focus on learning and development. For example, a practitioner told us that:

“It is very difficult to complete snack time, ensure dinner happens on time, get some time to go outside, get all the children to sleep, administer any meds and keep records updated whilst thinking about learning and development.”

If practitioners feel that they do not have time to plan and participate in high-quality interactions with babies and toddlers, it is important that leaders recognise this and support them by developing their ability to capitalise on these times. For childminders, it is important that they themselves recognise and make the most of the opportunities for high-quality interactions that routine times offer.

Practitioners’ knowledge, understanding and beliefs

Importance of qualifications and experience

Our research evidence, outlined in the earlier sections of this report, illustrates that high-quality interactions to support the development of babies and toddlers require a knowledgeable and skilled workforce. In other words, experience and qualifications matter when it comes to delivering effective provision for babies and toddlers.

We distributed a survey to early years providers through all local authorities in England to try to gauge practitioners’ understanding of curriculum and pedagogy, and of the pedagogical practices they use. Most of the respondents were childminders, leaders, managers or registered/nominated persons. The survey asked about their thinking and practice with babies and toddlers. It asked them to indicate how true of them different practices with babies and toddlers were, and the extent to which they agreed with statements about the education and care of babies and toddlers. (For more information about the survey, [see the Annex](#).) We received 1,411 responses that were complete and usable. We received some responses we could not use, for example from respondents who only partially completed the survey.

Most replies to the survey indicated that the respondents’ beliefs were in line with the EYFS and with good practice, as set out in our [BSIL research review series](#). For example, 96% of respondents agreed that early years practitioners working with babies and toddlers should be knowledgeable about the expected

developmental milestones for this age group. Just over 90% of our sample said that it was true or very true of their practice that they decide what to focus on next with babies and toddlers by thinking about what babies and toddlers already know and can do. And just over 87% told us that they discuss the progress and needs of babies and toddlers with their colleagues.

Our survey data on the education and care of babies and toddlers revealed that practitioners with greater experience and those with higher-level qualifications had better knowledge of child development. A good breadth and depth of knowledge enables practitioners to care for babies and toddlers in a way that promotes their development, grows their confidence and helps them to flourish as learners and as people. High-quality care is educative, and high-quality education is caring.^{[\[footnote 20\]](#)} To be able to deliver this takes skill and expertise.

On our visits to early years providers, we observed some poor-quality interactions between practitioners and babies and toddlers because of the practitioner's lack of understanding and knowledge. A practitioner told us that:

“All activities are age-appropriate; we make sure things are not too challenging... they [the children] just learn through play, with less structure... we don't make them join in... it's all free flow really.”

This kind of belief, where practitioners do not use their knowledge of what babies and toddlers already know and can do in order to provide learning, is detrimental to the development of babies and toddlers. It suggests that practitioners are not ambitious enough for them. In this example, the practitioners had not received any specific training in working with babies and toddlers, and so they did not understand – or believe – that they needed to provide activities and play that would develop the babies and toddlers in their care.

Our inspectors noted that in some cases, even when practitioners are ambitious for babies and toddlers, they do not have the knowledge required to deliver high-quality interactions that are attuned and personalised to them and will help them meet that ambition – especially knowledge around sequencing. ('Sequencing' refers to planned and incidental interactions that help children to make progress towards appropriately ambitious outcomes.)

For example, one inspector said:

“They [practitioners] focus on big milestones, the big skills that they want babies and toddlers to master. Sometimes we will speak to practitioners, and they talk about children not walking, and they tell us that they want children to be walking or saying their first words. But this shows a lack of understanding about sequencing the curriculum and just how those younger children learn and develop.”

Practitioners do not always use their knowledge of child development to inform their teaching. Inspectors commented that more needs to be done to help practitioners understand the smaller steps that babies and toddlers need to take in order to achieve the big milestones. They also noted that the concept of sequencing and how to apply it is not well understood. This was a common

training requirement for practitioners who work with babies and toddlers, especially for new practitioners, because they may not have the experience yet to understand this.

Practitioners who considered sequencing effectively for babies and toddlers developed learning incrementally, building on what the babies and toddlers already knew and could do.

For example, at one nursery, a practitioner explained that babies and toddlers hold a spoon at mealtimes, even before they can independently feed themselves. They said that the practitioners begin to teach babies and toddlers in 'Baby room 1' how to use a spoon to scoop and feed themselves through play and at mealtimes. Then in 'Baby room 2', a fork is introduced to build on what they have already learned.

At another nursery, we observed a practitioner outside helping an 18-month-old child to develop their walking skills. The practitioner gave the child lots of time to walk through the garden to the designated baby space, as he was wearing wellington boots for the first time. As he walked, he needed to negotiate steps and a slope, which was a physical challenge. The practitioner told us that they had been building the child's skills in learning to sit, crawl, stand and walk using sequencing. They set the foundation, helping children to fulfil the first steps and then 'scaffold' or practise skills that they needed to learn before moving to their next class, where they would expand on these skills.

On our research visits, we observed that what practitioners thought about their roles could have a negative impact on their practice with babies and toddlers. Some said that they found it difficult when they first started working with babies and toddlers, but now understand more since having more specific training. We found that when we observed practitioners, they could describe to us **what they were doing (for example, they told us that they were developing a child's communication and language by reading books)**; but when we interviewed them, they were often unable to tell us **why reading to children develops their communication and language skills** or **how they might adapt this activity in a useful way for a specific child**. They were also unable to articulate how they could move a child on in their development.

There is evidence to suggest that effective early years practitioners know why a given approach is effective in a particular context and with a particular child. This intentional approach to practice has been linked to improved progress among children in the early years.[\[footnote 21\]](#) It is worrying, therefore, that so many practitioners we spoke to were unable to articulate the reasoning behind their practice. Similarly, 17% of our survey respondents agreed that teaching explicitly was unnecessary for babies and toddlers. Practitioners who hold this kind of belief

are unlikely to be thinking about and approaching their practice in a way that supports the learning and development of babies and toddlers.

This is particularly concerning for our most disadvantaged and vulnerable children, because these children often require adaptations to ensure they can access the intended learning. For example, children who do not have regular, high-quality interactions and/or read stories at home, or who have gaps in their communication and language development, may need some adaptations (such as translation, visual aids or a slower reading pace) when being read to. This will enable them to engage with the text at the same level as children not in these groups.

Impact of experience and qualifications

In line with our qualitative findings, our survey data revealed the importance of experience and qualifications when working with babies and toddlers.

Overall, the survey responses were positive and aligned with what we know about high-quality provision for babies and toddlers. Nevertheless, the responses from those with qualifications at level 4 or higher were slightly more positive (and this difference was statistically significant). That is, practitioners who held a qualification at or above level 4 were more likely to demonstrate a higher level of knowledge and understanding than those who held a qualification lower than level 4. [\[footnote 22\]](#)

Similarly, there was some evidence of slightly more positive responses from those with higher levels of experience. Accordingly, early years leaders and managers – among the most experienced and qualified practitioners – showed the highest level of knowledge and understanding out of our sample of practitioners who work with babies and toddlers.

It is unsurprising that the most senior early years practitioners, and therefore those who are most highly qualified, are those with the highest levels of knowledge and understanding about child development. This highlights the importance of knowledge and understanding being cascaded to less experienced/qualified practitioners, to ensure it is distributed across practitioners working with babies and toddlers.

Clear paths of high-quality continuing professional development are beneficial for early years practitioners. [\[footnote 23\]](#) Where nursery staff and childminders already have the knowledge and understanding necessary to deliver good practice for babies and toddlers, expertise can be distributed in a number of ways. These include cascading evidence-based practice through in-house training, mentorship and self-directed study. In this way, subject knowledge can be passed on to practitioners where it is most required, and in the most appropriate and individualised ways. Other options include externally bought training packages and online learning, particularly where setting leaders/managers lack specific expertise or experience in working with this age range. We recognise that many EY providers are dealing with recruitment and retention issues, which make it challenging to share and embed learning.

We know that some lack of knowledge or understanding and some unhelpful beliefs can result from misconceptions, and we believe that these misconceptions

are a barrier to good practice. They will be discussed in the following section.

Barriers to good practice

Our findings highlight individual-level, provider-level and systemic barriers to the delivery of high-quality early years education and care for babies and toddlers.

Misconceptions

Misconceptions are individual-level and, sometimes, provider-level barriers. Our data revealed some unhelpful misconceptions among practitioners about babies and toddlers in early years education and care.

‘Babies and toddlers are too young to be taught anything’

Four per cent of our survey respondents agreed with the statement ‘Babies and toddlers are too young to be taught anything’. In fact, there is a strong body of research indicating that children under 2 learn effectively from interaction with adults.[\[footnote 24\]](#) Similarly, 13% of respondents agreed that ‘Assessing babies and toddlers’ learning and development is inappropriate’. However, ongoing assessment – the practice of interacting with children to understand what they know and can do – is vital in the early years to ensure that teaching is just ahead of children’s current levels of knowledge and skills.

‘Babies only need care, not education’

In our focus groups, inspectors told us that early years practitioners who work with babies and toddlers often view themselves as carers rather than educators. When inspectors questioned this on our visits to providers, one practitioner said:

“Parents are looking for care, primarily.”

Another practitioner said that they did not want their setting to feel like an ‘educational facility’ but more like a ‘family home’ for babies, toddlers and parents. This is a false dichotomy, however. As previously stated, high-quality care is educative, and high-quality education is caring. If a baby or toddler is being well cared for, their learning and development are being supported. Likewise, to provide good support for a baby or toddler’s learning, their care needs (such as comfort and hygiene) must be met. Where practitioners saw themselves as both educators and carers, or caring educators/educative carers, we saw them deliver a higher standard of early education and care. This was largely because they understood the potential impact of their role as early years practitioners. Those who viewed themselves as only carers had lower expectations for children’s learning.

‘Everything moves towards “school readiness”’

Our inspectors noted that some providers focused too much on the concept of ‘school readiness’ as the purpose of early years provision, and that this resulted in a lack of ambition for children in the babies and toddlers age range. In other words, because babies and toddlers are the farthest age group from starting school, they sometimes receive the least attention on their learning and development. As one childminder told us:

“Everything moves towards ‘school readiness’.”

One provider we visited had designed a thorough curriculum for older children, with input from reception teachers. But no such thought was put into the curriculum for babies and toddlers – for them, any learning happened by chance. This kind of practice needs to be challenged by leaders and by inspectors, as it means babies and toddlers will not develop as quickly as they could, and their foundations for learning will not be formed early enough, which can cause issues for their education later on.

Recruitment and retention

Recruitment and retention are provider-level and system-level barriers. A third of our survey respondents (33%) said that they were thinking about leaving the early years workforce and finding a different kind of job. Similarly, leaders at every setting we visited told us they were facing recruitment or retention issues. Managers told us that they had high staff turnover and were finding it difficult to hire qualified and experienced practitioners. Consequently, some told us that they had recruited people in the last year who were less qualified than the practitioners they had hired previously, or were taking on more apprentices. One nursery manager revealed the struggles that they had with retaining practitioners, which showed that unhelpful perceptions about working in a baby room act as a barrier to recruitment. They told us:

“...working in the baby room is seen by the uninitiated as mere babysitting, but on starting the role, new recruits realise that there is a huge amount of responsibility involved...”

Some of the challenges highlighted in this report, including certain misconceptions and lower-quality interactions, may be partly influenced by the ongoing workforce challenges. Newer practitioners may still be developing the knowledge and confidence to see themselves as carers and educators, and may not yet have received the training they need to fully support high-quality interactions.

We appreciate that early years leaders are addressing issues stemming from high turnover of practitioners. However, we are concerned about the impact of this on the quality of early years education and care for babies and toddlers. [Our blog on the workforce challenges in the early years sector](#) points out some things that leaders can do to minimise the impact on children, such as ensuring that information-sharing is robust.

Some practitioners who were new to their role told us that they had received insufficient training for working with babies and toddlers. Existing practitioners said that regularly having new practitioners starting at their setting meant that they had to coach and support them, and they struggled to find the time to do this. It is imperative that leaders provide specific training and time for the education and care of babies and toddlers, so that practitioners can deliver high-quality provision for this particular age range.

Our data also indicated that some practitioners working with babies and toddlers had low morale, reporting that they found the work intense and demanding. Of the 1,411 respondents, 17% said that if they could choose an occupation today, they would not choose to work with babies and toddlers. The [workforce blog](#) that we published last year highlights that when leaders and managers consider the well-being of their workforce, they are more likely to retain them. The recommendations we made include personalised and focused training plans for practitioners' development, and creating a supportive environment where practitioners feel listened to and managers respond swiftly to issues related to workload and well-being.

Implications

The implications of our research vary for practitioners, managers/leaders, Ofsted and policy-makers. We encourage all stakeholders to use the findings from this research to achieve the best that they possibly can for babies and toddlers and give them the best start in life.

Practitioners should:

- actively support and guide babies and toddlers in refining their physical development
- reflect on their understanding and knowledge of high-quality interactions with babies and toddlers, take part in professional development that is specific to this age range, and aim to keep up with developments and new thinking in this area
- reflect on their curriculum design for babies and toddlers, and use and develop routine times for implementing their curriculum
- reflect on how they perceive themselves professionally, which affects their practice – practitioners who saw themselves as both carers and educators were better able to support children's development

Managers/leaders should:

- support practitioners to identify gaps in their learning, especially before the government introduces its childcare reforms in September 2025, which will

increase access to early years education and care for babies and toddlers

- provide time, space and supervision for practitioners to meet professional standards and address their development needs relating to the education and care of babies and toddlers
- actively address misconceptions about working with babies and toddlers, and support practitioners to overcome barriers to high-quality care

Ofsted should:

- consider these findings when developing inspector training

Policy-makers should:

- use this research to consider the impact of their policies on children in the first 2 years of their lives, given that these are vital in laying the foundations for children's future learning, social well-being and life outcomes
- continue to acknowledge the importance of practitioner qualifications and experience in delivering high-quality education and care for babies and toddlers

Conclusion

This research provides evidence to demonstrate that beliefs, attitudes and understanding about babies and toddlers influence the practice of practitioners who work with this age group. This research also emphasises the importance of qualifications and experience, because they influence 'process quality' – that is, what the practitioner does with children and how well they do it. The knowledge and skills of EY practitioners are crucial for the development of our youngest learners, particularly children who are disadvantaged, vulnerable or who have special educational needs and/or disabilities (SEND). This is especially important now, because the recent childcare reforms and those that take effect from September 2025 mean there are likely to be more babies and toddlers in early education and care.

This research may also be useful for leaders reading and using the government's recently published [guidance](#) for the experience-based route (EBR), as it provides important insights into the factors that will help to achieve high-quality practice for those working with babies and toddlers. Beliefs, attitudes and understanding about babies and toddlers are important because they affect the way that a practitioner approaches their practice. Skills and knowledge are fundamental because they determine the quality of a practitioner's delivery. And experience is important because it helps practitioners adapt their practice in different contexts, especially for the babies and toddlers who are disadvantaged, have SEND or are vulnerable.

By sharing both strong and weaker examples of practice, this research aims to support leaders and practitioners in refining their approaches to best support our youngest learners.

Annex A: detailed research methods

Literature review

In autumn 2023, we carried out a rapid review of academic and grey literature. Fourteen research papers were selected using the search terms ‘learning in infancy’ and ‘infant pedagogy’. We created a literature matrix for each item, identifying the themes, focus, methodology and key findings of the papers to develop into an in-depth literature analysis. We then used this to scope the project, and to inform our data-collection tools. We also created a policy summary based on ‘Development Matters’ and the EYFS framework.[\[footnote 25\]](#)

Practitioner survey

The main aim of the practitioner survey was to gain a nationally representative picture of practitioners’ understanding of curriculum and pedagogy, and of the pedagogical practices they report engaging in. We sent out a pilot survey in advance of the main survey to test for any possible adjustments that were required.

The survey comprised 3 sections: practitioners’ demographics; practitioners’ knowledge, beliefs, attitudes and emotions towards working with babies and toddlers; and practices of baby/toddler room practitioners. We sent the survey to all local authorities in England, except to the local authority where we had piloted the survey, and asked them to forward it to any practitioners currently working with babies and toddlers. We also sent it to early years member organisations in England, who were asked to include the survey in their mailing list.[\[footnote 26\]](#) The main survey was active for 2 weeks and we received 2,611 responses. We could not use some of the responses, for example those where the respondent only partially completed the survey. The total number of complete responses to the survey was 1,411.

Total responses deemed as full responses by Smartsurvey	1,774
Of which: excluded by screening questions	360
Excluded for completing very few questions	3

Smartsurvey defined partial responses (excluded)	837
Analytical sample	1,411

Based on previous research, the survey was designed to reflect 10 different dimensions of cognition and practice. Items were combined to form subscales, which were checked for reliability. Only when items were combined into 2 scales – an overall cognition scale and an overall practice scale – did they meet conventional criteria for reliability. We examined how these scale scores varied by respondent characteristics, and how practice scores with particular respondent characteristics were associated with cognition scores.

Pre-visit inspector focus groups

In January 2024, we held 2 focus groups with a total of 15 early years regulatory inspectors. The purpose of these was to use the inspectors’ expertise to inform the methodology for our research visits. They were held virtually and were audio recorded for note-taking purposes. Notes for the focus groups were kept anonymous and saved onto separate Microsoft Word documents, which were then coded individually by 2 members of the research team.

A summary of the main themes that emerged from each group was created, which included the number of times each theme was mentioned in each focus group. Inter-rater reliability testing was used to test the validity and consistency of the codes identified. This analysis was used to inform our visit methodology and support the design of our data collection tools.

Provider visits

During the spring term of 2024, we carried out research visits to nurseries (not attached to schools) and registered childminders. When preparing to invite participants to take part in our research visits, we wanted our recruitment sample to meet the following criteria:

- visits to all Ofsted regions
- an equal mix of outstanding, good and requires improvement Ofsted graded judgements
- providers must have babies and toddlers in their setting

The exact balance of the nurseries and childminders we visited was affected by recruitment challenges.

Breakdown of actual visits by provider type, region and judgement

Characteristic	Range	Amount
Type	Registered childminder	3
	Nursery not attached to school	13
Region	South East	1
	South West	2
	East of England	3
	East Midlands	3
	West Midlands	1
	North West	1
	North East, Yorkshire and Humberside	3
	London	2
Graded judgement	Outstanding	14
	Good	1
	Requires improvement	1
	Inadequate	N/A

Two pilot visits were conducted before the main research visits, one at a childminder and one at a nursery. The nursery pilot visit was conducted by an early years regulatory inspector (EYRI). The childminder pilot visit was conducted by a member of the early years policy team who had previously worked as an EYRI. Both received research training before the visits.

The main research visits were each led by an EYRI who had received research training. We asked the EYRIs to collect primary data from the visits and evaluate the evidence they collected at the end, to explain in more detail the effectiveness of the provision they had observed. On 2 of the visits, a member of the research team attended to help with collecting data. The research visits took place over the course of 1 day. Before the visits, providers were given the flexibility to amend the timings of the visit timetable to minimise the burden on practitioners, and to ensure we covered all research activities where possible.

The main research activities consisted of a guided tour of the areas used by babies and toddlers; multiple observations of the practice of up to 3 practitioners working with babies and toddlers, including a lead; and semi-structured interviews of the practitioners we had observed. It was important for us to ensure that the research activities focused solely on the practitioners, so no data was collected on parents or children who were present during the research visit.

Once a research visit was confirmed, the provider was sent an information sheet with an opt-out form. The provider was asked to distribute these to both the practitioners and the parents of babies and toddlers who would be present on the day of the visit. Participation in the research was voluntary for all participants

involved; verbal consent was obtained before any research activity began.

We included observations of drop-off and pick-up so that the EYRIs could watch how practitioners interacted with parents and babies/toddlers. We asked the EYRIs to capture whether there was any information-sharing happening with parents, and how the practitioners responded to any unsettled babies/toddlers.

A 90-minute observation was included so the EYRIs could observe practitioners interacting with babies and toddlers. We asked them to make notes of the different types of routines, teaching and learning that took place within that time, including their own evaluations of the interactions against the EYFS framework. They were also asked to note down any interactions they wanted to understand further to use as questions during the interviews that followed.

We wanted the interviews with practitioners to happen straight after the 90-minute observation, so that the EYRIs could ask questions that directly related to what they had observed. Practitioners were also asked general questions regarding their understanding and feelings about working with babies and toddlers. A group of questions was reserved specifically for babies and toddlers leads.

No audio was recorded of any of the research visit activities. Instead, the EYRIs took detailed notes. Detailed note-taking is common in inspection and research practice, so the EYRIs were able to draw on their experience of capturing data in this way. Once the visit was complete, the EYRIs were given one working day to finalise their notes in the data collection tools. They were also asked to provide an evaluative summary of the curriculum intent and implementation, pedagogy and cognition they had observed from practitioners during the visit, as well as any strong practice or challenges they identified.

Once the data collection had been completed, the research team began its analysis, taking a thematic approach and coding the data using MAXQDA software. An initial coding framework was developed using the main themes identified from the focus groups and the survey, as well as the literature review and the high-level research questions. Initially, the 2 pilot visits were coded to identify any missing or additional codes that needed to be included in the framework. Two researchers independently coded the same pilot visit data. Once finished, the researchers noted down and discussed any similarities or differences in the codes they had identified and used, to ensure consistency with the framework. The same coding framework was used to analyse both the nurseries and childminders visit data.

Post-visit inspector focus groups

In April 2024, we held 1 inspector focus group with 8 EYRIs. The purpose of the focus group was to use inspectors' expertise and experience to discuss and sense-check the emerging findings from our research visits. The focus group was held online and audio was recorded for note-taking purposes. The feedback from the inspector focus group was then used to help determine our main findings and

shape the key themes and findings that were coming through from all our data sets.

Limitations

We intended the survey to be representative of the EY workforce. However, once all usable responses were received, we concluded that it was not representative. We acknowledge that in the final sample used for the research visits, we visited fewer childminders than we had intended, because it was challenging to recruit them for research visits. However, we have still been able to draw conclusions, as we have triangulated our data with existing literature and our other research activities.

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 2. [‘Childcare choices: 15 and 30 hours childcare support’](#), HM Government, March 2025. ↩
 3. “Each child must be assigned a key person. Their role is to help ensure that every child’s care is tailored to meet their individual needs, to help the child become familiar with the setting, offer a settled relationship for the child and build a relationship with their parents and/or carers. They should also help families engage with more specialist support if appropriate.” [‘Early years foundation stage statutory framework for group and school-based providers’](#), Department for Education, March 2014 (updated November 2024). ↩
 4. A level 4 qualification is equivalent to the first year of bachelor’s degree –for example, a certificate of higher education, higher national certificate, higher apprenticeship, level 4 diploma or level 4 NVQ. ↩
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[‘Best start in life part 2: the 3 prime areas of learning’](#), Ofsted, November 2022 (updated October 2024). ↩
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 22. Level 4 qualifications are equivalent to the first year of a bachelor's degree. These include certificate of higher education, higher national certificate, higher apprenticeship, level 4 diploma and level 4 National Vocational Qualification (NVQ). [↪](#)
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25. Development Matters is non-statutory guidance for the EYFS. See: '[Development Matters](#)', Department for Education, March 2017 (updated September 2023). [↪](#)
 26. These organisations were: London Early Years Foundation, Early

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