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The best from two worlds

Swedish publicly employed family day carers have revolted against their working situation and are now demanding a 40-hours' working-week. Already a majority of the local authorities in Sweden have accepted to reduce their working hours, and more are going to. Many fear that this can mean the end of family day care in Sweden, as the children have to stay with at least two carers every week, and often all children are gathered in a common group one day a week. Will the parents accept this, and what about the children?

Or is it the other way around, that this might lead on to something new, and better?

The history of FDC in Sweden

is a history of the development from an almost entirely private business into an almost public one.

In **1946** Sweden had its first publicly supported FDC, situated in two of the major cities. A state committee (SOU 1947:46) explained that the local authorities should look for trained nurses and pre-school teachers who "are prepared to contribute to the social welfare without expecting economical gain". The FDC of that time was an almost entirely private business that received a small economical contribution from the local authorities, who even sometimes performed some kind of inspection.

The start of FDC reveals a conflict within the social welfare programme in Sweden. Part of the social-democratic policy has always been that women shall earn their own money and that children should be brought up collectively. FDC has always - more or less openly, been seen as a "not wanted privatisation of child care". So FDC is needed, but not wanted. Since then FDC has been a thorn in the side of public child-care in Sweden. It is often "forgotten" and silenced. One typical sign of this is the lack of national rules and regulations.

In **1968** FDC received state support following the recommendations of a state commission (SOU 1967:39) to gain better control over FDC. This led into the carers joining one of the biggest trade unions in 1970. This was an important step towards a more public, and professional attitude, but it did not happen without conflicts. One of the carers who actively worked for the unionising has described the enormous difficulties the carers had to face (Nilsson 1991). The resistance was enormous, from other carers, from local authorities, from the union and not least from many husbands, who this way felt they lost their housewife.

Around **1980**.. FDC-groups became more and more popular, opening up doors of the homes, for the carers to see how other carers worked. Carers started co-operating, meeting once a week with the children, arranging group-activities and discussing their work, and how to act as substitutes for each others. This was received with

enthusiasm by many, but even with resistance from others. Arguments that were used were for instance that "carers won't do this, parents won't accept it, the union will not. And we have no money for this". The results proved that this was a most important step into a higher degree of professionalism for many carers. And as it turned out, even the parents were satisfied. 10 years later FDC-groups were established all over the country, and they were seen as something quite natural.

In **1986** the carers a new national agreement, giving carers monthly wages, and with that the same benefits as other employees, with paid holidays, sick-leave and pensions. But the agreement even forced carers into more homogenous working conditions. Now it was no more possible for carers to make demands as for working hours, ages or amount of children. This led to enormous protests from carers, and we had wild strikes all over the country. 10 years later nobody would want to change and go back to the old system.

Around **1995** we had the first local agreements with local unions to have limited weekly hours. The agreements vary but in some municipalities the carers can have 40 working hours a week, of which 1 hour is for planning activities. And again, we have experienced much worries about this.

As it seems there will always be many voices against new developments, expressing fear of losing "the soul of FDC" or rather the unique qualities of FDC.

The unique qualities of FDC:

- One main person with the children - which can lead to a close attachment between children and carer
- A - relatively - small group of children who can almost be seen as siblings, at least in Sweden where we still have varied age-groups in FDC
- Homelike environments. Children can learn about grown-ups' work, how to cook etc. And they can actively participate in this.
- Flexibility and a possibility for individual regards to children's special needs.
- Diversity - there are carers answering to all needs: night-care, allergies, and parents' special wishes.

These values are all very well and all who work with FDC recognise them as essential. But we even have to realise that not all FDC is like that.

Shortcomings of FDC

- One main person with the children - which can lead to problems if the carers and the children and parents haven't established a good contact
- A small group of children which can mean that there is no playmate of same age
- The homelike environments can mean that the carer has not time enough for the children and that there is not enough toys and activities for children
- Flexibility, individual regards - but no planned activities - lack of learning activities
- Diversity - in FDC we have the best of care, but even too many carers who are not good enough.

So the catch here is that all what is special and positive about FDC even can be its failures and shortcomings. In most countries this is discussed at length and we see

many different ways of trying to overcome the problems. We even all have experienced how the shortcomings of a few carers can be used as arguments against all FDC.

What does research tell us?

So let's turn to research for help. What do researchers say about children in FDC? How is the care in FDC compared to other kinds of care?

Unfortunately, not very much. FDC actually is a white - or light grey - spot on the research-map. Some comparative studies have been made, but haven't given any sure results.

In 1991 van Crombrugge summarised many comparative studies, and concluded that centre-care tends to stimulate the intellectual development of children more, whereas FDC stimulates the emotional development and is better for the health of children. American research have sometimes showed that children in centres do better in most ways than children in FDC, but both Hennessy et al (92) and Lamb (97) say that it is not possible to find any differences in the development of children that can without doubt be proved to be an effect of their kind of childcare.

Lamb points out: "Day care has a myriad incarnations and must always be viewed in the context of other events and experiences in children's lives".

Compared groups of children might not be comparable - how can a researcher ever be sure that he compares what he believes? For example have researchers observed children's behaviour in "laboratory situations" resulting in better performances from children in centre care, as the surroundings remind the settings of the centres. In one study children from a university centre were compared with children in private, unregulated FDC in a poor area.

Several British researchers have discussed this and for ex. Peter Moss (1987) says that the differences in the results shown can be explained by the attitude of the researcher, rather than by the differences in childcare.

Longitudinal studies in Sweden don't give any clear results, either. Children who start centres before one year of age have been estimated to do better in school than others - but they also have better educated mothers as a whole. The children in FDC in this study can be either in public FDC or in a private ones, including being looked after by relatives. The study was started in the early 70-es and the quality of care in the different types of care is not being discussed. And ,certainly, both centre care and FDC has changed a good deal since the children in the study attended child care. So it is important always to be suspicious, especially whenever some comparative study is blown up by media. What has been studied, and how?

These examples show that we have a problem. Much research is too old or too biased and cannot give us any straight answers. Instead we have to look into the quality of care and not into the kind of care.

New research - the competent child

Let us first have a look at the most recent research on children.

Dion Sommer is a Danish researcher who has gathered and compared research on children from the later years (1996) and he claims that we now can see an evident change of paradigm where the view of children is concerned.

Most important in this change has the research of Daniel Stern been and his studies of babies. We now realise that children relate to the adults around them already in the womb, and certainly as soon as they are born. They are not "empty bags", living in an almost autistic world of their own as formerly believed. They can see and focus from shortly after birth. Now, we realise that they actively interact and seek to obtain competence.

That children are competent has become the most discussed results of research the last years. Children can manage much more than we had believed. This even implies that many of the old theories that we learned during our education have been questioned and even rejected. Erikson and Piaget build their theories on very narrow research, claiming universality for white, western, middle-class ideals from the 30-50es. The theories did not consider differences in culture, time. As we all know, the lives of children to-day differ much from that in the 50- 60es.

Sommer claims that we should not talk of child-psychology but of childhood-psychology.

Child-psychology

Big general theories
Universal knowledge

Experts seen as neutral, objective
Family-centring
Mother-centring
The fragile child
Development through phases

Socialisation
Stimulation and teaching

Childhood-psychology

Mini-theories, partial theories
Culturally and historically related
knowledge. Knowledge must always be
revised

Experts as results of their time
Net-work relationships
Children have several important adults
The competent child
Development of cultural, social and
personal competence
The child as actor
The child searches out information and
actively learns

What is quality?

Returning to the question of quality in child care this new research forces us to review a lot of our former views on quality. Much of what we have taken for granted builds on the traditional meaning of child-psychology so if the knowledge on that has changed, developed and deepened, so must our view on what quality is.

A first, and difficult question to ask is: Who should, who can decide what quality is? We have been discussing quality during this conference, but what do we mean by that? Is my opinion of quality the same as yours? And is mine better, more correct than yours?

These are most provocative questions, but extremely important to discuss, in the light of the new realisation of childhood as a result of culture and time..

The English feminist researcher, Jane Ribben says: Quality mirrors a middle-class culture of middle-aged people (1994). She has conducted interviews with English middle-class mothers and found big differences between their ways of viewing children and child-rearing. Ribben distinguishes three major groups of basic perceptions of children:

- "Natural innocents", that should not be disrupted by adults who should be adaptive in their rearing and form their lives according to the need of the children. Connections to Rousseau, A.S. Neill
- "Little devils" - potential wilds who can be expected to do anything if not directed and corrected. Need rules and punishment. Children should adapt to the life of adults. Connections to Locke.
- "Small people" with rights and personalities of their own. Mutual respect, both adult and child have rights. Negotiations. Builds on the UN Children's rights commitment.

Ribben's findings can be confirmed when looking around in the neighbourhood, we will easily find examples of all three different attitudes towards children, both in parents and in professional teachers.

The Swedish researcher Gunilla Halldén has interviewed parents on their understanding of children. Halldén found two general ways of viewing children:

- The child as a project: something to form into what you expect. You have goals for your child. Firm belief in experts.
- The child as being: An individual of its own with its own driving force to develop and learn. Needs adults as support. Parents feel quite competent.

Our western society places much emphasis on the cognitive, intellectual development, high beliefs in schools, training, early education. We can see that those who are in a position to decide how others should behave, or bring up their children, are persons with a distinct view of children as projects

In my own research I have looked into different kinds of "consumer's reviews" to see what parents prefer for their children (Karlsson 1994). Most parents appear to be quite satisfied with their child-care, almost too many to be quite true. A small group is not satisfied, and they mostly have their children in FDC. But then there is another group who is extremely satisfied, and they too mostly belong to the FDC-parents. In

general, parents with children in FDC rate their childcare higher than parents with children in centre-care

FDC-parents especially value the close contact with one person, the natural surroundings in a private home and the flexibility.

Several parents claim that they appreciate the lack of a set time-schedule, so that the children instead get a chance to use their own imagination for free play. FDC-parents feel more often than Centre-care-parents that they get sufficient information about what happens to their children during the day, and that they have influence over what happens.

I have conducted an interview-study with parents, queuing for a place in FDC for their child. My findings are that parents who want FDC have a typically view of children as beings. They see their children as very special individuals who need space to develop in their own time. They want the flexibility and possibility of individual considerations of a small group. But they worry about being dependent on one soul person.

I have even asked 12 years-old children about their memories of child care. Almost all of the children I talked to are quite happy with their childcare.

"Most important is to have someone who cares about you" says a boy.

Maybe the centre-care children seem to be more black/white in their description of the adults. FDC-children seem to have a more complex picture of their carer, and even if they have some critical views, they still find excuses for the carer "She always was so busy with the small ones. She couldn't know all that what going on" says a girl who tells about the mobbing of another child.

What is interesting is that what the children mostly remember are the "small" everyday incidents, not the big excursions. What they especially remember as happy occasions are when the carer does something a little crazy, allows something unexpected or makes them all laugh.

Qualification and training-programmes

Going back to the discussion, we have discussed ways of obtaining quality in family day care for years and not least of measuring quality. And here we have a problem, as most rating-scales build on Ericson and Piaget and do not discuss differences in cultural settings.

Kathy Modigliani, from Wheelock College, Boston has worked out a set of Quality Standards for NAFCC Accreditation (National Association for Family Child Care). The accreditation has been developed through a 3-year consensus-building process, guided by 100s of carers, parents, resource-staff and early childhood education experts. The accreditation builds on a self-study procedure, where carers review the accreditation and reflect on them, designing their own development plan, and how to improve their work. Then an observer visits during a whole day. What I especially like in this is the possibility and allowance for the carer to disagree with what is set up as a quality standard. If the carer can give an acceptable reason to why she does not meet certain standards her answer is respected.

Kathy Modigliani herself explains that though they in the work with the accreditation listened carefully to African-American and Latina voices they know that the standards have only the tip of the iceberg in setting culturally appropriate standards, and Modigliano hopes for dialogues with people from other countries and cultures.

In Sweden the preschools have had their own curriculum now which in most ways builds on the new way of viewing childhood. The new curriculum is not valid for FDC, but should guide FDC, who in-stead gets "General Advice" that I have been in charge of writing. The spirit of the curriculum and the GA is in much inspired by the UN Children's rights commitment.

Both the curriculum and the GA deal mostly with the questions of quality from an overall, not very detailed angle, and they describe the rights of children to have access to various learning-prospects, and not what children themselves must learn. My overall conviction that I have tried to implement, is that children in FDC have the same rights as other children in day-care to care of high quality, but that the care in FDC is performed in other settings that are important for how it is shaped.

What happens in FDC?

What always strikes me in my work is that we know so little of what kind of life children are offered in FDC - but we meet so many assumptions. In my EEC-report I described the differences between the context of FDC, but we don't really know how for instance Qualification- and training-programmes, supervision and support influence the everyday life of children.

Is there a special FDC-code? Is it international?

It is difficult to get a true picture. If you come as an observer to a carer, of-course you interact and your being there will change what happens. Besides, who has the right to interpret what is observed? In human interaction there will always be a lot of signals that an observer cannot see or interpret. Few have given voice to the carers themselves to describe their work

So in my recent research, I have chosen to ask carers to write logbooks, following one child of approximately 3 years during a 2-weeks period, writing down what the child does and with whom. Afterwards I ask the carer to write down what her objectives and goals are, what she wants to give to the children. Can I rely on the carers? I have to realise that they might "colour the picture". And that only "good" carers accept to do something like this. But still I fell that this can give valuable information.

I have had 7 logbooks so far, and have received the most fantastic material, from one small town - the carers work 40 hours a week. They reveal already an enormous diversity - but maybe even some patterns. I am going to find other carers in other parts of Sweden. In the future i hope to be able to repeat this even in other countries.

Conclusions

We think we know today how important it is for children to be allowed to develop in their own space and to be given the opportunities to actively seek knowledge to improve their competence. That children have a strong drive to do so, but that it takes adults who really care and see the individual child and inspiring settings to do so.

What especially intrigues me is that looking at what Sommer says about the new paradigm, about childhood psychology, in many ways seem to match the view of the child as a being that Gunilla Halldén has found in many parents and that I found in most parents wanting FDC.

But it is extremely important that we do not take this as a reason to relax and believe that all is well. Instead, as I see it, this way of viewing childhood certainly places higher demands on the adults around the child, demands on flexibility, empathy and sensitivity, but even on knowledge and competence. And a willingness to revise the of-courses and routine-like rules, to check why they are there, for what reasons. We must take time to reflect on our work, and be prepared to learn from our mistakes and successes.

We certainly can do this in FDC, and I think we have a tradition for it. Here are examples from one logbook that exemplifies it. Minnie is two years old and is placed with Mary, who lives in the countryside south of Stockholm. The logbook was made in January:

09.00: We arrive at our group-meeting. Pat (another carer) helps with the over-all. The other carers are there already with their children. Minnie starts playing at-once with Ed in the "kitchen-corner". Minnie laughs and takes turns with Ed hiding in a cupboard. Mary comes and we feed the teddy-bears.

09.30 We gather for a while. We all tell our names. Minnie says: "My name is". The other children help saying her name. We dance and sing some traditional Christmas dances. Minnie loves dancing! After that we eat fruit. Minnie wants to sit at one table but to take a chair from another. That chair is red and lovely. Minnie and Mary help each other changing chairs. Minnie is thirsty. She drinks three glasses of juice, but only wants half an apple.

10.00 Minnie plays with the children in the play-room while Mary talks for a while with her coordinator who is visiting.

10.30. Minnie and Ed want to draw. Some other children are already drawing. Minnie draws for a while, then she wants to use the scissors but cannot. Anger and tiredness, time to go home. Clean up what is left, get dressed and out to the car.

Later that day:

14.30. Snack. Home-made soup from strawberries and blueberries. Minnie loves berries. Yummy. Wash fingers and mouth. Minnie loves eating with her fingers.

15.0. We are getting out. Overall and rain-clothes. The snow has melted away and the ground is covered with mud, water and ice. We walk to the farm to collect eggs for tomorrow's lunch. The eggs are in Kathy's kitchen. We place the eggs in a basket that Mary brought with her. We say hi to Kathy who comes in and asks how we are doing. On our way out we meet Allan. He has been collecting more eggs from the hens. Minnie looks in his basket.

15.30. On our way back we stop at the wagon that Allan uses for transporting timber. The children may play on that. The older children play pirate-ship and then air-plane. Minnie is with them, sometimes she is allowed to steer. Mary helps when it is difficult to climb. Then we run down the meadow. Minnie picks old dead flowers and looks at the poop from the horses. Minnie runs down the hill, waves and shouts: Bye-bye. No further, cries Mary, the road is close, there might come a car. Mary comes and together we run up-hill. We look to see if the birds have been eating. Minnie rolls around in the wet grass. All want to swing. The neighbour's son has come out to play. Minnie wants to be pushed, Mary pushes and sings. Chris is cold, poor Chris, we have to go in. It is not nice to be cold.

I think Mary gives wonderful glimpses of what it is all about. She shows how it is possible to combine the group-settings with the flexible life in a home. A father who was interviewed on his regards of the new way of working in FDC explained:

"This way we get the best from two worlds."