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ABSTRACT

This report on European developments in infant and toddler care services was prepared to help define issues and options for the improvement and expansion of infant and toddler care and family support systems in the United States. Introductory comments suggest that advanced industrialized countries have almost unanimously elected universal but voluntary preschool for children for various stated purposes. The report next focuses on six countries whose experiences are most relevant to the United States, providing an overview of child care coverage and options, administration, costs, educational philosophy, staffing, and family support services. Detailed profiles of specific schools, programs, or initiatives are also included. Highlighted findings include the following: (1) Denmark has the highest coverage of child care provision for children under age 3 in Western Europe, combining center care and family day care of high quality; (2) in France, services for children under age 3 are under health auspices, while its preschool program service for children aged 2 to 5 years is under education auspices, and family support services are emerging out of this base as a universal program; (3) Italy has almost all of its 3- to 5-year-olds enrolled in preschool, but has only limited coverage for children under age 3; (4) Finland and Sweden, in systems covering all children to age 7, have pioneered parental at-home options for infant care, while also legislating a right to a guaranteed child care place; and (5) England has the smallest proportion of very young children in out-of-home child care. (AC)

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a welcome for every child

care, education, and family support for infants and toddlers in europe

SHEILA B. KAMERMAN and ALFRED J. KAHN

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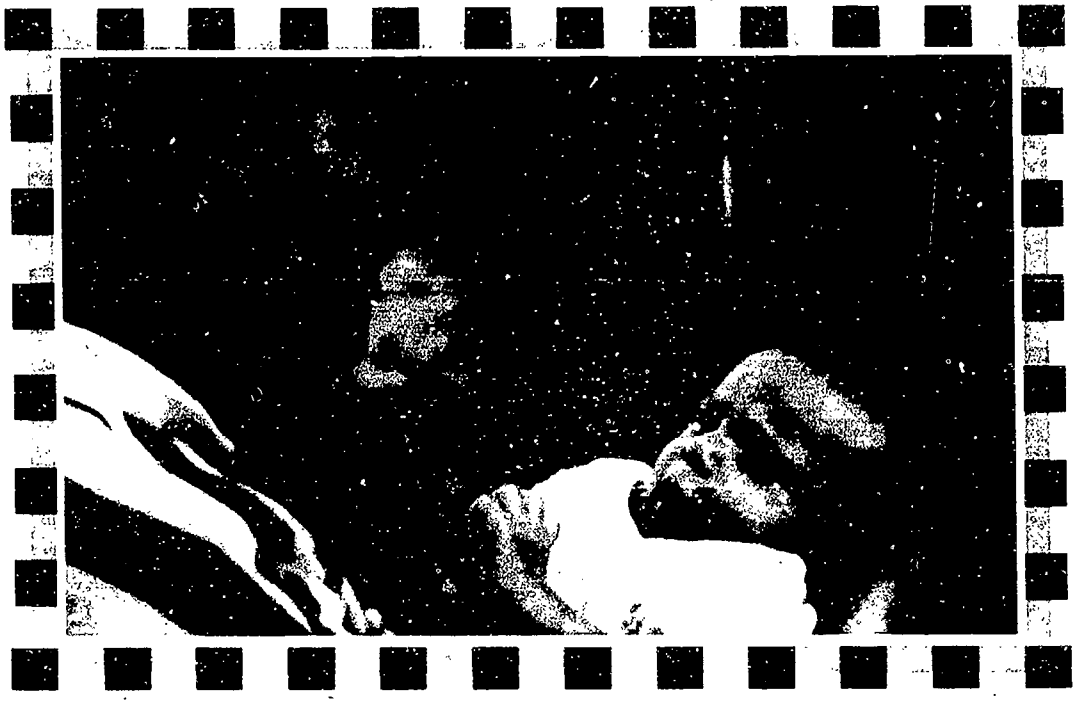

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National Center for Clinical Infant Programs

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ZERO TO THREE/National Center for Clinical Infant Programs is the only national non-profit organization dedicated solely to improving the chances for healthy physical, cognitive, and social development of infants, toddlers, and their families. Established in 1977, ZERO TO THREE is committed to:

- exercising leadership in communicating the importance of the first three years of life;
- focusing attention on the quality of infants' and toddlers' major relationships and on children's day-to-day experiences within these relationships;
- developing a broader understanding of how services for infants, toddlers, and their families are best provided; and
- promoting training in keeping with that understanding.

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acknowledgments

n the occasion of the publication of the Carnegie Corporation task force report, *Starting Points: Meeting the Needs of Our Youngest Children*, we offer this monograph to enrich the discussion of options available to Americans.

We express our gratitude to the Carnegie Corporation and the Spencer Foundation, funders of the study from which this report - and several others - are derived, and to our program officers there, Michael Levine and Linda May Fitzgerald, for their personal appreciation of the substantive issues.

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We are delighted that this monograph bears the imprint of ZERO TO THREE, an organization that has played a pioneering role in raising the consciousness of the American public about the importance of the first three years.

introduction

Infant and toddler care services, as distinct from child care generally and care of the 3-5 year olds in particular, was not a significant issue in the U.S. until the end of the 1970s. Before then, child care policies were thought of largely in relation to 3- 4- 5 year olds. It was assumed that younger children were at home, cared for by their mothers, who were also at home; the small numbers with employed mothers were assumed to be taken care of by relatives, or perhaps domestic servants, or by non-relatives, but in the children's own homes. Poor single mothers with very young children were assumed to be supported through AFDC and thus did not need non-parental care arrangements. Head Start, the major child care/compensatory education program established in the 1960s, was explicitly focused on the 3-5 year olds. The original debate about the never-to-be-implemented federal child care standards (the FIDCR) did not even involve the care of the under 3s; it was only in 1975 that standards for infant and toddler care were included.[1] Several states even refused to license centers for children of this age.

Indeed, it was not until the 1980s that significant attention was drawn to the issue of child care for the under 3s, and this was largely in response to the growing trend for married women with children of this age to be in the labor force. By 1986 half of such women were in the labor force, and by the early 1990s almost 60 percent were; in 1987, for the first time, half of the children under age 3 had "working mothers," and 57 percent in 1993.

By the late 1980s, infant care had clearly become an issue. There was serious debate among researchers and child care experts about the consequences for infants of out-of-home child care.[2] The two other major infant/toddler child care issues were the supply shortage and the quality of the care provided. With a significant proportion of available care for infants and toddlers made up of family day care, either unregulated or unlicensed or, if regulated or licensed, operating under low standards or unenforced standards, the problem of quality assumed special importance. In contrast to care of the 3-5 year olds, which continued to be pulled in two directions—by the education system (nursery schools, pre-kindergartens, etc.), on the one hand, and the social service system (day care) on the other —infant/toddler care was viewed only as a social service—or working parents, albeit sometimes under education auspices and sometimes social welfare. The auspice issue initially appeared less important for infant/toddler care, in part because the subject appeared to be secondary to the main focus - care for the 3 and 4 year olds. (By 1980 almost all 5 year olds were already in kindergarten, for at least part of the day.) Yet now, as the supply grows in response to the demand, the auspice question, too, is emerging as an issue for infant

and toddler care, along with the question of whether center or family day care is the preferred mode.

Paralleling the emergence of infant and toddler care as a significant development was a new and growing interest in providing supportive services to families with very young children. These new, so-called "family support" programs were also community-based but were parent or family, rather than child, focused. For the most part, they provided information and referral services to parents, parent education classes, and drop-in child care services. Sometimes they were established under education auspices, sometimes social welfare auspices, sometimes child care auspices, sometimes health auspices, and sometimes as a free-standing service.[3] The first national recognition of these developments occurred in the course of several conferences of directors of these programs and interested researchers, in the 1980s. The first formal federal recognition of these developments emerged in legislation enacted in 1993.

Family support services emerged independently of child care, yet were also targeted on very young children and their families. The major difference was that the first was targeted on working families, the second on vulnerable and high risk families or families with identified problems, families usually without an employed parent, often a family headed by a very young and inexperienced mother, or a single mother, or a parent considered "at risk" of neglecting or abusing her child.

It is in this context of the growing interest in infant/toddler care and family support services — both discrete services targeted on very young children and directly or indirectly on their parents as well— that we offer this report on European developments. Our interest was in exploring what could be learned from the developments in several other western industrialized countries that might prove helpful as the U.S. becomes more interested in improving and expanding infant/toddler care and family support service systems. A multi-country report helps define issues and options.

More specifically, we studied, and here report on, the responses to such questions as: What is happening in Europe with regard to infant and toddler care? How do these developments relate to the universal preschool programs for 3-5 year olds, largely under education auspices, that exist in most of the European countries? What is emerging with regard to family support services? How, if at all, are they linked to the infant and toddler care services and to the early childhood education systems in different countries?

The study on which this report is based was carried out between 1991 and 1993 in six European countries: Denmark, Finland, France, Germany, Italy, and Britain and sponsored by the Carnegie Corporation along with the Spencer Foundation. It focused on the full range of social policies directed toward very young children, under age 3, and their families, including financial support, health care, employment -related policies, child care, and family support services. The full study is reported elsewhere.[4] Here we concentrate on the last two topics—the infant/toddler care services and supportive services provided to children and their parents from infancy on; and we choose our illustrations from among those countries whose experiences were found to be most relevant to our questions.

What does the European experience suggest about these matters?

Some general clarification is necessary before we discuss the European developments.

the backdrop

Advanced industrialized countries have almost unanimously elected universal but voluntary preschool for children from the age of 2, 2 1/2 or 3 until age 5, 6, or 7, varying with a country's age of compulsory schooling. The infant/ toddler care developments need to be understood in this context.

These preschool programs are variously justified as preparing children for school, enhancing child socialization and development, and, somewhat less frequently, as offering good quality care while parents work. So important are the school readiness concerns and so highly valued are the socialization and developmental opportunities that participation is in most places unrelated to parental employment status, family income, cultural background, or judgments about parental capacities. Indeed, just about *all* children in the 3-5 group attend in some countries

(France, Belgium, Italy), *almost all* in others (Germany, Denmark, Finland, Sweden). These programs are heavily subsidized, operate largely in the public sector (or with extensive public subsidy) and cover at least the normal school day (in the Nordic countries the full work day is covered). Countries have various arrangements for supplementary care, to match parental work hours. Where the preschool and school day are short (Germany) there are problems.

In most of Europe the preschools are part of the education sector, but there is an alternative pattern, as seen in Denmark, Finland and Sweden, in which a separate child care system covers all children until age 7, when elementary school begins. The U.S., Canada, and Britain represent still a third pattern in which some children in care (ages 2-4 in Britain, where compulsory school begins at age 5, and 3-5 in the U.S. and Canada, where school begins at age 6) are in what has been known as "day care" in the social welfare sector, while others attend preschool or nursery school, under educational auspices (usually part-day or full school day). Both these types of programs may be publicly subsidized but not necessarily so, and in the U.S. a significant portion are under private auspices, both nonprofit and for-profit. The programs under social welfare auspices give priority and subsidy to children alleged to have special needs because of abuse, neglect, parental and familial problems, and, in the U.S., parental involvement in work-training designed to end dependence on public assistance. Preschools more often serve middle and upper-class children, whose "second" parents may or may not be in the workforce. (And in the U.S. the preschool/day care "split" is increasingly disappearing for this age group.)

In the past decade many U.S. states have expanded preschool programs in the public schools (pre-kindergarten) to serve poor, non-English speaking and handicapped children. States (especially governors) stress the need to invest in human capital. They tend to begin with the 4 year olds (since just about all 5 year olds are already in kindergarten or first grade). Moreover, since the 1960s, a large, national compensatory program, Head Start, has served large numbers of 3-5s, primarily the 4s, in a broad program featuring child care, health, social services and parent-participation components. Most Head Start programs are part-day, so working mothers are not well-served unless they can manage the complex packaging with a "regular" day care program. Some Head Starts are school-based and others are in the social welfare system. As we write, the national Administration has committed itself to seek full funding for all poor children in Head Start, beginning with the 4s and to expand some programs to all-day. There will be some beginnings for the under-3s in both center care and in family support activities, in response to proposals by an advisory task force.

With this backdrop, an important distinction for Europe may be introduced. If child care for the 3-5s now has a large school readiness and socialization/ developmental rationale, care for the 0-2s remains in most societies an essential response to female labor force participation. Yet, as we shall see, there is also increasingly an affirmation of the importance of offering even the youngest children an experience providing cognitive stimulation and socialization with peers and other adults, whether or not there is a parent at home during the day.

For context we note that in 1990, of children in the United States with non-employed mothers, some 2.2 percent under age 1 and 7.2 percent ages 1 and 2 were in centers. Some 4.2 percent of the under 1s and 2.2 percent of the 1s and 2s were in family day care.[5] Parental care was the dominant mode and small numbers were also cared for by in-home caretakers and relatives. In contrast, of children with employed mothers, 13.6 percent of the under 1s and 22.7 percent of the 1s and 2s were in center care, and 20.4 percent of the under 1s and 22.6 percent of the 1s and 2s were in family day care.

Apart from the explicit policy regarding the 3-5/6 year olds in most of Europe and the almost universal preschool coverage for this age group, two other differences between the U.S. and Europe should be noted. First is the explicit, special concern with child care policy for the under 3s, dating from the mid 1970s; and second is the universal policy of paid and job protected maternity or parental leaves that directly affects the age at which non-parental infant care is needed by a working parent.

The flavor of European developments and the excitement over achievements, possibilities, and challenges, are best conveyed by illustration. We will refer to Italy, Denmark,

England, Finland, France, and Sweden. We provide brief introductory summaries below:

• **Denmark** has the highest coverage of child care provision for the under-3s in all of the "west," combining center care and family day care of high quality. (East Germany had higher coverage after extended maternity leaves, but after re-unification and with unemployment and resource constraints, infant/toddler care services are being curtailed.) Of particular interest for our purposes, infant/toddler care is delivered under social services auspices, with programs including children from the age of 6 months (when the Danish paid parental leave ends) through 6 years, when compulsory schooling begins.[6] Some programs are age-segregated, some integrated. Active parent involvement is emphasized. However, while there is increasing emphasis on parent "participation" in child care programs, there is no visible or explicit development of family support service programs.

• **France,** has the highest preschool coverage for 3-5 year olds internationally and the highest proportion of under-3s in care after Denmark. Its services for children under age 3 are under health auspices while its preschool program serving children aged 2-5 is under education auspices. As will be seen, 2 year olds may be served in either system but most of those in out-of-home care are in the preschool. Also of note, "family support" services are emerging in France; and, like the Italian programs (see below), they are emerging out of a child care (or health care) base, as a universal program, sometimes targeted on deprived, disadvantaged, immigrant children and their families, but also meant for average "French" children and parents.

• **Italy** has almost all its 3-5 year olds enrolled in preschool, but only limited coverage for the under-3s. Program creativity in north-central Italy with regard to the 3-5 year olds has inspired many countries. There is also, especially in these areas, recent and significant expansion in programs serving the under-3s (largely aged 9 months and older, when the Italian maternity leaves end) and a strong case is made for ensuring access to infants and toddlers even if a full-time adult caregiver is available at home. For our purposes, of special interest, all child care programs in several regions in north-central Italy are under education auspices, even though there is a clear distinction made between services for the under-3s and those for the 3-5 year olds; and the programs for the under-3s include under education auspices both full work-day child care and a variety of family support services.

• **Finland** and **Sweden**, in systems covering all children to age 7, have pioneered in offering parental at-home options for infant care, while also legislating a right to a guaranteed child care place (in the Finnish case, for the under-3s). Like Denmark, their child care services are all under social service auspices, in a separate, special system; and like Denmark, neither appears to be developing family support services as yet, although there are some activities in Sweden that might come under this rubric.

• **England**, along with Germany in this group of countries, has the smallest proportion of very young children in out-of-home child care, perhaps in part because of its low (but recently rising) labor force participation rates for women with children of this age. Although compulsory school begins at age 5 and almost all 4 year olds are in a program somewhat similar to kindergarten in the U.S., coverage for the under-3s, and especially the under-2s is almost non-existent, apart from informal child minding (family day care). Moreover, England provides child care through two parallel systems, one a social service for children "in need"—who are deprived, disadvantaged, troubled—and a second, an education-based program for middle class children whose parents seek an enrichment experience for them. For our purposes, England is of special interest because several local jurisdictions are now attempting to integrate the education and social service programs into one child care system, under education auspices. Furthermore, in contrast to Italy and France, where family support services have emerged out of the child care system, in England, they are currently emerging out of the social service/social welfare system, and targeted on high risk families.

We turn now to a more detailed picture.

Denmark

child care as a universal social service

Denmark, we have already noted, leads the advanced industrialized world in child care provision for children under age 3. If we exclude babies under age 6 months (since there is a 6-month maternity leave), there is coverage for 57 percent of the cohort under age 3 (or 48 percent if we include the whole 0-3 group). Coverage for the 3-5s is 75 percent. Parents, grandparents, domestic help and other arrangements account for the rest.

For Danes the story is clear cut: practically all (about 90 percent) parents of young children are in the labor force, married or single, mothers or fathers; one-third of the mothers work part-time. Parents need and expect good child care services, and the society responds. Legislation passed in 1976 and subsequently amended obligates public authorities "to make available the required number of day care facilities for children and young people." Municipalities have been assigned this responsibility in Denmark's highly decentralized system of public administration.

Of those Danish children under age 3 in out-of-home care, some 60 percent are in publicly provided or supervised family day care and the remainder in group care—28 percent in day nurseries (for the 0-2s), 5 percent with the 3-6 year olds in nursery or preschools, and 8 percent in age-integrated child care centers (usually including ages 0-6, but also sometimes 0-10).

A Danish expert is direct and matter of fact: this day care system, probably the most comprehensive in the European community, run with considerable public subsidy,

plays an important role in Danish society, because it releases a large number of women to the labour market, and because it secures a considerable number of families with children two incomes, and single parents the possibility of taking up employment. This provides families with children with a standard of living which they could not otherwise attain."

Along similar lines, local mayors are quoted as saying that sufficient and good quality child care services attract residents and businesses (much as local authorities attribute such significance to school systems in the United States).

These programs are both publicly operated (the majority) or are run by private organizations with public subsidy. They are all publicly regulated, expected to meet the same standards, and are supervised. While they derive from the same distinctive historical streams known to many countries (care for the children of the poor so that parents might work; the kindergarten philosophies of Froebel, Montessori, etc.), these Danish programs long ago abandoned the distinction between custodial care, on the one hand, and an educational or a developmental experience, on the other. There is no intention of providing different child care services to different social groups. Supporting and enhanc-

ing development and providing cognitive and social stimulation is the standard for all programs, serving all children.

Virtually all children in day nurseries and preschools attend full time, typically, 7-8 hours daily and sometimes as long as 9-10 hours.

Child care programs, whether for the under-3s or the 3—6 year olds (compulsory school begins at age 7) are established, approved, subsidized and supervised by municipal social service departments. Only some 6 year olds attend a school-based program similar to kindergarten in the U.S.; there are some school-based after-school programs as well. Families apply to the social service departments for places in centers or family day care homes. There are individual agreements regarding private facility admission policies. Specific priority plans remain essential since there still are significant waiting lists despite the high coverage. It is assumed that many children listed as in parental care in fact are in unlicensed family day care but their families would prefer a public center; some are on lists because of preference for a particular facility. As almost everywhere, priorities are established (not necessarily in a particular order) for: children of single mothers, children with two working parents, children with siblings in the same facility, children with specific social or developmental problems and needs, children with handicaps, immigrant children, socially deprived children. However, the coverage rates are such that whatever the formal priorities, one finds in centers and family day care a cross-section of the Danish child population. The only non-priority category seems to be non-problem children from homes with an at-home parent, and there are not many of these in Denmark.

The private programs are usually affiliated with voluntary associations which play such roles as advocacy, training, and publication and offer centralized services (payroll, for example). One such group in Copenhagen, The National Association of Free Kindergartens and Leisure-Time Institutions, joins together 320 of 1700 child care facilities under voluntary auspices out of approximately 6000 child care programs in Denmark. This particular association has links to the trade union and women's movements. Other such associations have religious affiliations. In Copenhagen, where 90 percent of all children ages 6 months to 6 years are in out-of-home child care, half are in the private (nonprofit) sector.

Recent efforts to reduce waiting lists country-wide have included national permission for municipalities to offer per-child grants to parent cooperatives, organizations, business enterprises, and others to establish programs. (But kept to the same standards as the other programs.) A by-product could be greater system flexibility and diversity.

None of this is inexpensive, and it is generally understood that child care is costly. In fact, in Denmark, one of the most generous countries in the world in its public expenditures for families and children (1990), services or in-kind benefits (55 percent) overwhelmed cash benefits (45 percent). This discrepancy would be even greater were it possible to disaggregate the child health cost component from health care costs generally and add that figure to the family/child expenditures. There is no such dramatic expenditure pattern elsewhere, even in the other Nordic countries, but there is a clear tendency in this direction in Finland and Sweden. Nothing even resembling this pattern is found elsewhere in Europe.

At a time when an average male production worker earned $38,423, an average female production worker $32,461, and a two-parent family with one child $55,068, the annual operating costs of a day nursery (crèche, day care center for under-3s) was $12,324 per place, as reported in a Danish study. (See Appendix A for explanation of currency conversions and equivalents in purchasing power parities—what these incomes purchase, and thus their real equivalence in U.S. dollars). A family day care place for an infant/toddler cost $6,708; a place in a preschool for a 3-5 year old cost $6,552. The higher infant-toddler care cost is typical internationally.

What portion do families pay of this? By public policy parent fees are not to exceed 30 percent of operating costs, and some municipalities manage to keep them a bit lower. In fact, parent fees met 22 percent of costs in 1990. Earners with incomes under $7,270 paid nothing at all; full fees are collected from families with incomes over $22,604. In between there is a sliding fee scale. There are decreased charges for second, third, or additional children in a family. If parents have more than one child in a preschool program,

there is a 33 percent fee reduction for each. A two-earner, one-child family with average wages would pay about 5.3 percent of family income for a child in a day nursery, the most expensive mode. For family day care it would be 4.8 percent of income and for a nursery school 3.5 percent. While the cost to the individual family is thus modest, the cost to "society" is higher. A day care place costs society about 18 percent of the total earnings in a two-earner family. The family day care or nursery school place costs about 10 percent.

Priorities aside, and in full consideration of the generally high patterns of use, parents with white-collar job status turn to child care centers more often than blue collar and self-employed working parents. High-income families are the greater users (two-earner families, the highest users, have higher income). Single mothers use out-of-home child care generally more than the married and the cohabiting—as do parents of only children over children in two- or three-child families.

A high proportion of costs in child care, a labor-intensive activity, are attributed to salaries, and Denmark pays reasonably well, while insisting on relatively high ratios of staff to children—again, in comparative terms. A majority of the professional staff in the centers have completed three-year, post-secondary school, specialized training in early child development. (As everywhere a significant number of aides are used, as described below). Professional salaries are at about the level of average female wages in Denmark, and staffs are quite stable, with only about 10 percent turnover each year. It is considered a good job. Efforts are made to employ males, and some are on staff. To add to efficiency at the training end, a reorganization over the past few years has consolidated college-level courses for personnel in day nurseries (under-3s), nursery schools (mostly 3-5s), and programs for handicapped children. These three-year vocational schools are similar to schools in a number of European countries and are respected routes for non-University youth with clear career direction.

Average national staff:child ratios in child care centers are one adult per 2.7 children in the 0-3 groups and one per 5.5 for the 3-6s. Ratios vary by the time of day, however; at the height of activities in the day nurseries, the coverage is three adults per group of ten to twelve. At least one of the three adults would be a fully qualified child care worker. Another one would be an assistant, somebody exploring the field for a year or two before going on, if interested, to full training. Staff are added to serve children with disabilities and children who speak foreign languages only.

The general family day care standard allows no more than five children per adult, but many municipalities are more stringent. An experienced observer commented recently that children's activities and educational opportunities in family day care do not differ much from those in the nurseries. We note, however, that in evaluating applicants for family day care assignments, municipal authorities attend to personal and family characteristics and background history, not to formal educational qualifications. Most municipalities require a two- or three-week training course before a family day care mother begins the assignment. Participation in a wider array of courses available in the larger cities is voluntary. In fact, some family day care mothers do elect more intensive 6-week basic courses and supplementary offerings. They have the support, guidance, and supervision of well-qualified local authority staff members who, themselves, have child care educational qualifications and training.

All of this is carried out in the context of an educational philosophy which, observations confirm, is implemented consistently. Recognizing that many children spend long days in care most of the week while their parents spend a full day at work, the program staff realize that they are part of a dual socialization experience for children. Yet they also agree that they should not and do not wish to replace the family or take over the child's socialization As a result, they have developed a program philosophy which emphasizes psychological and social development, rather than formal instruction. As put by one expert: "The emphasis is on self-expressive games, on the role of the imagination and on creative activities, on the attainment of social maturity through group activities, on language development and on overall stimulation of the children with the help of a wide range of materials and activities."

These child care workers, in the child development tradition, are called "*pedagogues*," not teachers, and the distinction is recognized in the European context. They work with children without preparing specific

curricula or programs, day by day. They are guided by the "*pedagogic*" philosophy outlined above. The children are offered activity choices; the *pedagogues* are trained to respond to children's leads and to encourage success and development of skills. The approach to each child is highly individualized.

It should be noted that family day care, called childminding ("baby sitting") in the European context, is not regarded in Denmark as secondary to group care programs, despite the less-formal staff preparation. The large public family day care system began as a temporary measure, developed to cope with serious shortages in the supply of center care and the unsatisfactory nature of the informal day care system which was filling the gap. Now it is a public service, with salaried personnel who receive job-related benefits and who are selected, guided, supervised and made ever more qualified by assigned and qualified supervisors. By now, municipal family day care, the most commonly used resource for the under-3s, is a "firmly established alternative, to which authorities give the same status as institutions [centers] and which many parents of young children consider preferable to the institutional facilities." In 1990, legislation permitted two adults to care for as many as ten children in their own home or in quarters made available by the municipality, preserving the ratio of one adult to five children. Under somewhat different arrangements which do not specify couples, other countries also have recognized small groups for "*mini-crèches*" and two-adult family day care.

Age-grouping is another aspect of program development. As one looks across countries one observes varied and often shifting philosophies over time with regard to age-grouping of children. Sweden, long known to favor age integration up to the age of school entry, known as "sibling groups," now is making some moves in the direction of age-grouping. The reason: a greater emphasis on the cognitive aspects of programming. Italy—as will be noted below—also favors grouping by age. In contrast, the program philosophy described above for Denmark is now increasingly supporting age integration in groups, as Denmark moves decisively to stress expressiveness and development over specific curriculum.

Indeed, the recognition of the long "care" day and tight mid-week family schedules supports the effort to create a family-like environment for center care. Or, put somewhat differently, the feeling is that children with two working parents often have all of their daytime activities organized and that what they really miss is time to just "hang out." The Danes appear to have institutionalized this concept by making it possible for children to "hang out" in their child care programs, to be with siblings, if possible, and to have the span of opportunities for interaction provided by participation in a program with children of a range of ages.

Age integration is a concept just being worked out. One sees different versions in action in different cities (in Copenhagen and Aarhus, for example) and in different program forms. There are large numbers of young children, ages 6 months to 2, in day nurseries (day care centers or crèches in the international vocabulary) but there are some under age 3 in nursery schools, which enroll children from about 2 to school age, 6 or 7. In the international vocabulary, these are kindergartens or preschools. So-called age-integrated centers have grown in popularity, some serving children from age 1 to 6 and others 1 to 10. Recent developments have emphasized integrated programs for all those under 6, in particular, and we encountered considerable preferences along these lines. It was said that young children benefit from play with slightly older children, and that the age range permits the organization of activity groups that correspond to children's interests and development. It was also noted that these arrangements make it easier for authorities to cope with fluctuating demand, as birth cohort sizes fluctuate.

To protect staffing ratios, age-integrated centers count each child under age 3 as the equivalent of two children aged 3-6.

In sketching how some of this looks in action, we would note, first, that the lack of a formal "curriculum" does not mean disorganization. Child care programs have a basic structure with regard to opening and closing times; times for breakfast, lunch, and snacks; nap times. An observer finds children and adults engaged in interaction, as are children with children. There is involvement with materials and activities. The settings are warm, safe, very attractive, stimulating. No one is lost in a crowd. In any comparative context, or on its own terms, this is splendid child care.

child care in hvidovre

In a working-class suburban community just outside of Copenhagen, three child care facilities have been built in a cluster arrangement, two separate day care centers for children under 3 and one age-integrated center which includes a group of under-3s. Two are on one side of the street and the third across the street, in a sort of mini child-care "park." Individual centers are deliberately kept small and administratively separate. Thus the two "under-3" programs have forty children each, while the age-integrated center, with sixty children, has one group of ten under-3s.

All three centers are in one-story u-shaped buildings with a small, paved, inner-courtyard and a surrounding large grass area (except for the paved entrance). These buildings, constructed within the past five years, are designed for possible conversion to nursing home or old-age facility use should the demand for child care decrease. One of the three also has a large paved area for play. Although the general ambiance is urban, two of the centers have vegetable gardens to teach children about planting, growing, and so forth—and to provide food. The age-integrated center has decided to add chickens and rabbits. Despite the cold climate, the grounds are extensive, the equipment good, and the children are out of doors a good deal of the time.

All three facilities open at 6:00 in the morning and all close at 5:00 in the afternoon. They are open twelve months a year, closed for only a few major holidays. They are publicly operated; staff are municipal employees.

A *pedagogue* with six years of post-degree experience was earning the currency exchange equivalent of a bit over $30,000,* about an average salary for a female Danish factory worker. Her monthly $2,500 gross was reduced to $1,400 net by taxes. The director earned only a small sum more; elementary school teachers would not earn much more. A bank teller would begin with a lower salary but would soon be earning more than this "average" female salary. An aide, with only a high school diploma, would earn about $1,987 gross monthly but would not be expected to remain in this transitional job more than a year or two.

Two men were on the staff at two of the centers. A third had been placed by the employment office as part of a six month training experience for long-term unemployed. The latter was a valuable helper, cleaning and rearranging one room, then sensitively feeding an infant. Both men seemed fully integrated into the program.

The staff atmosphere is collegial. The two community higher-level *pedagogues* who serve as inspectors visit to consult on program or child questions but do not formally "inspect." The directors have little hierarchical control, but we met a number who were charismatic leaders and were obviously influential. The cooks are hired on the basis of their individual qualifications; they are not expected to have had prior child-related training or experience, but they do get involved in helping with the children.

In these three centers parent fees are about $185 monthly for the under-3s, including meals. For the over-3s, who may have breakfasts and snacks but bring boxed lunches, the monthly fee is $138. A family with two or more children in care pay lower fees for the additional children (33 percent less per child).

We illustrate with one of the day nurseries for under-3s, serving forty neighborhood children ranging in age from 7 months to age 3. Actually, one is 7 months old, a second is 8 months old, and the remainder are 12 months or older.

As one enters, there are two shed-like rooms on the side, one for strollers left by parents that morning or for center strollers used to take children on a "walk." The other shed protects staff bikes from the weather. The entry hallway is small; a basket holds a few items of children's clothing which have been forgotten. There is space to hang wet garments and line up boots, essential in this climate. Then one enters the large room, the base of the facility. In a Danish equivalent of the Italian "*piazza*" (see below) this community meeting place and activity center is larger in some facilities and smaller in others (varying even among these three in close proximity) and leads to the group "home" rooms, two in each direction. If the commu-

* The reader is reminded that to translate these amounts into more accurate standards of living estimates, one should employ the purchasing power parities in Appendix A.

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nity square is larger, there tends to be less activity space in the home room area. Each group's "home" space includes a larger room for active play and eating, another room for quiet play and sleeping, and its own toilet/washroom.

The central space is important to the program. Children are not kept strictly to their own room. Periodically, they are allowed to wander out and play in this space, which at various points has mattresses, little chairs, large blocks of a foam rubber material that fit together like a puzzle but can be sat on, games, etc. When we arrived, for example, two adults were sitting with infants in their arms and four other children were wandering around playing. At various points during the day children wandered out into this area, never really fully confined to their own room and with opportunity to interact with others. And the interaction was constant, comfortable, and clearly enjoyed. We noted that it was actually very difficult to figure out how many children were present because of the flexibility in movement from one part of the building to another. One group of about ten 2 to 3 year olds were actually not in the building but off playing on a football field nearby, on a special outing where they were also having a picnic lunch.

There is here (and throughout Denmark) strong conviction about the value of fresh air, even for sleeping—perhaps a permanent residue from the tuberculosis era. The youngest children are placed in carriages and wheeled into the garden area (or—in some centers—in shed-like areas with protection but open windows). On the coldest days they are in sleeping bags in the carriages. During the summer the carriages are covered with netting. While left alone, the sleeping children are closely monitored. The carriages are used deliberately to distinguish outdoor sleeping from the indoor cribs.

The normal routine in this facility is that the children arrive between 6:30 and 9:30 in the morning. Most of them arrive around 7:00 to 7:30. They have breakfast between 7:30 and 8:30 and by 9:00 there tends to be a somewhat more "structured" series of activities. When they first arrive the children play in the large open room. Group rooms are opened one at a time as they are needed, when enough of the children are present. Children have their lunch at 11:00, a nap between 12:00 and 1:00, and have outdoor play both in the morning and in the afternoon every day unless the weather is really very bad.

Parents are expected to call by 9:00 am if they're not bringing their child. They're also expected to call if a child is ill. Children may be brought if they have head colds but not if they have a fever or an upset stomach, for example. If a child gets sick during the day staff call the parent to take the child home. Parents are expected to pick up the children by 5 o'clock in the afternoon and most parents pick their children up before 4:00.

A group's main room typically has two large tables, a floor mat for sitting and playing, often a child-height mirror on one wall along one side of the mat. There is an enclosed area, equipped for playing house. Another area can be converted to a store. On top of that area, a play pen, about five feet above ground, allows an infant to see what is going on in the room. Shelves on one side of the room hold toys. Doors lead to the central room, the group's smaller room, the toilet/washroom and to the outdoors. There is eye-level glass in the door to the central room so that a small child may see what is going on. While no two group areas are quite the same, they all are light, bright, colorful, have ceiling mobiles and wall hangings—and are very attractive.

On each side of the building the changing areas in the toilet/ washroom are back to back and have a see-through window. The rooms have two toilets, a long low wash basin, changing tables, supply cubbies. In some a child's name and in others a symbol identifies personal clothing, pacifiers, toothbrushes, cups, washcloths—all strategically located in the different rooms. Each group's main room lists children by name, birthdate, parent's names. In the first group, when visited during the summer, the children ranged in age from 7 months to 36 months, five were boys and five girls: three were children of Turkish immigrants.

The outdoor space is ample for the play period. A shed containing kiddie cars, trucks, wagons, ropes, and balls is beautifully painted, and the equipment was in active use. The wall has murals developing the center's name theme (we have dropped some identifying details). There is one area for sand play, another paved for wagon riding, and a green area for other play. There is one wonderfully constructed hill with a slide down the front

and a tunnel underneath so the children have a long crawl; clearly the children liked this very much. In the winter it becomes a snow slide. The hill is relatively steep; nonetheless, even the little children enjoy it, working at learning how to climb up the hill and eventually managing it. This is not in the protected area for the younger children, but they periodically play here.

What was particularly impressive as the day went on was that children were pretty much on their own in playing with peers. There is an adult presence all the time, but the adults are not leading them or playing with them. They are simply providing the opportunity for the children to play and interact with one another.

The marked off area for the very small children is a grassy area with several trees, birds singing, and a somewhat more protected environment. Some of the children played more actively and we were told that some of the 2s and 3s were at the outdoor football play place for free play. The staff member accompanying us said, "They will be home at 12 or 1 o'clock." They would be going every day this week but a different adult would be accompanying them each day. There they could participate in still more active physical play.

The outdoor pattern characterized the indoor play as well, both in the individual group rooms and in the hallway. The adults were always holding an infant and interacting with a child or infant, yet they did not seem to be leading the others or guiding their play. The children were playing alone or playing and talking with one another.

As the meal was being prepared we visited the kitchen, a clean, well-equipped facility. In the infant/toddler center, during the summer two cold meals are offered each week and three hot meals. In the winter they have hot meals four days a week. In addition they have breakfast and a snack. On this particular day the snack would be a plate of fresh fruit from which the children would make a selection and some fresh bread just baked by the cook. The lunch was a choice from platters containing eggs, a small amount of meat, bananas, raisins, and bread. The kitchen has one refrigerator for fruits and vegetables, another for milk and dairy dishes, as well as a freezer. We saw some other food on the counters and they explained that there had been a staff party the prior evening. We were told that it is a "good team" and they like one another and enjoy coming together in this way.

This center has a staff of fifteen, including the director, plus the cook and a cleaning woman. Each group of ten children has three staff members assigned to it. In addition there is a substitute who fills in when somebody is absent. The director is not working with any of the groups (the practice in some places) but does fill in on an as-needed basis if a staff member is out unexpectedly or if there's a particular need. If necessary she can also take a child aside for special attention. About half of the fifteen staff members are professionally trained while the others are helpers.

While we were there lunch was prepared for the children. Lunch for each of the four groups is placed on a kind of tea cart and wheeled in to that particular group's room and served there. In one case one of the youngsters climbed up on the tea cart and got a free ride as lunch was being wheeled into his room. The atmosphere everywhere was relaxed.

In one of the rooms there were two 1-2 year-olds and a 7 month old at a table, being fed by the two staff members (one *pedagogue* and one male helper) and one unemployed young man carrying out his community work. In effect each very young child had an adult who was helping the child eat. The 1-2 year olds were feeding themselves but the 7 month old was being fed. The adults were eating their own lunch at the same time so that in effect children had a family-like meal with adults and themselves eating together.

In a second under-3 group, with the adults at their side helping, even the smallest children were feeding themselves. Two, under age 1, were being fed, but two others, barely over a year old, were picking up their food from their dish as the adult placed food there and were managing to feed themselves.

In the adjacent age-integrated facility there was an under-3 group of ten in rooms much like those in the day care centers. The under-3s remain apart here—one of several different philosophies of age integration—but they can be in the same program as siblings, and do not need to adjust to a new group of children, new staff, or a new place at age 3; and they learn from the older children with whom they interact. Yet, during much of the program day they remain in their own

closed-off area, and the older children come on invitation or request. This also is true during outdoor play. There are three full-time staff for these children, two trained *pedagogues* and one aide.

aarhus

Denmark's second largest city, in the western part of the country, yields illustrations of the shifting age-grouping theories and an emerging philosophy of age integration. All of the several centers visited were attractive, well-run and met the test any foreign observer must put: would you be comfortable with your own infant, or toddler, or pre-school children or your grandchild in this facility all year long?

A day care center in the middle of the city served twenty-four children under age 3 in two groups in a beautifully renovated historical landmark, an 1850 building, once the home of a prosperous merchant. Why twenty-four children? Because the space was not adequate for the preferred thirty-six. They have as a consequence limited themselves to one- and two-year olds. The renovation was carried out by a planning team with the to-be director as a co-member, freed for the task, so the facility reflects sophistication about space arrangements and storage needs for this age group.

The facility opens at 6:30 am each morning and closes at 5:00 pm four days a week and 4:30 pm on Fridays. The philosophy is to try to have as few rules as possible. Parents are not held to rigid arrival times with the children (although they are told about potential trips so children will be present on time). There is no rule as to whether the children do or do not have breakfast when they arrive, but they must arrive by 8:00 if they want breakfast. In general the philosophy is parental choice in how they use the facility and as little structure as possible. Staff talk together in advance about what they will be doing from day to day. They respond to the needs of children and the grown-ups who are present. They try to work on issues that may arise during the day. If things are not working, they will discuss the fact that the plans made are not functioning well, not that they are not meeting certain goals. The response is in relation to *children's needs*, not in relation to a *schedule* or *plan*. Most children are here by 9:30 am and stay to 4:00 pm or 5:00 pm. A few arrive as early as 7:30 am; most come in the period 8:00 to 9:00.

There are nine staff members, one full-time and the others "part-time." Of the "part-time" staff all except one work between thirty and thirty-seven hours by choice. The remaining one works twenty-seven hours a week. Occasionally, when the municipality is cutting back on expenses, there may be some need to curtail staff hours further. When that happens, staff may decide to work one or two hours a week less. Staff members who work thirty hours a week or more are entitled to full benefits. If they work less they are officially defined as part-time and have pro-rated benefits: a lower pension entitlement and lower unemployment insurance benefits.

Two staff members, one for each of the two groups, arrive at 6:30 in the morning. A third arrives between 8:00 and 8:30 and four days a week, by 9:30 in the morning, there are four staff. On the fifth day, there are four staff only at 10:30. The first staff member to depart leaves at noontime. In effect, each group has twelve children and one pedagogue and two helpers.

The relaxed philosophy of following the child's leads is exemplified in indoor and outdoor staff-child reactions, responses to parental pressure about child naps or toilet training, and mode of discussion. Great emphasis is placed on communication with parents about what has occurred through the day, especially through a "diary." Children have great mobility in the center and may change groups or sub-groups at will. Although there are plenty of formal toys, more emphasis is placed on playing with usable "things" and materials.

The following mid-morning outdoor scene is characteristic:

Most of the children were outside, a few wandering in to play inside, and it was a very active period involving the entire staff. One might have expected the only available outdoor space of cobblestones, sheds, and a constructed yard—the original building—to be inhibiting, but it was not so. (Of course there are trips to green space and plans to expand the grassy area.) The equipment is carefully limited to avoid falls on the cobblestones.

Staff were engaged with the children in much of the play and although children were

quite free to wander off and play by themselves or with one another, a good number of them were interacting with staff. A group of five girls were sitting on a blanket and playing "house." They had cups and saucers and various other things and seemed to be engaged in animated discussion. They also were caring for a little boy, the brother of one of the girls. One of the male staff members was sitting with two children in what looked like a dog house, but was obviously meant to be a doll house, and they were having a great time. The director commented that the children love to go in there and listen to stories. A few of the children were riding on carts and trucks. A few were playing with soccer balls and other equipment. There were a number playing with sand as well. In a shed-like area there were various other toys and strollers so the children could be taken for a walk. On a wooden table outdoors was the diary on which some of the staff were writing about what the children were doing so the parents could read it later. Moreover, some children were missing; they had as a group gone to visit one friend whose mother had a day off and had invited them there, and some had gone shopping with a leader in town.

Just outside of Aarhus is a suburban child care facility designed for eighty children in the 0-10 age range. Theoretically, the youngest child can be six months old, and one was to be admitted next fall (this being mid-summer). Similarly, although children up to age 14 could be admitted to the program, few children over age 10 were enrolled. Children of that age are more likely to seek other specialized after-school activities or to prefer being on their own or with friends.

Here the director and staff have taken a facility designed for four groups and organized three instead. The space for the fourth group has been converted to an afternoon studio workshop for three children age 3, ten in the 3-6 range, and ten 6-10 year olds who come after primary school (which begins with a short day and gradually expands its hours). The older children tend to paint, work with leather and do other things appropriate to their ages, while the preschoolers like to watch and "help" the older ones in the afternoon.

Here, too, the under-3s have a long day, eating breakfast if they arrive before 8:00 am and being served a hot lunch and an afternoon snack. The preschoolers also have breakfast and a snack but bring their lunch. The older children have lunch at school.

The philosophy of no formal curriculum is present here, too. Having begun with the usual groupings (0-3, 3-6, 7-10) staff moved towards age-integrated programming as meeting children's needs. Children are not told what to do. They are free to explore and learn, and staff facilitate. They remain here until entering primary school at 6 or 7, but even then, this remains their after-school program. The staff see value in a family-like environment in which, in fact, several children from a family may be found. The argument on the negative side is that it is not possible to stimulate children adequately without focusing on one age group at a time. The response is that the best stimulation comes not from a formally prepared, age-related, activity, but derives instead from children stimulating children. Older children are seen as gaining, too, from learning to talk to a younger child, to be nurturing, to care, to teach. Children in groups follow the lead of a "competent" child.

Moreover, staff do facilitate natural age-grouping for some activities, having set aside space not part of group rooms, for a "hair salon," a climbing room, a carpentry room, a tumbling room, a special protected sleeping room with fresh air.

One of the notable characteristics of this center was the ease with which the children moved from inside to outside and back again, sometimes with other children, and sometimes alone, sometimes with a staff member, all of it quite casual, quite fluid and yet never with a sense of chaos. There was exuberance, vitality, physical activity, talking, child to child interaction as well as child and adult interaction. Since the children move around with such fluidity, they are not necessarily with the same group of children all day; nor are they under the supervision of the staff person from their own group at all times, and indeed may not be directly supervised by any staff at all times. There is an assumption that the children will take care of one another, and that if an older child is present and there is a problem with a younger child, it will either be taken care of or reported to a staff member. On the other hand, staff do monitor the very youngest children much more carefully. Throughout, it is more a matter of the staff responding to the play initiated by the children, helping them or joining in,

rather than giving program leadership—this being the program philosophy.

What is most impressive is the very extensive outside play area. Off to one side there is a small area that includes a small sandbox and swings; it can be closed off for the very smallest, but in fact is used by somewhat older children as well, except when the littlest ones are sleeping outside, nearby. In addition, on two sides of the facility, there are very large sandboxes. There are two sets of swings, a climbing facility, a slide, a small house, and a shed that is used by some of the older children as a clubhouse and can be locked up. There is a large open field for the animals, and there is a tent that was purchased recently and that some of the children were using to play Cowboys and Indians. Near the facility were picnic tables and benches as well.

There is also a tiny "wooded area" that technically did not belong to the center, but had been taken over for the children's use since nobody had objected. It is left very rough and the children use it as a forest. The director enthusiastically told us that the children love the freedom and semi-"wildness" of this area.

This is a remarkably unstructured, loose, child-determined milieu, in a situation in which the staff seem to have a good deal of awareness of what is going on and a real sense of what they and the children are doing. Among other things going on, two of the children were washing the outside of one of the windows, mimicking a window-washing process, all in honor of the visitors. During this whole day nobody cried, nobody fell, there were no fights, there was no screaming.

family day care

Family day care (increasingly called family child care in the United States) is the most commonly used child care mode for the under-3s in Denmark. It began as a municipally operated program to meet a transitional need but currently is popular enough to hold its own, and there are some child development experts who stress its special merits. Informal, unregulated, black-market family day care remains an unsatisfactory expedient, used while the formal supply grows. Even Denmark's high coverage rate for the under-3s is said to be behind demand.

Family day care in the municipality of Hvidovre is managed by a team of eight administrators who have been day care center *pedagogues.* They visit and give leadership to the child minders (family day care mothers). They are currently responsible for 112 child minders with 360 children, as well as for screening new applicants. All the children in family day care here are under-3s, it being felt that family day care is not an adequate socialization experience for older children. This community also has 582 children aged 6 months to 3 years in fifteen nurseries and a larger group of older children in 87 centers. Another 308 children under age 3 are in age-integrated institutions and kindergartens. Given these numbers, staff are surprised when told that family day care is the dominant under-3 mode nationally in Denmark.

Parents who want municipal child care services fill out an application in the local social service office. This office also covers health visiting, child welfare, recreation and other services, and is thus seen as a universal service, not one for "special needs" cases, often the situation in the United States or Britain. Applicants are provided with a pamphlet that explains family day care and also lists addresses, sizes, age-range, and hours for each center. They are expected to specify a preference as between center care and family day care and six out of ten list the former. However, since there are waiting lists, if there is a family day care opening, a parent who is waiting for a center may nonetheless be called and may accept. Once a particular home (or center) has been accepted, a shift within the municipal system will not be possible for six months.

Whether for family day care or center care, the parent who is reached on the list visits and talks with the potential caretaker. After three months a form is sent to ask the parent's reactions and whether a change is requested.

The officially assigned ratio is four children to one family day care mother. The staff prefer three, and that is the prevalent pattern; however, twenty family day care mothers do have four children. Own children under age 5 enter into the count but are not paid for. Even the pattern of three children means that covering for someone else at holiday time or

for a family day care mother's illness could raise the count to five.

There are both older and younger women among these caregivers. The younger women may have their own child and also care for two others. Many have previously worked in stores, banks, or offices. Some are supporters of traditional family roles and do not want out-of-home work.

An applicant for the family day care assignment responds to word-of-mouth publicity or an advertisement and phones the municipality. A brochure is sent: "Do You Want To Be A Day Mother?" Applicants submit name, address, and phone number and are asked to include a brief note about themselves (a planned revision will ask for more information). Each applicant is visited by a two-person team, the director of the family day care unit or her deputy and the administrator (a *pedagogue*) covering that geographic area. They look at the home, observe the woman with her own children, discuss the children, and try to make some judgment as to the applicant's capacity to offer a child a warm relationship in a clean, safe, stimulating environment. Police and social service records are cleared to identify serious personal problems, but need for income or a social assistance record is not disqualifying. A single mother is not automatically disqualified, but staff see it as an obstacle; it is exhausting for women to be with children all the time and not to have anybody else to relate to or who will provide help. Some women have been accepted who have not themselves had children. There is a 40 percent applicant rejection rate.

A successful applicant is placed in an existing family day care home for two weeks of training and there is an additional two weeks of training within the first year. They are taught basics of child minding, some psychology, something about food and nutrition, something about setting up the apartment for children, the importance of the outdoors. The two-week course is given by a *pedagogue*, a pediatric nurse, and a psychologist. Once the family day care mother has settled into the work, she may have a one-week training period each year on special topics.

After the family day care mother is accepted, a beginning date is set. They try to place quite a number of children at the beginning of August, the end of the vacation period. Since family day care mothers are to have at least three children, entry is spaced over a month and a half. Within thirteen weeks, the trial period, they build up to capacity. During this probation period a family day care mother can be fired with one week's notice; after that she has the right to three months' notice.

In assigning children they try to mix the ages if possible. The goal is four children; the average is 3.7, not counting own children within that age range. What they like to do is to give the mother two infants below age 2. Parents like their child to have a playmate of similar age. In deciding whether the applicant gets three or four children, they take into consideration how old her own child is. Thus if she has an infant, she will not be given more than two other children.

Family day care mothers are paid between $563 and $596 per month per child. Thus they are paid about 60 percent of an average female production worker's wage in Denmark. One-third of this is tax free because it is defined as covering expenses and depreciation. A family day care mother earning about $20,000 a year would have an income about equal to the maximum unemployment insurance benefit, and the work does not involve any of the usual job costs such as transportation.

Parents in turn pay $172 for each child per month. This fee includes breakfast, lunch, and a snack. Parents provide the diapers. (In contrast, it will be recalled, the parent's fee per child 0-3 for center care [day nursery] is a bit higher, the preschool fee for the 3-6 year olds is lower, and if families have more than one child in care the fee is reduced by one-third.) If the child is home on a holiday or home for vacation the parent does not have to pay the fee for child care, although the child care provider continues to be paid by the municipality.

From the municipality's point of view, center care (capital costs aside) costs about 20 percent more than family day care even though the family day care staffing ratio is roughly 1:3 and in center care it is 1:4.2. This is because center care staff have more training and are more "qualified" and thus are paid more. Yet the differences are not large, until the investment in building and sites is considered. Family day care mothers are recruited successfully, but when funds are short, and the municipality cannot recruit, there are waiting lists even for family day

care. Turnover is very low by U.S. standards.

Family day care mothers are required to work a forty-eight hour week. However, they have six days paid personal leave per year, five weeks paid vacation, and receive full pay when they are sick, up to 120 days a year. All of these generous benefits and the relatively generous pay ensures high quality among family day care mothers. Family day care mothers are a stable group except for the young women who see it as a transitional arrangement for eighteen months, while their own children are very young.

Once a child has been placed, *pedagogues* visit the family day care home at least twice a month, and these visits are relatively long. They play with children on these visits, sing to them, talk with the family day care mother about the child and its care, and have a meal with them. Later, there will be opportunity in the "playrooms" (see below) to see a family day care mother in interaction with her charges, with other children, with other mothers.

The back-up arrangements in Hvidovre underscore the differences between professionally led municipal day care and the informal ad hoc arrangements of most American communities. Each family day care mother is teamed up with two alternates, a primary one and a secondary one, to give coverage for illness, holidays, and emergencies. These alternates meet one another and the children get to know them, because they are scheduled to come to the "playroom" at the same time. It means the child can feel safe with the other adults.

The "playrooms" are modeled on day care centers but are specifically set aside for the use of family day care mothers. In this community there are three such facilities: one in a detached single-occupancy house, a second in a converted center, and a third in an apartment house. In two of the districts the family day care mothers visit the "playrooms" twice a week, while the caregivers will be able to visit the newest one, the apartment unit, only once each week. In effect these are facilities used only by the family day care mothers and have no special staff assigned to them, although the district *pedagogue* does visit periodically, about once every couple of weeks or once a month.

The family day care mothers' visits to these playrooms are scheduled in such a way that they and the children in their care, their first backup caregiver and her children, and the second backup caregiver and her children all visit the playroom the same day each week. They are also scheduled together to take the same trips, the same excursions, and so forth, the objective being that the child and the parents both get to know the backup caregivers and the children in their care as well.

There is an "open house" for each of the groups for the children's parents to come and visit the playrooms two times a years. In addition some of the parents organize special activities using these playrooms.

The playrooms are open all day, five days a week, but the caregivers may not necessarily use them the full day on the day assigned.

Family day care homes follow the same schedule as the day care centers. They are open to receive children from 6:30 am until 5:00 pm, forty-eight hours per week. The difference between these homes and the day care centers is that there is some flexibility in the scheduling, so that one provider might open at 6:30 in the morning and close at 3:30 or 4:00, and another might open at 7:30 or 8:00 and remain open until 6:00. There is no special evening family day care or weekend care, but there can be arrangements for emergency situations. Thus, for example, if a women is giving birth to a second child and the father is away, the family day care mother will keep the child she's been caring for in her home for a few days.

In contrast to practice in some other countries (e.g., Finland), in this community family day care homes are always located in the caregiver's home. There are no group family day care programs, either, or, in the French sense, "*mini-crèches.*" If the family day care mother gets sick she must call the agency director or the deputy. This of course tends to be very early in the morning and the call is made to the home. The director or the deputy then calls each child's mother and calls the substitute. The children are then brought to the substitute. This means there can be a lot of staff activity very early in the morning at home, when there are emergencies, but there is no real crisis for the working parent.

Children with disabilities may be placed in family day care, and the family day care mother is paid at double the usual per child rate; each such child is counted as the equivalent of two children. Racial, ethnic, or religious discrimination is forbidden, and any

evidence of this is a reason for rejection of a woman who applies for the post. On the other hand, the municipality is only beginning to consider foreign women as potential family day care mothers since facility with the Danish language is considered essential.

Discussion with experienced staff yields the explanation that some parents prefer family day care as closer to their own home situation. They believe it to be a smaller and more intimate setting in which their children will receive more individualized treatment. Despite these parental views, the family day care administrative leaders themselves see a strong case for center care even over the much-improved family day care. Centers offer greater opportunities for stimulation, there is better physical equipment, superior results can be observed with regard to social development and independence. Perhaps family day care is superior with some particular family day care mothers, or for some children with special needs, but on average center staff have better qualifications. (The research is discussed below.)

The playrooms for family day care mothers and children are central to the administrative and professional concepts which guide the Danish system. The pattern is varied among communities, and Hvidovre is outstanding. In general, the Danish system is unmatched and an outgrowth of the acceptance of family day care as an attractive mode.

As indicated, these playrooms are not all the same. Groups that are nearby make visiting the playroom a full-day excursion, bring their own food, and the children have a nap. If the distance requires train or taxi transportation the visit may be shorter. Nonetheless, there is time for the children to interact with one another and with other potential caretakers. Moreover, this also is a place for the family day care mothers to have exchange and conversation with other child minders. The responsible administrative person may drop in, since she is constantly arranging the patterns for emergency and holiday coverage. The director or her deputy may come by to see about supplies or equipment.

One facility visited, the converted house, had six caregivers and nineteen children present. The 10 year old daughter of one family day care mother, home on a vacation day, had come along and was playing with the little children. One entered via a garden which, on the right, has a shed with wooden cribs protected against bad weather, where the youngest children could actually be kept out-of-doors "in cribs." These were cast-offs from centers that had extra equipment; indeed, the entire house is equipped with material that had been discarded by centers. In back of a spacious garden there are several play houses that were built by volunteers. There are a lot of trees, good grass, and a sandbox. Some children were playing outside on grass and in sand piles and several others were inside. Everybody was active, enthusiastic and having a good time. The carriages in which they had come were protected in another shed. The children played, walked, rode toy carts and wagons, talked back and forth, and shared the experience. The family day care mothers were close at hand. The children had just had lunch and would soon be having their naps.

As one enters the brick one-story house, it is clear that this house has not been physically converted into a center. Nonetheless, the philosophy of the center dictates the arrangement of the rooms. Thus, there is one room with tables, mats, shelves, toys, etc., like the large room in a center, but here a small room. It is large enough because the children spend much of the time in the garden. In bad weather the house could get quite crowded, but somehow they all cope. There is a small kitchen which is used for snacks, for heating baby food, occasionally for holiday cooking, and when there is a party. And there is, as in the centers, a changing room. Here, however, there are no child-sized toilets or sinks. They took the house as it was.

One idea discussed among staff is the possibility of having a staff member assigned full time to each playroom. This would simplify coverage for family day care mothers who are ill or are on vacation and would ensure holiday coverage as well. Staff could also enrich the activities when the family day care mothers come with the children; they might take care of equipment and supply needs, and so forth.

Aarhus does not have the family day care playrooms seen in the Copenhagen environs. On the other hand, they do have a group play space where groups of family day care mothers can come together. The pattern here is a bit different. Staff create groups of ten or twelve family day care mothers, and either weekly or sometimes as often as two or three times a week (but sometimes only on alter-

nate weeks), the mothers meet in these centers for talk and exchange of experience and for the children to play together. They use church space, space in local primary schools, playgrounds, space in other buildings for these gatherings. Children have opportunity for singing, dancing, painting. There is one substitute family day care mother for each group of ten or twelve mothers as a way of meeting emergencies, but the mothers also substitute for one another if there is particular need. The substitute is somebody who is given a full salary, as though caring for four children, but has no children assigned to her. They tend to look for an experienced, outgoing type of person for this role, and this person becomes a valuable resource. But, again, family day care mothers get to know one another and children placed with different women get to know one another, too, so some exchange is possible in case of illness or other emergencies. There are fourteen substitutes in this system.

Once a child is with a family day care mother, the tendency is to remain until age 3 or 4, or sometimes even to 6. There are exceptions, however; mention was made of a 14 year old retarded child still in care. If the child is over 7 an annual application for extension must be made and the situation must be reviewed.

impacts, proposals, initiatives

Some countries are reluctant to expand infant/toddler care because they prefer to buttress the traditional family (West Germany). Others, as a matter of policy, offer longer parental leave options (Finland, France, Sweden). Denmark, on the other hand, while it has recently provided for a new extended parental leave, which is yet to be tested, is committed to a good quality and adequate supply of child care—at an affordable price. Government assumes high costs to meet this public expectation.

The child development researchers at the Danish National Institute for Social Research have asked about impacts, drawing upon their own work, research carried out in the rest of Scandinavia, and the research output of all advanced industrial countries, particularly the United States.

First, Denmark does not need to be concerned about poor quality care, a problem in many places. Such care is simply unacceptable and would not be subsidized by the government or accepted by the public. There is almost enough good care available so that, with few exceptions, parents are not driven to use poor quality care. Second, they find that there is more infection in children exposed to other children (centers over day care or own homes) and the alleged long-term immunity said to be gained is not evident. This is seen as a case for more parental time to care for sick children and somewhat longer parental leaves.

The Swedish longitudinal research[8] which followed groups of children from infancy into elementary school has found distinct advantages for early entry into centers, between 9 months to 1 year of age, and this is considered generally reassuring. The Danes would like to see such work replicated elsewhere. Their researchers are somewhat insecure about the several U.S. studies which could be read as suggesting as desirable a slowdown in infant placements in care; they would like to learn more about the impact of group care before children are 1 year old. The Danes add to this a sense of discomfort, found also among some government officials and others, about the "immediate quality of life" among infants who are in care for long days, to be joined with two tired parents at the end of the work day and for weekends. Not knowing if there is longer-term impact, they nonetheless express unease. Nonetheless, the Danish maternity/ parental leave of 6 months has meant that infants have not been in care until at least this age.

The Danes are currently implementing an extended leave plan based in unemployment insurance and allowing up to one year at home with a newborn. This could affect the child care picture, but, since it was enacted during high unemployment and depends on negotiating length with an employer, who must fill the vacancy, the impact is not known.

Parents are asked their preferences in surveys. A return to an at-home mother has a low priority. The present pattern is not popular either. Most working parents would prefer a shorter work day for both parents (a 6 hour day such as that available to Swedish

parents of children under age 8 and Finnish parents of children under age 4) and a shorter day care day for the children. The next alternative would be a shorter work day for the mother and a shorter day care day for the child.

In any case, the determination to expand and strengthen child care services remains. Recent legislative reforms stress greater involvement of parents, including parental majorities on the boards of each center, creating leverage for parental influences on program and financial policy, but as yet there is no evidence of any major shifts as a result. There also is more programming for more family-focused activities, including staff-parent suppers and family outings. Now, the main contacts between parents and staff are made in connection with the bringing and picking up of children. The contacts are friendly, easy, collegial but not systematic; there is interest in increasing them.

Thus, to conclude, Denmark has a high quality, high coverage child care system, responding to a very high proportion of mothers in the labor force, equal to the best programs in the U.S, and far more accessible and affordable. Although under social service auspices, it is clearly not viewed as a compensatory program or one for disadvantaged children, but rather suggests the best the society would want, for all its children. With an emphasis on cognitive, social, psychological, and physical stimulation and development, as well as providing "good care," it is a splendid example of early childhood education at its best. But it is neither "school" or operated under educational auspices, nor is it a "social welfare" service, despite its operation under social service auspices. Despite some proposals to the contrary, the general consensus in Denmark is that it should be kept separate from the formal education system in order to protect its own philosophy. Inevitably, some children find the transition to primary school a difficult one, but this issue is gaining more attention as discussion grows about adapting the early primary grades more closely to the preschool model. Finally, the Danes emphasize—and implement—a policy of extensive parent involvement in their child care programs. Perhaps as a result of this and the high proportion of very young children served in these programs, they do not have any special family support services as these are known in the U.S. and in some other countries.

France

child care and family support as health care or education

France has been one of the leading countries in the West in providing under-3 care, as we found in a study as far back as the early 1970s;[9] it is recognized as well for strong income support programs for families with very young children.

France came to attention in the child care field early, because while others were just getting started, France was providing high coverage in a public preschool, the *École Matèrnelle*. They now have full, free, universal coverage for the 3-5s. Stress is placed in this program on cognitive stimulation, socialization, and general enhancement of child development, as well as preparation for primary school. Moreover, the *École Matèrnelle* welcomes 2 year olds when there is space, and 40 percent of this age group also now attend. Indeed, there is now a particular focus in France on expanding the *École Matèrnelle* for the 2s, as a result of recent legislation assuring 2 year olds of places. There is acknowledgment of the need to adapt the curriculum for the 2 year olds.

The *École Matèrnelle*, transformed in the mid-twentieth century into a modern nursery school, began as a charity program for deprived children a century before. It is publicly financed, under the Ministry of Education, and an integral part of the educational system. Local facilities may be situated next to or even in a primary school, but they often are free-standing, completely separate structures.

This public nursery school follows the pattern of the normal school day, which is longer in France than in many other European countries, generally 8:00-4:00 or 8:30-4:30; and lunch is available at school. After-school programs are available as well. Since the basic program is free, parents pay income-related fees only for lunch and for the after-school programs, and for some other special programs such as one to cover half of Wednesday when French schools are closed. (They are open for half-days on Saturday.) In short, this public nursery school—or preschool, to use the international term—also meets the child care needs of working parents.

A French expert interprets the role as follows: The "*Matèrnelle*" must "contribute to the child's development ... in all its forms, physical, cognitive, and emotional. It trains the child in the use of different modes of expression and prepares the child for the formal education of primary school. It permits the early diagnosis and treatment of future learning problems and handicaps." French research[10] finds that children who do not participate in these programs are likely to be disadvantaged when they enter elementary school.

American child development experts in the past have been critical of the *École Matèrnelle* as too much like a formal elementary school. Groups are large, with as many as 25-30 children or more in a group of 4 year olds with

one teacher and sometimes an assistant. But reforms of recent years have made some of these facilities much more like early child care programs in the best child development traditions, and these reforms are spreading. Some programs also are now more age integrated within groups. Thus we found superior staff, excellent supplies and rich programming in an *École Matèrnelle* in Orly in a neighborhood of high-rise buildings inhabited by low-income families. There were 112 children aged 2 through 5, of whom fifty-nine 4 and 5 year olds were in one wing and fifty-three 2-4 year olds were in another. The total staff consisted of four teachers (two male and two female), four cleaning women who prepared and served meals and were general helpers, four educators to supervise before and after school free play times, a concierge, and a handyman who is very much involved in the program activity. There was much to admire in the interaction and interpersonal relationships between teachers and children and in the teachers' imaginative program work. The 3-5s clearly had a very good experience; in contrast, to American eyes, some of the 2s seemed too often lost in the crowd for lack of an adult with time.

But the totality of French child care opportunities for the under-3s are rich and diverse and must be considered as well in the context of the parental care options generated by the "young child allowance" (APJE), the "parental education allowance" (APE), and the two programs subsidizing care in the home by paid child care help (AGE and the Special Mother's Helper Allowance). (They subsidize the social security contributions for these workers.)

Those parents choosing, nonetheless, to use out-of-home child care for the under-3s often prefer the *École Matèrnelle* for their 2 year olds, in part because it is free (except for the lunch and afternoon fees). But there also is an elaborate array of diverse alternatives: *Crèches Collectives*, "day care centers" serving forty to eighty under-3s, but with forty-seven as the average capacity; *mini-crèches*, smaller centers for twelve to fifteen children; *Crèches Parentales*, parent cooperative day care centers, usually quite small; *Jardins d'Enfants*, literally kindergartens or day care centers for the 2-4s; *Haltes Garderies*, part day or supplementary care centers, designed to meet the needs of parents who work part-time or others who need a supplement; *Crèches Familiales*, publicly financed and supervised family day care homes.

At the end of the 1980s, with 60 percent of mothers of the under-3s in the labor force and more than half of the under-3s with working mothers, half the children were in public or publicly paid or subsidized care: 13 percent in the *École Matèrnelle*; 8 percent in day care centers of the several types; 26 percent in regulated family day care; the remainder divided between parental care, informal family day care, and relative care.

Most of the standard center care is neighborhood-based and publicly operated. The voluntary agencies and religious organizations are more likely to operate *mini-crèches*. There are almost no for-profit programs. Workplace-connected centers are mostly associated with hospitals, as they are in the United States.

The most visible and discussed under-3 care in France is the *crèche* in its various manifestations; yet the statistical reality is that family day care and the *École Matèrnelle* serve larger numbers. The *crèche* system operates under the Ministry of Health, a sub-unit of a superagency known as the Ministry of Solidarity, Health, and Social Affairs. Typically, a *crèche* is open from 7:00 am to 7:00 pm Monday through Friday. Despite priorities favoring them, the *crèches* are less likely to be used by low-income and immigrant families, who prefer a relative or a woman from their own background and neighborhood to provide care for their very young children, than by the middle class. Furthermore, the former may need the more flexible hours than a family day care mother can offer. Nonetheless, these families do enroll their children in the *École Matèrnelle*, acknowledging the value of the preschool experience, especially in relation to subsequent schooling. In contrast, middle class parents recognize the value of the group experience even for their very young children.

Fees are income-related and can be waived for the poor, and, on average are almost $19 per day. This covers about 26 percent of the daily operating costs of a *Crèche Collective* or *mini-crèche*, 38 percent of the operating costs of family day care, and 45 percent of such costs for the parent cooperatives. Public authorities (local and regional governments and the family allowance funds) meet roughly two-thirds of capital costs. Local government provides about half the operating costs, the

family allowance funds 20 percent, and parent fees the rest.

In contrast to the *École Matèrnelle*, the centers maintain staff:child ratios of 1:5 for infants and 1:8 for toddlers. Part-day programs and kindergartens for the 2-4s maintain 1:20 ratios. All have a strong health care orientation, although this has decreased in recent years. These *crèches* all began as health care facilities and half of the staff still must be pediatric nurses. In the *Crèches Collectives*, the child care centers, which have forty to sixty children, one qualified early childhood teacher must be present. There are also national health and safety standards enforced.

Of particular programmatic importance are the various ways in which the *crèches* and *Jardins d'Énfants* stress preparation for the transition to the *matèrnelle*, a move that is viewed as crucial for preparing children for the *matèrnelle* and later for primary school. Some French studies have identified the initial transition into the *matèrnelle* as of such importance as to significantly affect the child's subsequent adjustment and development in the *matèrnelle*, and later schooling. As a result, the French are increasingly stressing the importance of a still earlier group experience for all children, regardless of whether or not their mothers are in the labor force. Some of these experiences are incorporated into the various *crèche* programs, which now pay special attention to transitions, both into and out of the *crèche*, as preparation for the *matèrnelle*, while others are integrated into what we would call family support programs, discussed later.

There is now an active effort in France to increase supply and improve program quality, including making facilities smaller. At the same time, government maintains a theoretically neutral position with regard to whether mothers of infants and toddlers should or should not be in employment by subsidizing at-home care as well as out-of-home care. The philosophies of child development and early childhood education as they are shared internationally are now predominant in the *crèches*. There is widespread and growing conviction here and in the society at large that the 2 year olds belong in the *matèrnelle*, and that the under-2s would benefit from group socialization and development experiences of a different nature. To offer opportunities for children cared for at home, there are spin-off family support programs increasingly available. These began first in middle class communities and now have been established in various forms in immigrant and disadvantaged communities as well. Given the financial support available to some parents for at-home care, the extraordinarily diversified *crèche* system, including family day care, is viewed by many as the best way to meet the needs of the diverse population of very young children needing out-of-home care.

Public attitudes to these developments are suggested by two developments. One is a social movement launched by child development experts and child advocates in the 1980s which urged a shift from a concept of "care" in "centers" or "nurseries" to a philosophy of providing "places of welcome for children" to encourage their "awakening." The influence of these concepts may be seen both in the child care and family support programs. The second development is a survey of parent attitudes toward child care, carried out in the late 1980s. The researchers found that families were most satisfied with center care for their very young children (77 percent), least satisfied with informal (unregulated) family day care (44 percent) and about equally satisfied with regulated family day care (67 percent) and relative care (62 percent). Given a wider range of choices, however, most parents said they would prefer a longer, temporary leave from work (perhaps 1 year?) and then access to a center or preschool.[12]

In what follows, we describe a *Crèche Collective*, a *Crèche Parentale*, a *matèrnelle*, with a class for 2 year olds, and a *Jardin d'Énfants*.

This is a *Crèche Collective* or child care center in U.S. terms. It is housed in a building specifically constructed for this purpose, in the midst of an area that is both residential and commercial. The area is in the process of being gentrified, so the population is largely middle class, but still diversified. There are several North African children in the *crèche* as well as two Asian children, a black West Indian child, a Spanish child, and a Peruvian.

Although there is a large sign in front of

the building saying "*Crèche*," the building itself looks more like a three story office building than a child care center. The entrance is a large and impersonal elevator "lobby," which has a bulletin board with information for parents and a large room off this that is used for carriages, strollers, equipment, etc.

The *crèche* itself is on two floors, serves seventy-seven children, with about half of the children, aged 2 1/2 months to 18 months, on the second floor and the remainder, aged 18 months to 3 years, on the third floor.

The standard French paid and job-protected maternity leave ends 10 weeks after birth; thus the youngest children are about 3 months old. Although most working parents would continue to have an unpaid, job-protected leave available to them for one or two years, some employers pressure women to return to work after the mandated paid leave, some women return because they need their wages, others because they fear a longer leave will leave them at greater risk of subsequent unemployment, and still others return because they want to for career reasons.

Because of the staggered spring vacation schedule in the school system at the time of our visit, a large group of children were absent, either taken away on a family vacation, or kept out for some other family activity involving older siblings.

The *crèche* is staffed with a director and associate director, both *puericultrices* (a pediatric nurse with special training), two *educators* (trained as early childhood education teachers), thirteen *auxillaires* (assistants or aides who have some pediatric nursing training but not as much as a *puericultrice*). The staff also includes a cook, a cook's assistant, two cleaning people, and a laundress. In effect, there are 6 or 7 aides staffing each group of about 35—38 children, plus one *educator* who both supervises the aides and plays a more specialized educational role in each group. The director and associate director are the overall supervisors, but also help out with the children in particular activities, when and if needed.

Staff is relatively stable. Although the work is not high status professionally and not exceptionally well paid, it is apparently adequate to recruit women and there are plenty who want such positions. In addition, when they leave, after four or five years of work as an aide, they usually go on to more specialized studies, to become either a *puericultrice* or an *educator*. The center is open all year (but not weekends) and staff vacations are staggered so that staff can have their full five-week paid vacation and appropriate days off without undermining coverage.

The *crèches* are operated under the aegis of the Ministry of Health (not education). Earlier, the program heavily stressed the medical and hygiene side of the care of young children. Now there is more interest in the educational and developmental components of a child care program. As a result, the *crèche* director commented that the staff, trained as nurses, all have some deficiencies in working with very young children. Their approach may be most appropriate with the youngest babies who need a lot of physical care and attention with regard to feeding, changing, bathing, and so forth; but they are less effective with the toddlers. However, the health background does have some advantages. Staff do not reject children who have a cold, other types of respiratory inflections, even a low fever. If a child becomes slightly ill during the day, staff can cope and keep the child at the center, by putting the child to bed, to rest. If they think the child needs more attention, they will call the parent and suggest contacting the family's pediatrician.

A doctor comes to the *crèche* twice a week for two hours each time, checks to make sure the children all have the proper inoculations, sees children whom the staff refer that day, checks for normal development or "problems." If particular treatment is needed he/she will refer to the child's own pediatrician. *Crèche* doctors are not permitted to give prescriptions. Once in a while, if something serious happens (a child has a seizure, for example) they will take the child to the hospital and call the parents.

Despite the acceptance of mild illnesses among the children (or perhaps because of their expertise), this *crèche* has never experienced a serious disease epidemic since it opened. A few children have had the measles. There have been occasional occurrences of mild bronchial infections, but nothing serious.

The groups operate in much the same way throughout the *crèche*. Each group (assigned to one of the large rooms and two adjacent small rooms) has about 20 children with 3 aides (a 4th divides her time between the two groups with the babies). The *educator* divides

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her time between two groups, and there may be student assistants as well.

Technically, there should be a staff:child ratio of 1: 5 for the infants and 1:8 for the toddlers, and the ratios are about that or slightly better. However, in actual operation, the ratios shift with the different activities. Sometimes one staff member is actively involved in a one-to-one relationship with a child, and at other times several children are off playing by themselves, under the general supervision of an adult.

The cost for a child for a year here ranges from $39 per day per place (whether or not the child is present), and $48 when the child is present and takes the meals. The actual per place yearly operating cost is equal to about $9,161; parents pay about 26 percent of costs, averaging about $19 a day. The lowest income families may pay as little as 4.5 FF a day, less than one U.S. dollar, (for a family with very low income and three children in the *crèche*). For a low-income family with one child in the *crèche* the fee would be 9 FF a day. The Caisse Nationale des Allocations Familiales (CNAF), the national family allowance fund, pays 33 percent of the costs and the city (Paris) about 42 percent. For a family with two working parents earning about $4,530 a month, the fee would be $23 a day, a little under 10 percent of family income. Costs are fairly standardized from *crèche* to *crèche*. The only significant difference is the neighborhood and whether parents are largely low-income or higher-income, and therefore end up contributing a higher or lower proportion of the costs.

The *crèche* operates like a public agency. It has its own line budget. The CNAF and city funds are allocated for specific purposes. The director is told which supply sources she can purchase items from, and is given vouchers to handle payment. The fees collected from the parents are paid to her and sent by her directly to the city agency, which in turn gives the director vouchers to pay for supplies. Salaries are paid directly by the city agency.

This *crèche*, like all child care facilities in France, including *crèches, Jardins d'Énfants,* and *Écoles Maternelles* is neighborhood-based and serves children who live nearby. There is a waiting list of 700! Although there are specified priorities for admission to the *crèche* (working parents, single parents, children with disabilities) the director indicated that personal influence (knowing the right people in the city administration) often overrides other priorities; places in the *crèches* are very desirable and at a premium.

Parents and children approach their floor by elevator, having left their stroller (if used) on the ground floor. Each floor has an outside play area or terrace, which is really roof space. A composition tile, made from discarded rubber tires, provides a safe outdoor surface. The *crèche* kitchen is located on the third floor.

The floor plan of the two floors is essentially the same. There is an entry room off the elevator, with cubbies for each child's outer clothing and change of clothes. Off the entry are two large rooms, each with two adjacent small rooms serving different functions on each floor. The pattern is for a parent to help a child remove her outer clothes and then to come into the appropriate large room and be greeted by a staff member. The child may then sit down next to that staff member, begin a free play activity, or join one of several special activity groups.

Downstairs, in the room for the infants and toddlers, four children were crawling on the floor of one of the large rooms, periodically stopping to play with various toys, also on the floor. Two babies were being held, one by a staff member in the large room and the other, a baby about 3 months old, being fed by another staff member in one of the small rooms. We were told that this baby had difficulty holding food, came from a disturbed background, and was not fed by the mother earlier in the morning, before coming to the *crèche*. Eight children were on the floor, playing around a staff member also sitting there. Two others, slightly older, were on rocking horses. The room itself was colorfully decorated, with hangings, mobiles, posters, and a good deal of material that was made by children on this floor, or more often, on the floor above. Several of the children were dark-skinned. One of the teachers was black and another clearly Arabic. There was little tension in the group, no conflict of any sort, and very little effort to direct the way in which the children played with their various things. One was trying to roll a small toy car down a wooden ramp of a castle. Several of the children were playing by themselves, although a few seemed to be playing with one another.

There were a few cribs on the periphery of the big room, for later use, but one of the

small rooms off the big room was also lined with cribs, for later nap time. The cribs in the big room were double-decker. The lower deck was on the floor level and the children would occasionally wander in, push the curtains aside, and lie down on the mattress, for a brief rest. There were moments when some of the children were out of the sight of any staff member, but nobody seemed to get hurt and the staff were clearly relaxed about it.

In another small room, water play was going on. One of the teachers was filling an inflated plastic pool with water and there were bottles, little rubber ducks, and other floating toys in the pool. Later in the morning three children were playing together in the water, completely nude. The teacher went out into the big room and asked if anyone else wanted to play in the water. Two others said they did. They were helped to undress and then joined the water play. There were plenty of towels and washcloths around. There were also two small plastic bathtubs, and later two children sat and played in these as well. Before the day was over all the children had some opportunity for water play, and for bathing.

The water play room and the crib room are the only rooms that are kept closed when not in use. All the other rooms, both the large room and the small rooms, are kept open and children wander in and out at will. Play in the water room is limited to certain times of the day, is closely supervised, and is carefully limited in the numbers of children playing there at any one time. The crib room is kept as a quiet, sleeping room, and used only at set times, also. Babies who may take two or three naps a day may be placed in one of the cribs, following the child's usual pattern, and the room is kept quiet so sleep is not disturbed. The "older" toddlers who become tired at another time, go into one of the cribs in the large room, crawling or climbing on to a mattress and taking a rest.

The upper floor has the same basic room arrangements for those 18 months to 3 years of age. Outside the large room, there is space for an office for the director and the assistant director. The kitchen, serving both floors, is located on this level as well. All food is prepared by a cook and an assistant.

Here, too, in the entry room off the elevator and the stairs, the activity schedule for the week was posted so that director and staff could see what was planned for each group. The names of the staff, the activity, and the time and day of the week for the activity were posted. The activities listed included: collage, dancing, baking, making masks, painting, pasting, story-telling and reading. On the stairway between the second and third floor posters were hung on the wall for parents to see, explaining the program concepts and showing how children developed in the course of the experience. Pictures of children were used to illustrate the program's philosophy; one sequence illustrated the story of a child with Down's syndrome and how the program met that child's needs. The outside play area has a large sand box, a sanded area of the floor under swings, climbing equipment, and slides.

In the large upstairs room for the "older" children, there are two large, low tables and child-sized chairs and several other "*ateliers*" (studios or workshops or, in our terms, activity centers). What is the water play room downstairs is the finger painting room on this level. What is the crib room downstairs is a room for story-reading upstairs. When asked about the 18 month dividing line for the two groups, the response was that it is not a hard and fast division but that the children do seem to behave differently at about 18 months, and are ready for a differently focused program. Here, several of the children seemed more passive and less involved in the play (making a paste with rice, barley, grain, flour and water), often waiting for the staff to initiate an action. Other children were involved with baking bread; when the dough had risen, the bread was baked, and later would be eaten. Still other children were playing with small bicycles, kiddie cars, various types of cars and trucks, dolls.

In contrast to child care centers in some other countries, nowhere at the *crèche* , or later at the *École Matèrnelle* and *Jardin d'Enfants*, was there mention of parent meetings, parent participation, or parent involvement. Parents are interviewed when the children are admitted, are invited to a parent meeting when their child first enters the program, and are encouraged to talk with staff when they bring their child or pick him/her up. They are expected to stay at the center when their child initially enters the program, and they may visit during the day, if they discuss it first with the staff. Parent "power" and more active involvement are not encouraged.

Finally, despite the availability of the "free"

École Matèrnelle when a child is 2 or 2 1/2, the typical child spends 3 years in the facility. When asked why, staff responded that the longer hours, the greater flexibility of the program, and the higher staff:child ratios are more attractive both to parents who pay very low fees and those who can afford to pay the full cost.

crèche parentale (parent co-operative center)

In the 1970s *Crèches Parentales* were established, initially as "*alternative crèches*". In the early 1980s, the several parent groups came together and formed a national organization of parent co-operative centers. The organization has a membership of more than 800 such *crèches*. The national organization is funded by the social welfare ministry, the department of social services, several foundations, and by the ministry of labor, as part of the employment link provided by the French guaranteed minimum income program (RMI).

Crèches Parentales begin in one of three ways: some are initiated by parents; many are created by professionals who want more autonomy and decide to create their own employment and recruit parents; and some are launched by social workers or public officials who see the need for such a service in some poor and deprived communities. Contrary to conventional wisdom, most are launched by professionals, rather than by parents.

These *crèches* are cheaper for the municipality than a typical *crèche* for two reasons. First, there are fewer paid staff and greater use of volunteers. Second, the facility is usually adapted from existing housing or an apartment, rather than a specially built center, so capital costs are lower.

The cost per day is about $23—$28, compared to the much higher costs for the *Crèche Collective*, about $43 per day per child), and the *Crèche Familiale*, almost $38 per day per child. However, it is higher than the public cost for the Assistant *Matèrnelle* (family day care) which places less of a burden on public funds but is much more expensive for parents.

The CNAF pays about $9.44 per day for a place in a child care center, $7.75 for a place in a family day care home, and $6.80 for a place in a parent cooperative. (The CNAF child care funds come from a 1 percent payroll tax paid by employers.) Since CNAF pays the same subsidy for every child care place regardless of the type of client population served, in programs serving more deprived and poorer groups, CNAF's subsidy covers less of the need than it does for middle class children. Fees are income-related, and each individual *crèche* decides the standard fee for parents based on the difference between costs and the subsidies received.

Parents are expected to help out in the *Crèches Parentales* and thus lower the overall costs of the program. Those parents who do more than the standard receive a special reduction in the fee. In addition to the parents' fees and the CNAF contribution, the municipality contributes funds as well.

Before establishing a *Crèche Parentale*, a "needs" study is carried out. This includes a study of the numbers of children under age three in the community, the number of places available for such children in other types of *crèche*, the existence of problems in the *matèrnelle* and the nature of these problems, the existence of other types of social problems among children and families in the community, as defined by social workers, and the labor force participation rates of women with children under age 3. It is in this context that a decision is made as to whether there is need to expand the supply of existing *crèches* by establishing a *Crèche Parentale*.

To open a *Crèche Parentale*, the leader(s) must obtain the approval of the local maternal and child health center doctor. The maternal and child health service must approve the space, the staffing provisions, the hours, and all of the arrangements. The *crèches*, however, stress cognitive and socialization skills and focus on stimulating and enhancing child development as the core of child care, rather than providing the traditional "health" service.

Each of these centers can serve a maximum of 20 children aged 3 months to 3 years, and (as a supplement) the 2—6 year olds who are in the *matèrnelle*, when it is closed. The centers are required to have at least one professional staff member qualified as either an *educator* or a *puericultrice*, two or three additional staff members, and several parent volunteers. For 16 children, the size of the parental *crèche* visited, there must be two pro-

fessionals and one parent for a center open five days a week. Opening and closing times may vary depending on the needs of the parents served.

Many of the programs are designed to serve an immigrant population, and are deliberately established in a neighborhood with a high immigrant or minority population, as a kind of child-focused outreach program. Often parents in these communities are not connected either to existing child care programs or to employment, and in some sense each requires the other, if they are to become fully participating members of the society. These parents are encouraged to participate in the *Crèches Parentales* because the activity breaks through their social isolation and because the access to the child care system gives them a basis for beginning work. In these programs, designed to serve their special needs, immigrant and other deprived groups gain their first exposure to mainstream culture and norms.

Ordinary *Crèches Parentales* assume active involvement on the part of parents. Some parents are especially good with children while others can provide various types of physical work needed by the *crèche*. Located in immigrant or deprived communities, *Crèches Parentales* require, in addition, parent-volunteers who can work with parents who come from different kinds of cultures and backgrounds, or who are themselves members of the groups to be served. There is no one model for these centers but rather a principle of diversity and, in our terms, "cultural sensitivity." The programs are designed to help the child link his family and cultural background with the larger society, of which the *matèrnelle* is the first formal experience.

Crèches Parentales are often viewed as "preventive" programs, designed to compensate for the various lacks these children experience in their own homes. For example, when immigrant children begin the *matèrnelle* at age 2 or 3, often they have never experienced any kind of group situation with other children and do not know what is expected of them. In addition, many have never experienced such a situation in French, and therefore have to adjust to a new language as well. For their parents, the *matèrnelle* is often the first experience with other French adults and with having to use the French language as well.

Advocates are convinced that school failure in the primary school can be prevented by working with families early and in an intimate situation. Thus *Crèche Parentale* staff, for example, try to educate parents about the importance of talking to their very young children and interacting with them in a variety of ways. They socialize parents into the value of these experiences by "doing," that is, by demonstrating how to interact with the children. They also think that the experience of bringing children and parents from different backgrounds and cultures together may help prevent the kind of social cleavage that is currently occurring in some communities between new immigrants and the French.

In addition to this function of socialization and acculturation, organizing a *Crèche Parentale* is viewed as a self-help strategy for deprived populations as well as a strategy for enabling families and parents to become more independent and self reliant. There is great stress on developing skills that are of value in the larger society and thus providing opportunities for experiencing individual, personal successes, and enhancing self-esteem. In these mixed groups parents can begin to take initiatives that would be impossible—or take much longer—otherwise. For example, many of the women involved come out of very constricting cultures, and lead very constricted lives. If there is no child care they cannot enter the larger world; they cannot obtain a job. As a result, the only way they can develop any sense of independence is by having child care available and then, subsequently, obtaining a job.

One *Crèche Parentale* is located in a housing project, next to an *École Matèrnelle*. The setting is a semi-basement in a high rise building. Sixteen children are cared for in two rooms. There is also a bathroom with an adult-sized toilet, two potties, and a child-sized toilet. There are the usual corners for different types of activities, child-sized furniture, and places where children can rest and nap. The basement setting was remodeled by volunteer parent labor. There are murals, hangings, mobiles and two special constructions which showed unusual creativity and originality. In each room a narrow walk-up ramp leads to a kind of platform and a secluded area with a large mattress on the bottom where children can go for special play, by themselves.

The director is an *educator*. One of the two assistants is a parent-volunteer. When visited,

the director and one assistant had just returned with four 2 year olds from a special "trip" to the local supermarket. The other assistant had stayed behind while four younger children napped. A "trainee" was also present, a young woman who was completing her education in a combined academic and vocational program, preparing for a child care job; she was reading to two toddlers.

Here, too, great emphasis is placed on helping children with transitions, and preparing all of them, but the 1 1/2 and 2 year olds especially, for the *École Matèrnelle.*

école matèrnelle orly

This *École Matèrnelle* is located in an industrial area not far from the airport that is regarded as an "educational priority area" (a deprived area that receives extra educational funds). It serves children whose parents are industrial workers, some French and some immigrants. It is in a neighborhood surrounded by blocks of high-rise buildings inhabited by low-income families. These are the infamous Parisian suburban ghettos and slums that one reads about.

Technically, school begins at 9:00, but in this neighborhood, as in many others, the parents' work-day begins much earlier. As a result, children may come to school at 7:00 or 7:30, be given breakfast, and then have an opportunity for supervised free play until the formal preschool program begins at 9:00. In those schools where there are not enough children to warrant a special early opening, children may be bussed to a shared facility at a *Halte Garderie* (a part-day preschool) where they are given breakfast and can play until it is time for them to be bussed back to their school for the regular program. There are special fees for this service, but they are modest.

This *matèrnelle* opens at 7:00 am and provides a *Halte Garderie* function for children from several nearby neighborhoods as well as its own. The building has five sides, surrounding a central courtyard that is a kind of outdoor play area available for the youngest to play in, in addition to a yard which is used primarily by the 4-5 year olds.

The *matèrnelle* serves 113 children aged 2 through 5. About sixty 4 and 5 year olds are in one wing and fifty-three 2-4 year olds in another. The total staff includes four teachers (two male and two female), four cleaning women who serve also as meal servers and general helpers, four *educators* who supervise the before- and after- school free play times, a *concierge* and a handyman. All play active roles in the *matèrnelle* program.

The entrance is an open area, with the director's office immediately opposite and the courtyard behind it. About twenty-five children were playing actively, running around, playing ball and climbing on a special construction. This free play continued from about 8:00 am (after breakfast) until 9:00, when one of the teachers blew a whistle and the children then dispersed to their various rooms.

To the right of the director's office is a room used for lunch for the 4-5 year olds. They sit at six adult-sized tables, each with four chairs. Off this room is another similar room with child-sized tables and chairs for the younger children. Beyond these two rooms are the group rooms for the 4 and 5 year olds.

To the left of the director's office, in the "wing" for the 2-4s, is a hallway with a series of rooms in succession, looking like a traditional school building with high ceilings and dully painted walls. The walls are decorated by staff with paintings, drawings, and posters that have been made by the children. Although the hallway is not very large, it plays the role of the *piazza* in the Italian programs and underscores the importance of a central gathering, play area. Along the walls each child has a clothes hanging area which may also have a bag with other things. They keep their special T-shirts for water play, a smock, and a change of clothes, on their own hooks. Above each hook is a picture of a child and his/her name, so that the child can recognize his/her place. Further down the hall are racks for keeping kiddie cars and tricycles. And still further, near the other end, is a large bulletin board where paper is tacked up for big paintings. Nearby are low tables and chairs where the children can also work on their paintings.

The first room off this hall is a well-equipped, large room used for active physical play, containing slides, ropes to climb, climbing ladders, two jungle gyms; a trampoline, a

corner with very large blocks that can be used for construction, various blankets, and cardboard boxes for active play. This room is used for the younger group in the morning; later in the day, if it is raining and outdoor play is not possible, the older group plays here.

Beyond this is the "home room" for a group of twenty-five children and after it another smaller room where cots are lined up with mattresses and blankets, each labelled with a child's name. This is where the children from this group nap or rest. Beyond this is the toilet and water play room for the group, with child-sized toilets, two large sinks for washing up and water play, and an inflated plastic pool, also used for water play. Next to this is a quiet room which is used for music and dancing as well as reading and story telling. Beyond this is still another "home room" for the other twenty-five 2-4 year olds, with its two satellite rooms.

Thus, in this cluster area there are about fifty children, divided into two groups of twenty-five each. However, they may be combined for some activities, and subdivided into at least two but often three or four subgroups for other activities. The exact boundaries of the division are not clear because children are not compelled to participate in any of the activities under way at certain times, and groups of two or three might be back doing things that they had done before or anticipating activities that will be done later. Each group includes a mix of 2, 3 and 4 year olds.

Parents bring their children to the school, help them remove their outer garments and put on whatever they will wear during the day, and bring the children into their "home room" (unless they are bringing them for the early breakfast and free play program, in which case they will then bring them back into the central entry room and part from them there). Here they will be greeted by the director, who is also an *educator* for one group (along with a second teacher who is male). The teachers talk to the children and to the parents, and are actively involved in this initial activity.

During the arrival time some of the children who had been there earlier were already seated around one table eating corn flakes or bread and being helped by one of the cleaning ladies who serves as a general helper and was seated at the table with the children. Within about 40 minutes, about four groups of children sat down, had snacks and left the table; as each group left, the table was cleaned up and readied for the next group.

After the children settled down in their home rooms, the first activity was to decide what they wanted to do for the morning "special" activity beginning at 9:30. One sign on the bulletin board indicated activities that would be led by Annette, the director and teacher (gymnastics and, later, water play), and others that would be led by Paul, the second teacher (painting, then music). The children had their name on cards in a little box and were expected to recognize their names, take their card, and put it in the appropriate place to indicate their choice of the four activities. The teachers spend a lot of time going from child to child to remind them to make a choice, explaining the choices, and sometimes helping a child find his/her name or place in the activity box. In some cases very young children recognized their names by the first letter: "I know it's my name because the letter looks like a snake!"

The posted morning schedule looked like this:

8:30—9:30 breakfast, free play, register (choose your activities for the next period).
9:30—*ateliers* (workshops or activities): Drawing, music, water play, gymnastics (depending on the time and day)
10:30—a second *atelier*, including another of the above four activities
11:00 a special educational TV program, followed by singing or outdoor play if the weather is good.
12:30—lunch.

While the children played, changed their clothes, and rode cars or tricycles up and down the hallway, Annette got them to choose their next activity. The process was far more directive than in the *Jardin d'Enfants* or the *crèche*, where children were led indirectly, but almost never told what to do. The teachers talked to the children and to one another. The 3 and 4 year olds chattered to one another, to the teachers, and to themselves. A group of four 3 year olds were involved in animated and enjoyable talk over the telephones. A few children sat in a corner and were deeply involved in looking at books. Nearby, two little girls and one boy were equally involved in playing with a doll house. And behind that, three boys were sitting together working on a construction.

Near the end of the corridor, a little girl anticipating the painting session already had her smock on and was standing with her roller, waiting for the paint. The cleaning lady continued serving breakfast. The maintenance man had two children in his arms and was helping others change their clothes. There was no quiet anywhere except around the table where the children were eating. One 2 year old was getting ready for gymnastics, putting her special outfit on and taking it off, repeatedly, with great skill in handling snaps. Eventually she went to her shoes, to change them, and had difficulty in putting them back on again, coming to Annette for help. Two other 2 year olds were crying, either because they had found separation hard that day, or they were frustrated in trying to do something that an older child was doing. Two 4 year old girls came to their aid, before the teacher did.

Down the corridor, in Paul's room, children were choosing the right stickers to paste in spots under their name to show whether this would be a day that they were eating at home or at school. The maintenance man was helping two children change their clothes. Four boys were around a table constructing an enormous track by combining sections and building a very tall tower to go with it. Others were playing with puzzles and building with blocks. The free play tended to be gender-segregated, with boys and girls playing in single sex groups, but a few children also participated in gender-mixed groups. Several of the children were black, Arabic, North African, or of some other foreign background. Others were French children of working class backgrounds.

At 9:30 the teachers announced that it was time to put everything away, and the children did so rapidly and efficiently. This is the pattern of the day. As each activity ends, the children are told that it's time to put things away, and they do so, with the help of teachers and helpers. After this, the children moved into the more formal activities for which they had signed up. Those who would be painting got their smocks from their hooks in the hallway, collected small rollers, dipped them into the paint, and crossed the hall to paint on large sheets of paper tacked to the bulletin board.

At this point, the children were no longer with their own home room group but with whichever children had chosen that particular activity. Here, and later in the day, one had the sense of not enough adults to cope with so many children. Despite the participation of one of the cleaning ladies in helping some of the small ones put on smocks, and despite the active involvement of the maintenance man with the gymnastic group, and despite the help of a trainee, at many times children were either running wild without an adult nearby, or little ones were crying, possibly out of frustration or from loneliness. It is not that the children were ignored, but rather that they were not seen by staff immediately.

One little boy cried almost the entire morning, only occasionally diverted into play. It was explained that he was among the few 2 year olds who had been admitted two months ago, in the middle of the year. He had come for a few weeks and then was taken out while he went with his family for a vacation. Now the family had returned and today was his first day back. His mother had brought him to school and then gone off to work, leaving him to readjust on his own. He had a difficult day; and there was no staff member who could take the time to give him the kind of individual attention he needed.

By about 9:45, all the announced activities were underway. Annette led the gymnastic play, while also sort of supervising the water play, which was more directly led by an assistant in charge of about six children. The gymnastic group involved about twelve children climbing on rope ladders and jungle gyms, jumping on mats, etc. The children were daring, imaginative and curious; but nobody noticed the need to put the mats in the right spots, and it seemed just luck that no one was hurt.

By this time the water play group had begun. The big plastic pool was full of water and children were pouring water back and forth with pails, funnels, and watering cans. There were no special themes or projects, however, and the adults were not using the play and materials to enrich the children's experience and/or to provide links with other experiences, or to teach in a more formal sense about water displacement, for example.

Paul was more actively involved in helping the children who were painting, some on large sheets attached to the wall and others at small tables, with smaller sheets of paper. At the same time, in the sleeping room next to Paul's group room, four children—two boys and two girls—were sitting on the cork-cov-

ered floor, playing with tambourines, castanets, a recorder and a drum. They performed very much like a band, were having a marvelous time, needed no adult supervision. At one time, a fifth, a 2 year old who was much younger than the others, wandered into the room, stood alone and began to weep. Paul immediately went over to him, picked him up and talked with him for a few moments, brought him to another activity, and left him, happily involved in play.

The director spoke of the staff's pride in transforming the *Matèrnelle* from its previous rigid and authoritarian mode to one of flexibility and individualization. But it could also be described as a transformation from rigidity to chaos. Or perhaps "overwhelmedness" as two adults tried to manage all kinds of individualized and diverse activities requiring costumes, materials, motivation, and explanation, with very little help except for the informal support of the cleaners and maintenance staff.

At 10:00 there was a change of activity; and at 10:30 Annette again announced that it was time to put things away. She and the children cleared the various toys and supplies away. By 10:45 the gym was orderly and empty, the bathroom was also empty and reasonably dry, and the hallway was strangely quiet. In the sleeping room, both teachers were leading all the children in a game, with the children seated in a circle. Then they sang songs and clearly had a good time. Several of the very youngest children were seated in the laps of the teachers and helpers.

At 11:00 the children went to the toilet, washed their hands, and dressed in their outdoor clothes, ready to go outside to play. (In rainy weather, they would have a free play period instead.)

At 11:30 the children came inside again and began to go into their respective eating rooms for lunch. A list on the wall indicated that there were seventy-six children registered that day for meals, twenty-one 4 year olds, twenty-two 3 year olds, and thirty-three 2 year olds. The menus showed full meals, including a hot main dish. Also posted on the wall were the holiday and Wednesday hours, because this school is a center for all kinds of after-school programs.

jardin d'énfant municipal (kindergarten)

The *Jardin d'Énfants* is a "big city" form of child care, part child care center, part preschool, and rarely found outside of urban areas. This center is located in an area that over the past dozen years has begun to be gentrified and is now heavily middle class. Nonetheless, the area contains several immigrant neighborhoods, including one Asian community with Vietnamese, Cambodian, Indonesian, and Chinese families. About 10 percent of the children at the center are immigrant children, including two black children whose fathers are from the Ivory Coast.

The center is a specially built facility, constructed in 1954. It is a low-rise building with two wings, one for a *crèche* and the other for a *Jardin d'Énfants.* The *Jardin d'Énfants* has a small entry room, with cubbies for the children's clothes and personal things, an office for the director near the entrance, and a small staff room for meetings, a brief break, etc.

Both the *Jardin d'Énfants* and the *crèche* are operated by the local municipal government. Each has its own director and operates autonomously. The *Jardin d'Énfants* director is responsible for programmatic activities but she in turn (like the *crèche* director) relates to the local government official responsible for early childhood education for budget and other administrative matters.

The *Jardin d'Énfants* serves sixty children, aged 2—4, in two groups of thirty children each. Staff include 5 *educatrices* (educators), two assistants who are *puericultrices* (pediatric nurses), one cook, two cleaning staff, and one director. All the children have working parents, either both parents, or their sole parent; this is a requirement for eligibility.

Although some children are accepted into the *Jardin d'Énfants* directly, others enter from the *crèche*, often the one next door. Some children, thus, will subsequently enter the neighborhood *École Matèrnelle* directly from home, some from the *crèche*, and some from the *Jardin d'Énfants* (and, perhaps, earlier, a *crèche).* In general, it is believed that the children who have been in the *crèche* do better in the *Jardin d'Énfants*, and those who have been in the *Jardin d'Énfants* (or the *crèche)* do better in the *École Matèrnelle*—as

contrasted with children who enter without an earlier experience. "Doing better" is defined as playing responsively with other children, separating easily from parents, being independent, playing and working creatively, interacting with and responding to staff, using language well.

There is no one philosophy in the *Jardin d'Énfants*. Staff draw on various theoretical approaches to child development and child care, including some elements from Montessori and some from Froebel. They feel that the group experience is essential because it provides the children with opportunity for early and appropriate socialization and enhances their development. They believe that it is far preferable to care by *nourrices* ("nurses" or "nannies"), whether at home or in family day care homes, because the staff are better trained and the program itself is more exposed and visible. The director, an exceptionally committed, experienced, articulate and well-qualified woman, insists on consistency for the children. By deliberate philosophy, children are closely linked to more than one staff member. Since the staff are stable, children relate happily to several. Parents are expected to phone and let staff know if they are planning to take a child out early, or bring him late. Although the Center is not closed to parents, staff feel that parents should inform them if they expect to come to the center and observe an activity.

In this program, too, helping children deal with transitions is built into the curriculum. As mentioned earlier, this is a very important issue for the *École Matèrnelle*, and children without prior experience in separating from their mothers have more difficulty in the *matèrnelle* (and later, more difficulty when they enter primary school). Stressing the experience of transitions in a supportive environment, it is argued, makes subsequent transitions easier for the children (and the parents).

The director could not provide a budget for the facility since that is part of the responsibility of the municipal administrator, but she could state that the per day operating cost per child is somewhere between 217 and 250 FF ($41—$47). Of this, the CNAF pays about 20 percent. The lowest income parents pay about 4.5 FF a day and the highest income parents, earning over 24,000 FF per month (or almost $4,533 a month at the 1992 exchange rate or about $54,400 a year), pay about 60 FF or $11 per child per day. The financial burden is therefore high for the municipality, but it is seen in the same context as the burden presented by primary school. Parents pay the fee to the director, who sends it in to the municipal agency. Salaries and all vouchers and bills are paid by the same local government agency.

The sixty children in the *Jardin d'Énfants* are divided into two groups, each with two *educators*, one assistant, and one "floating" *educator*. In effect, there are about thirty children in each group, with three to four staff plus two students. Each group of thirty children is subdivided into three to four groups of seven to ten children, who participate together in an activity.

Each group has one large room, two adjacent small rooms, and a washroom with child-sized toilets and sinks. There is also a kitchen that prepares meals for the *Jardin d'Énfants* . The large room is divided into three to four areas, each a center for different activities. It has the usual child-sized tables and chairs, a play house and a small stage with puppets. It also has a large closet that holds stacks of cots that are pulled out into the room after lunch, for the children to rest and nap. The small rooms include one that is used for reading and quiet play, with low chairs and mats for the children to sit on while listening to stories. The second room is for finger painting and working with clay. It has low work tables and basins for washing up.

The children are encouraged to play with one another and to generate their own activities. But there are also teacher-initiated and led activities, depending on the time of the day.

At the entrance, there is a bulletin board that lists the menus for the week, and the major activities—all part of the policy of keeping parents informed. A more detailed activity plan for each group is listed on the bulletin board in the staff room, for staff to attend to when they are making plans for the next week or two. Among the activities listed are: painting; puzzles; making masks; playing with a kind of dough made from farina and salt (it is later baked and used with paper ornaments as sculpture, which is hung).

The first large room had a relaxed atmosphere, with eight 2 and 3 year olds at two different tables and one adult at each table. At one table the children were fitting various

kinds of pegs into boards and making designs of different colors and shapes. At the other table, children were crayoning and using magic markers.

In the second large room, eight children were at two tables with a teacher, playing with dough—as described above—and shaping it in different ways. At one table, the children were making masks. At another table, the children were making different forms with the dough, ranging from a bus ("like the one my papa drives"), to "sculptures." As they worked, the children discussed with one another what they were doing, what the other was doing; children and the teacher talked together as well. One boy came over from another part of the room and asked the teacher to unhook his suspenders so that he could go to the bathroom. A little girl left the table and went into the small adjacent reading room. She picked up a book and began turning pages. A friend joined her and they sat and looked at a book together, chatting to one another about the story. In a little while they returned to the tables and began to work on a figure modelled after a character in the book.

Several children arrived late, each brought by a parent. After walking from one place to another, they joined an activity, either the mask-making table or the play-dough group. These were not "late" arrivals, but rather what might be called "second shift children". The formal opening and closing hours are from 7:30 am to 6:45 pm, and most children who arrive early leave somewhat earlier, and vice versa. Depending on parents' work schedules, some children arrive as early as 7:30 in the morning but tend to leave at about 4:30 pm, whereas others may arrive a few hours later, but then will remain until the facility closes at 6:45.

Children tend to keep a regular schedule, except in unusual circumstances. Although most children are brought by their mothers, about one-third are brought by fathers. Even the youngest children (the 2 year olds) seem to make an easy transition from parent to *Jardin d'Énfants*, and only one child appeared to have any difficulty with the transition on the day of our visit, but not for long. Staff involved him in play and stayed close to him for a little while, until he settled in, happily joining another little boy in play.

The program is actually scheduled to begin at 8:30 but children may be brought at 7:30 if a parent's work schedule requires this. One *educator* and the cook are present then. The children will be given breakfast if the parents wish it, and there will be free play until the larger part of the group arrives, at about 8:30. Since some staff will be staying late with the children who remain late, there are staged arrival times for staff between 7:30 and 10:00 am, and similarly phased departure times in the late afternoon. Thus, the various activities are scheduled accordingly.

The parents bring the child into his or her large group room, to the same *educator* each day, with the second staff member also someone who is familiar with the child and parent. It is only when all the children have arrived, been greeted and are in place that the doors to the other rooms are opened. From then on (about 9:00 or 9:30) until noon, when they have lunch followed by a nap, the children can move freely from room to room. As the group phases down during the day, the numbers of rooms used and the number of activities are phased down as well.

In good weather, the children will go outside to play at about 10:00 am. Behind the building there is a large, rectangular play yard, with most of the ground covered by sand. There is a rope-net climbing toy, a jungle gym, a slide, and a variety of other typical playground equipment. There are also many used automobile tires scattered about. The play area for the *crèche* is adjacent, separated by a grassy area, but not fenced in. Near the end of the year, *crèche* children who will be transferring over to the *Jardin d'Énfants* in the fall may join *Jardin d'Énfants* children in outdoor play here.

Lunch is served at 11:30, with the food placed on one table in the large rooms, and the children coming to the table to serve themselves. The children select what they want from the foods that are prepared and choose the size of the portion they wish, the younger ones eating with a spoon and the older ones with a fork or spoon, depending on what is appropriate. They help in cleaning up when they are finished.

After lunch, the cots are put out by the assistant. While she does this, one *educator* helps the children who need assistance in going to the toilet or getting ready to nap. The other *educator* reads to the children, in the reading room, helping the children quiet down and preparing them for their naps.

The younger children all have the same

spot every day for their beds, and the beds are numbered so they can be recognized. The older children tend to move their numbered beds around a bit, so they can be near a special friend. There is also a basket of stuffed animals and other special objects which the children bring from home to sleep with. Most of them really do sleep during the rest period, which lasts about 2 1/4 hours.

The children are relaxed in their play and active in their interaction with staff and other children. They call staff by their first names and the staff are clearly responsive to the children, and know each one very well. The director explained that she meets with each parent and child individually before the program begins. She explains the program and the activities, talks to the child, and learns about the child from the parent. There is a group meeting in the fall before the school year begins, at which all the new parents meet each other and the *educators* for the group and are oriented to the program. After that, the contact is between the group leaders and the parents. Since most of the children are there for two years, the staff do get to know them all and their backgrounds. The students are there only for some months, however, dividing their time each year between the *crèche* and the *Jardin d'Énfants*, and therefore do not know the children as well.

Near the end of the academic year, children who will be coming over from the *crèche* will be invited to spend some time at the *Jardin d'Énfants*, to get to know the staff and the routine. Similarly, children who will be going to the *École Matèrnelle* in the fall will have opportunities to visit there as well.

The children's medical records are kept on file in the director's office, in case there is need for contact. There is a psychological consultant who visits the *Jardin d'Énfants* two or three hours a week. If, after some efforts to deal with problems that come up the staff think there is need for further consultation, they will refer an individual child for further help.

family support: child care and health

Family support services are increasing rapidly in France, especially in the large urban areas. And they are emerging under the aegis of different systems: child care; maternal and child health; social services. In some sense, also, the *Crèches Parentales* offer a kind of family support plus child care service.

The trend in France is toward the establishment of a variety of community-based programs serving very young children under age 3, and their parents. The focus is on both "welcoming" the child and "awakening" the child by stimulating his/her development in a variety of ways. The objectives are:

- to support parent/child interaction;
- to reduce high risk and conflicrual intrafamilial parent-child situations;
- to refer those with special needs to appropriate resources;
- to facilitate adult/adult (mother/mother) as well as mother/child interaction.

The program concept was first launched in middle class communities but then moved to a focus on the more deprived and on immigrants. It is now expanding once again in middle class communities where it is viewed as important for all children under 3 whose mothers are not in the labor force, and who would otherwise not qualify for *crèches* and maybe not even for *Haltes Garderies*. These services are not designed as a substitute for *crèches* but rather as a complement and supplement. The overall objective is to enhance child development and parent/child relationships. Programs may be open five days a week, all day, or part day or even part week. Staff often include volunteers as well as paid staff. Thus far, despite the growing popularity of these programs, there has been no systematic evaluation of the extent to which they are achieving the desired goals.

The programs stress parent/child relationships: in particular, helping inform and educate parents regarding appropriate child development and behavior by identifying developmentally appropriate behavior for 1 and 2 year olds, and demonstrating appropriate adult-child interaction. "Inadequate" parents are helped to become more adequate, to learn how to talk to and with their children, even to play with their children. Similarly,

those parents who have difficulty with the French language are helped to recognize that they are not alone in this situation. There is focus on reducing the social isolation of some mothers by placing them in a setting where they can develop relationships with other women in similar situations and from similar backgrounds, through informal contacts. Finally, children are helped to become more independent and to learn how to separate from their parents, an important aspect of subsequent adjustment to the *matèrnelle*, as mentioned earlier.

The programs are designed as "preventive." They emphasize pre-school readiness as a way to reduce the potential for school problems; they stress educating and socializing mothers in order to reduce the risk of child abuse; they help mothers develop social networks as a means to reduce the risk of depression among them. Basically, the only requirements imposed by funders are that the programs be community-based and child-development centered, and that the child be accompanied by an adult who remains with the child while at the center. There is no formal registration or formal program and there are no required activities. The programs focus primarily on children from the age of about 3-6 months to 3 years, and after school for the 3-4 year olds and their mothers. They are all publicly financed, but the funds are usually supplemented by other sources whenever possible.

One such program, the Golden Door, is located in the heart of a black and immigrant ghetto community. Many old buildings near it are dilapidated; the streets are crowded and dirty. In the midst of all this is a clean, luxurious-looking storefront with a logo on the glass window depicting a beautiful open door. The setting is spectacular. An architecture firm that designs *crèches* and other children's facilities remodeled this storefront, which goes almost completely through the block, with a window wall at the back overlooking a garden that belongs to the houses behind it, in the next block. Clever construction resulted in a multi-level arrangement: there is a large sunken room in the back with sofas and chairs, attractively covered in a fabric with an African motif. To the right is a climbing and slide area, and a variety of niches which define other small activity areas. There are also a very small kitchen, an office, and a bathroom.

Most of the facility contains the usual areas for children's play. The equipment is modern, colorful, beautiful. There are slides, stairs to climb on, a play house, child-sized table and chairs, toys, and books.

The Golden Door was created by a group of professionals: pediatricians, social workers, and educators, who work with children and families in this and similar neighborhoods. The center was established with some funds from a foundation, the local municipality, and an advocacy organization for immigrant and deprived children to carry out the construction, purchase supplies, and pay the salaries of part-time staff. The objective is to provide an accessible, attractive resource for deprived parents and young children, to help prepare the children (and their mothers) for the *École Matèrnelle*.

Because the space is so limited, they had thought first of limiting the facility to parents and 3 year olds. However, after a new *Matèrnelle* opened in the neighborhood and was able to accept all the 3 year olds, they opened The Golden Door to all neighborhood children under 3 and their parents.

Since the mothers in this community do not work, their children cannot go to the *crèche* or the *Halte Garderie*. The children are kept at home and have no direct early experience in French language, mores, or culture. They have been entering the *matèrnelle* at age 4, with no ability to speak French. (Now they will enter at 3, but with the same problem.) They come from Senegal, Mali, Tunisia, Morocco, and the French West Indies. Even the children from French-speaking areas have mothers who do not speak French, or do not speak it correctly. And most of the mothers are uneducated, and, of course, unemployed.

The Golden Door has been developed specifically for these poor, deprived, immigrant families with uneducated mothers and children who have not been exposed either to French or to appropriate social experiences. French child development experts (and educators) are convinced that the children are likely to have problems in adjusting to the *matèrnelle*, and to be at high risk of school failure once they reach primary school, without a compensatory experience when they are very young.

The goal is to provide a kind of "soft socialization of the child," helping the child to make a "gentle transition" to group life without too drastic a break from the family.

If the mothers are with the children in such a facility, so the theory goes, the transition is eased.

The program is free and does not require any registration. Staff do not ask people's names and address children only by first names. The parents (overwhelmingly mothers) can come every day if they wish, or only occasionally, if they prefer. Mothers can sit and talk with one another, but staff take no initiative about it, and no activities are planned or suggested.There are pencils, papers, and various supplies available and visible, for mothers and for children. Coffee is available but as yet no food. The concept is to follow the lead of the mothers, and first, to get the mothers to accept and use the facility.

The mothers can talk among themselves and the children can play—alone or with other children—in much more space than they are likely to have in their crowded homes. A few families have already become regulars, but a few months after the program opened there were still only fifteen mothers and children attending a facility that theoretically had room for twenty to twenty-five mother/child pairs. Staff do not yet try to model appropriate behavior and mother/child interaction, as is done in some other similar programs, because they are still experimenting with what would be effective and nonthreatening. Thus far, only one father has come.

Staff are largely white, and speak only French, while the mothers by and large speak no French or very little. Nonetheless, they appear to communicate. Most of the children are toddlers (2-3 year olds); when babies are brought, staff bring out mattresses and put them in the sunken area where the mothers sit. It is too soon to assess this just-opened center, but staff are convinced of the program's value. There are other similar programs that have become very popular, and appear to be achieving the desired goals.

Still another form of family support service is the "*Halte Jeu*" (play group),[13] another type of *halte garderie*, located at a maternal and child health clinic. This PMI Clinic (*Protection Matèrnelle Infantile*) is situated in one of the poorest areas in Paris. The buildings are old and dilapidated, the streets in need of major repairs. It is a high population density neighborhood of recent immigrants, mostly black, from Africa. There are two hospitals in the neighborhood, one public and one private, that provide maternity services and tend to channel cases to the MCH (PMI). There is also an *École Matèrnelle* and another *Halte Garderie* in the neighborhood.

Staff include one *puericultrice* (a pediatric nurse), two aides (individuals with one year of *puericultrice* training), and a receptionist/typist. Of the three professionals, one helps the doctor who is doing the examinations, a second staffs the reception area, and the third serves children in the waiting room with their families. The staff also share the housekeeping.

The program is intended to be preventive, but for the people in this neighborhood it often provides the only child medical treatment they are likely to seek. Either they are not in the health system or do not know how to use it. If they are without health insurance and something special is needed, they will be provided with a signed form to obtain the service at the local hospital; the city will pay for it, even if they are illegal immigrants. Most of the clinic activity, however, has to do with mandatory health check-ups at specified times following childbirth. These check ups are essential, since they are preconditions for receiving various child/family cash allowances.

The clinic serves children aged 0-6, and almost all the children in the neighborhood are seen here. Mothers learn about the service in the hospital when they give birth, and from family and neighbors subsequently. Everyone in this neighborhood uses the service. At age 6, the children are either transferred to a private physician or to the school doctor.

The entrance to the clinic is at the top of a flight of stairs. At the beginning of the afternoon hours, parents and children assemble in the waiting room off the small reception room. Everything possible has been done to make the reception and waiting rooms attractive. There are pictures, children's drawings, and health posters that explain such things as the importance of sleep and of good nutrition. There are toys in the waiting room for children of different ages, and children's books as well. In the reception area, an aide engages the children in play with toys, in effect modeling for the parents what the children should be exposed to and how they can learn from play.

There is a heavy emphasis on information and advice, in addition to the check-ups and

inoculations: about nutrition, sleeping, developmental issues, and family planning. Contraception has become important here. The African pattern was breast-feeding for about 18 months to 2 years and no sexual activity during that time. Here couples frequently resume sexual activity earlier, and the women have learned that contraception is important. The staff offer contraception advice, but refer parents to the family planning clinic for pills or other devices; or, if there is interest in what is called "voluntary pregnancy interruption," mothers will be referred to the hospital.

On days when there is no clinic being held, staff have organized a free play group called a "*Halte Jeu.*" Mothers come to meet with other mothers, to bring their children to play with other children, and to talk with the *puericultrice* and aides.

For another example of a *Halte Jeu* we turn to a beautiful building located in a middle class Paris suburb. Half the space is allocated to a *crèche* for 100 children and the other to a maternal and child health clinic which also houses a *Halte Jeu* or mother/child play group/ family support service. The entry is very attractive, freshly painted, well furnished, and well equipped. There are posters, children's paintings and other art work on the walls. This is one of four such clinics which together serve about half the children under age 3 in this town. On the days (and half days) when there is no clinic (Mondays, Fridays, Tuesday mornings, Wednesday mornings, and Thursday afternoons) a mother/toddler group has been organized by the staff. Here, too, mothers come to meet with other mothers, to bring their children to play with other children, to talk with the *puericultrices* and aides.

Numbers are limited for each session to about 8—10 mothers, who must give advance notice if they wish to use the program. Most of the mothers bring toddlers (1—2 year olds), and take advantage of the larger space and outdoor play area which their own homes may not offer.

Most of the mothers who bring their children are at home, unemployed or on parental leave, or at home because they prefer to be and the family can afford to forego a second wage. They sometimes use the program as a drop-in child care service (while they take an exercise class or have their hair done) but more often use it as a place to meet with other mothers and children. (Other programs require the mother to be present with their child.) Here, too, attention is paid to providing parents with information and advice about parenting, and helping children learn how to separate from their mothers comfortably.

Typically, parents begin to use the program in the early fall, bringing their child in two or three times and staying with the child for the whole period. Then follow another two or three visits when the mother will bring the child and wait outside the playroom, not completely leaving, accessible to the child yet separate, in another room. It is only after one or two months that the mothers actually leave the clinic, and leave their child there. Children may be left for a maximum of two-three hours at any one time, and not more than three times a week.

About seventy-seven children use the facility either in the morning or the afternoon. It is closed from noon to 1:00 pm; lunch is not available.

The director could not provide cost figures for this play group facility. She did inform us, however, that they have a special arrangement with the *crèche* and with the *matèrnelle* for children from the *Halte Jeu.* These children have their transition to the other programs aided by special visits made at the end of the year before the child will begin the *crèche* or *matèrnelle.*

Marital counseling and other types of family counseling are available here as well, as are social workers, who are present every Monday to respond to the needs and problems of their neighborhood caseload.

conclusion

To conclude: despite two different administrative auspices (health and education), and despite some clear differences, the educational philosophies of the *crèches* and the *matèrnelles* appear to be converging, and are certainly closer than in former years. There are growing efforts to include more child development content in the training of *crèches* staff and to de-emphasize the nurse role. At the same time, the *matèrnelles* are becoming more flexible and less authoritarian, and stressing as

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goals social development and individuation, not just cognitive development. In some sense, the *Jardins d'Enfants* already reflect this convergence. Nonetheless, the differences in group size and staff:child ratios are dramatic, and one wonders whether so many parents of 2-year olds would choose the *matèrnelles* if a place in a *crèche* were free—and available. Of particular interest is the emphasis on expanding opportunities in the *crèches* in order to enhance preschool readiness and the stress on helping children cope better with transitions, as a way of preparing them better for preschool and primary school (and later life?).

In response to this interest in providing children with better preparation for the *matèrnelle*, and providing better opportunities for development generally, the French also are now developing family support services of different types, adapted to meet the needs of children and parents from diverse backgrounds and cultures. Some of these services are emerging from the *crèche* system, some from maternal and child health, and some from a social service base. All are viewed as supplementing the existing child care system. They are designed to meet the needs of children and parents for whom a full day *crèche* may be inappropriate or unnecessary, but who would benefit from a group experience, and one focused on mother and child, not just the child.

Despite an enormous diversity of program initiatives for the under-3s and their parents in France, there seems to be an holistic concept of what very young children and their parents need; and the services are closely linked,if not fully integrated.

Italy

child care and family support as early childhood education

For most areas of child and family policy, Italy offers no exemplars. Its weak, fragmented national government, featuring ever-changing complex coalitions, has not permitted any one party to promote and implement coherent social policies. The divisions of power among governmental leaders (national, regional, provincial, communal) and the great poverty in the South have defeated most efforts at systematic planning and administration. Nonetheless, for our purposes, it is useful to note some national, regional, and communal developments in child care and family support services which have attracted considerable attention in Europe and elsewhere, and influenced program developments and practice in several countries.

By way of context, we might note that Italy has an average female labor force participation rate for the European community (44 percent), lower than that of the U.S. and the other countries on which we are focused, but the rates are high for educated women. The single-mother group is relatively small, and is dominated by separated women. While abortion rates are high, fertility rates in Italy, along with Spain, are currently the lowest in Europe, the lower rates having swept south in the course of the decade, with some recovery in the north and on most of the continent. The child cohort is relatively small, cutting most pressures on resources.

scuole materne, 3-5

As in France, one must view Italy's under-3 child care provision in the context of universal preschools (*Scuole Materne*) under the auspices of the Ministry of Education and financed largely by the national government. These programs serve about 90 percent of the 3-5s in an all-day program.

The history of the program is instructive. Throughout the nineteenth and early twentieth centuries government showed no interest in preschool education or child care and encouraged the monopoly of the church, carrying out its religious and social service roles. While there was interest after World War II in the educational and socialization aspects of child care, the first major national legislation assigning responsibility to establish preschools to the Ministry of Education was not passed until 1968. With national funding, the initial priorities were for economically depressed areas and rapidly growing urban areas. But the 1970s saw an explosion of provision (as it did a great acceleration of female labor force participation). Italian leaders in the field stress as well (a) increasing awareness of the value of a group experience for a child's social development and a child's "right" to have such an experience; (b) the recognition of the

value of the preschool as preparation for primary school; (c) the smaller families (children are isolated and parents want them to have a socialization experience); (d) the declining availability of qualified staff in religious schools; and (e) parental belief that state schools are of higher quality and are more convenient because of their longer hours.

The formal objectives of the public preschool program are described by one top regional administrator as "education, development of the child's personality, assistance and preparation for compulsory schools ... supplementing the ...family." The preschools also have a compensatory task with the disadvantaged, so that all children may begin compulsory school on an equal level.

A bitter church-secular conflict took place before the program was fully authorized and financed, but there was rapid expansion in the 1970s and 1980s, and by the early 1990s at least 90 percent coverage for the 3-5 cohort. More than 40 percent of this age group are in public preschools run by the national government, 13 percent in public preschools operated by municipalities, another 3 percent in other public facilities (public total 56 percent), 19 percent in church preschools and 10 percent in secular private facilities. Of the pre-school facilities, about 45 percent are nationally funded and operated, 17.5 percent are municipality-funded but with a state (national) subsidy, and 35 percent are religious (21 percent) or private secular (14 percent), also with subsidies. All are under the direct aegis of the Education Ministry, or indirectly under its aegis via local school boards.

These are 10-month programs, open 10 hours daily, from 8:00 am to 4:00 or 5:00 or 6:00 pm, with classes of about twenty-five children. They are universal, voluntary, and free (except for modest fees for meals). Children from ages 3 to 6 may participate. (In the South, where shortages are still found, priorities are given to children who are orphans, children with disabilities, children from single parent families or of recent immigrant parents).

We illustrate with the best known program for the 3—5 year olds.

Reggio Emilia, a wealthy, medium-sized city in the north-central part of Italy and center of the Italian "economic miracle," is the home of an internationally renowned *Scuola Materna* called the *Infant School (Scuola del Infanzia) Diana.*[14] There are twenty similar preschools in this city where all children aged 3—6 are enrolled either in a municipal preschool school (47 percent), a national preschool (13 percent) or in a publicly funded, private, church-related preschool (40 percent). Although not as famous, or perhaps not as unusually situated, there are comparable preschools in other cities in this and a neighboring region as well.

"Diana" is located in a beautiful park, surrounded by many other public facilities including two theaters, a primary school, and a middle school. It is known almost worldwide as a preschool exemplar and has been visited by more than 8,000 foreign experts over the last decade. It serves seventy-five children aged 3-6 in three age-specific groups of twenty-five children each, with each group staffed by two teachers and an extra teacher assigned specifically to help with the three children with disabilities. There is also a special teacher who is in charge of the "studio" or art workshop and who has responsibility for the creative arts program that is one of the unusual features of this program and the programs in this city generally.

The facility itself is even more beautiful than the surroundings, with an entry area opening on to a large room with a dramatically high arched ceiling. The room functions as a kind of village *piazza* or square for the school. Here all the children play together at the beginning and end of the day (before 9:00 am and after 4:00 pm); small groups of children make special use of it at other times. Part of the room is divided into several specialized play areas including a play store, several climbing and tunnel-like toys for very active physical play, and a pupper theater. Off the *piazza* are three rooms, one for each of the groups (each further sub-divided as will be explained below), and various administrative offices. At the rear of the *piazza* is a glass wall with a doorway opening on to the art workshop, where there are various tables and shelves set up for play with clay, wood, plastic, wire, paints, etc., and a special teacher who works with the other teachers as well as with the children from each of the groups.

Children arrive at the preschool between 7:30 and 9:00 am and engage in free play in the village square, where they may also have breakfast. They depart between 4:00 and 6:30 pm, and the ones who remain beyond 4:00 again play together in the *piazza*, under

the supervision of two or more teachers, depending on the size of the group.

At 9:00 am each group assembles in its own room with its teachers and decides what it will do that day within the context of the overall current project (see below). Each group has a name, and each group's space is further subdivided into three rooms, one for active play (the very active physical play goes on in the *piazza*, however), one for quiet (and more individualized) play, and one for resting or sleeping. Each group is also divided into three smaller groups and they, in turn, decide what part of the overall project they will work on that day. The children are actively involved in planning each day's activities as well as in planning subsequent activities and choosing the "theme" for the year.

In the large room, where much of the activity goes on, there are child-sized tables and chairs; here is where the children eat together. In the 3 year olds' room, the bulletin board announced the "theme" for the group for the year. In the "active" room, three children worked at a child-sized table with clay; one teacher was with them, talking to the children. At another table, three children worked with clay and wire; a second teacher was helping one of them. At a third table, two children were using crayons and colored markers, and at a fourth, two children were playing at a table that was lit from below. The children had colored pieces of plastic and were placing them on the table to create an attractive design. Throughout the room there was constant staff/child and child/child interaction. The children were talking to one another and to the staff, and the teachers were initiating the discussion or responding. In the "quiet" room, two children were at easels, concentrating on their own paintings, in contrast to the children who were working on a group mural in the larger room.

The 4 year olds' "theme" was "trees and forests." Some children were constructing trees out of wire and clay, scotch tape and staples. Others, at another table, were painting or using colored markers to create a mural. Six children were at a table with a teacher who was teaching them about light and shadows through the use of a small wooden horse and a flexible light that she and another child moved in different directions. The children took turns guessing—and then later analyzing—where the horse's shadow would fall as the light was moved.

The 5 year olds were still more independent. Several were working with the art teacher in her studio. Others were outside playing. Three were in a small room listening to music and several others were playing games ranging from checkers to a computer game. Still others were playing at the "store" in the village square, learning number concepts by "buying" and "selling" items at the store, discussing how they should be priced, and so forth. One child was the shop keeper. Two others were "workers" and "clerks," and three played at being parents going shopping. Two of the teachers stopped by to "shop" as well, all using play money to make their purchases. An adult (a former staff member) came by for a "purchase."

One observes here: acute awareness of how children develop; programming to enhance each developmental stage; great emphasis on documenting on film, in writing, and in wall-hangings what the children do; and two-way sharing between center and home about what the children are doing. The center-family relationship is intended to be a very active partnership.

The program stresses family involvement, parent participation, and community-based management. Parents meet with staff frequently on a one-to-one basis. There are, in addition, regular parent group meetings and parents help out in a variety of ways. Of particular importance, by law parents must constitute at least half the members of the preschool's Advisory Board. Parent representatives are elected by the parents to the board for a two-year term. The Board meets as a whole several times a year and, in addition, in sub-committees for special tasks. The Board helps set fees, raises funds for special activities, acts as liaison between the school and the local government council that supervises the school, and helps to choose among suggested special activities for the different groups. The parents are not involved in hiring staff, however.

The teaching staff get their jobs through civil service examinations for early childhood teachers. Many have university degrees in early childhood education or a related field. In-service training is strongly emphasized as well. All staff, including cooks and cleaners, meet together weekly to discuss the curriculum, how the week has gone, and to plan for the next week. "Team teaching" is stressed as

well, as a way to reduce traditional staff isolation. Teaching staff document daily what each child has done in the group and this information is shared with parents and other staff.

Although the basic curriculum and educational philosophy is the same throughout the municipality, the curriculum is implemented in an individualized fashion at each preschool. This implementation reflects the particular style, training, and orientation of the coordinator, staff, parents, and the particular group of children enrolled at the school each year. The overall concept is that if the *nido* (the day care center for the under-3s) functions well, and the *Scuola Materna* functions well, children will be prepared for formal schooling. What is more important, they will be able to cope with what is generally viewed as the less satisfactory arrangements (less individualized) in primary school.

The program is funded by the municipality along with the region and the national government. The budget is set by the municipality in relation to the numbers of children served. The core program (7:30 am to 4:00 pm) is free to all children. The supplementary program (4:00—6:30 pm) and the meals are paid for at income-related fees.

Thirty-eight percent of the children who enter this *Scuola Materna* come from the *Asili Nido.* Children who have attended a *nido* have the first priority for preschool places throughout Italy. Since there are enough preschool places for all children in this city, this presents no problem.

asili nidi - the under-3s

In contrast to the *Scuole Materne* development, Italy has a very limited supply of child care places for the under-3s, with both quantity and quality varying by region. As in the case of maternal and child health programs and family support services, some of the regions have taken the lead and developed exemplars which have attracted widespread attention in Europe. There has been special interest in developments in the Emilia Romagna and adjacent regions in north-central Italy, where a group of child development researchers, child care administrators, advocates, and public officials have banded together to work on program and administrative innovation and to press for change, taking off from systematic research on children and their families. In Emilia Romagna, as we shall note below, the under-3 initiatives have been joined administratively to the preschool programs under the regional educational administration. Here, in a sophisticated, developed region, with high female labor force participation, there has been special appreciation of the potential of the *Scuola Materna* for child socialization and education and a search for something comparable for the under-3s, but within a framework of limited resources. Building on economic success, a tradition of parental advocacy for schools after the war, and the visible work of a charismatic local educational leader (Loris Malaguzzi), Emilia Romagna has been propelled into a leadership role. Fortunately, it has strong regional staff leadership which builds on this tradition and communicates it internationally.

The first national legislation for this program was passed in 1971, permitting regions and municipalities to develop what are known as services "by individual request," optional services requiring user fees. National law provided an initial capital subsidy (1971-1978), with regions and municipalities responsible for operations. This generated a take-off in the north and north-central areas; resources were dissipated or misused elsewhere. Over a short period, in the regions that made the most of the opportunity, it was possible to observe the transition from infant/toddler care as a social service responding to problems, to a service for working families and the labor market. Moreover, while the supply of infant/toddler care remains limited, the same developments that have shaped the *Scuole Materne* (and in some places the same regional administrative staffs) have influenced the *Asili Nidi* in the lead communities. In these places they seek to offer an educational and socialization experience appropriate for all children. A range of program forms (part-day to full day) and a close relationship to a diversity of child-care-related family support programs (see below) suggest the validity of these initiatives for both working families and families with an at-home mother, and for substitute caretakers as well. This programmatic development becomes a response to family change.

Children in the early primary grades in Italy attend school for a short day, but the *Asilo Nido*, like the *Scuola Materna*, is a full work-day program. It is open from 7:30 am to at least 4:30 pm, and in some communities even to 6:30. Centers range in size from twenty-five to sixty-five under-3s, but thirty to sixty is the preferred size. There are usually age-related socialization, developmental, and cognitive objectives (3-12 months, 12-24 months, 24-36 months). Since most working mothers are able to take a 9 month post-child birth leave, these programs tend to serve children in the range of 9 months—3 years. Given a very limited national supply of infant/toddler care, children of two working parents or a working single mother receive priority. The regions set their own standards, including staffing ratios.

Employers contribute 1 percent of social security taxes to the Ministry of Health, which allocates these funds to the regions to plan and develop infant/toddler services. (Since 1989 the earmarking has not been mandated.) There is little national participation beyond this. Regions reallocate the funds to local authorities for capital expenses. Municipalities fund operating costs out of their own contributions and parent fees (5-36 percent of operating costs) and with regional subsidies; hence, great variation.

Emilia Romagna, a region with an extensive supply of high quality infant/toddler care, has a policy supporting a three-group center of sixty children in attendance (sixty-six registered), staffed by eleven teachers, four auxiliary staff, and two cooks; there will probably be fifteen babies (under age 1) among the sixty. (In a smaller center with forty-two children and no infants, there would be six teachers, two auxiliary staff, one cook.) Staff:child ratios are at least one teacher to six or seven children aged 1-2 and higher ratios for infant groups. Staff work thirty hours weekly directly with children and six hours in preparation and in-service training meetings. Staff are all public employees and salaries are pegged at a civil service middle level. Staff salaries constitute about 80-85 percent of operating costs. Staff have secondary-school degrees or, increasingly, university degrees but not necessarily with a child development specialization. Education and child care experts, as well as regional government officials, are concerned about this lack of specific substantive training.

Nationally, the proportion of under-3s in child care is 6 percent. Estimates based on female labor force participation rates and information about family structures calculate "need" for coverage of 20-30 percent of the cohort. Data for the late 1980s shows about 60-70 percent of the under-3s with working mothers cared for by grandmothers and the remainder by domestic servants (still relatively common in the Italian middle class) or other relatives. Unlike most countries studied, Italy has no formal family day care and little informal family day care.

Emilia Romagna, here in focus, has female labor force participation rates close to those in the U.S. and Canada and has child care places for 20 percent of its under-3s cohort. (Bologna, the capital of the region, has places for 30 percent.) Other regions vary in coverage, quality and philosophy. Thus one can find in Italy essentially custodial programs (mostly gone in the North), programs with a relatively formal and structured approach to care and education, and a child-centered model with a developmentally-oriented curriculum, as in Emilia Romagna and several other nearby regions.

We illustrate the possibilities with references to one program in Modena (also, in the Emilia Romagna region) and two nearby in Milan (in the Lombardy region).

Modena is a prosperous mid-sized city with female labor force participation rates on a level with those in the United States. The *Asili Nidi* in Modena follow the standard pattern: They are open five days a week, except for holidays (Christmas and Easter), from 7:30 am to 6:30 pm, ten months a year (they close in July and August, although sometimes one center in the city may remain open in July). Children arrive between 7:30 and 9:00 am and depart between 4:00 and 6:30 pm. The long hours are available only to those children whose parents can document that they work long hours.

The current regional and municipal policy is to expand existing coverage for the under-3s in a diversified delivery system serving all children, both those with working parents and those with at-home parents. Some program models are focused more on parents and caregivers while others focus more on the children. Thus, in some communities, child care and family support services are increasingly being merged. For children who do not need a full-day service (at least 9:00 am to

4:00 pm), or for parents who want a group program for their very young children but are not themselves in the labor force, several new program models have been developed. These include *Micro-Nidi*, small programs serving seven to ten children rather than the fifteen (minimum) to sixty (more usual) in the traditional *nidi*, play centers serving children and caregivers on a part-time, part-day, or part-week basis, and outdoor programs attached to an existing *nido*, serving children from the community who are not enrolled in a *nido*.

In Modena, there are sixteen "traditional" *nidi*, three play centers (which will soon be expanded to seven), and two "open" *nidi* (which are also expected to increase to seven, one for each neighborhood). Twenty-five percent of all 0-3s are in either the traditional *nidi* or the part-day *nidi*. Since most children do not participate in the *nidi* until they are 9 months to 1 year old, coverage is greater than 25 percent for the 1-2 year olds. Nonetheless, if one counted full-time working women with children under 3, part-time working mothers, and full-time students with young children, about 70 percent of the children under three would need places in a *nido*. As a result, waiting lists for all types of *nidi* are quite long.

As is typical of Italy generally, almost all the *nidi* (97 percent nationally) are public, operated by the municipalities. In this region, they are funded by the region as well as the municipality. Although under the health ministry at the national level, they are under educational auspices here (as in several other regions in Italy).

Children of working parents have the first priority for enrollment. Parent fees are income-related but at most cover 25-30 percent of the program's operating costs in Modena (and 25 percent in Milan).

One center visited began as a *Scuola Materna* but in 1985 was transformed into an *Asilo Nido*, serving 48 children in three groups of ten to eighteen children each. The groups are organized by age, as they are in almost all the centers in Italy. There are at least two teachers for each group, with a third for the middle group who helps out in any group if a teacher is absent. Thus, overall, there is one teacher to six children aged about 9 months to almost 3 years, one cook, and three helpers who also clean. The program begins each year in September with a new entering class of babies. The first week is just for staff to prepare for the year. From then to mid-October the new children are phased in, about three or four each week.

The building is a low-rise, half one story and half two stories. There is a large open area off the entrance (the *piazza* or village square concept, in a somewhat smaller form) and near the entrance are strollers and baby carriages. When we visited, six children and a teacher were sitting on a rug off to one side, playing together. There was a climbing area in the back of the room and several small tables where a few children were painting. Each group had its own smaller room located off the central *piazza*, and each of these was subdivided into an area for play with tables and chairs, a second area for quiet play and eating, and a third area for sleeping. The rooms were colorful and spacious. There is also an office for a pediatrician who holds a health clinic at the center once a week for the children in the *nido*. There is a small kitchen and a laundry room as well, with washers and dryers.

Children have their own cubbies with their names or pictures on them; these are used for storing their outerwear and a change of clothes. Each group has its own menu posted at the entrance to the group room where parents can see what their child has eaten that day. Although the children are deliberately introduced to different types of foods, including those unlikely to be served at home, there is great sensitivity to cultural differences around food, special diets, and so forth. Children have the same crib each day, when they rest, and they have their own transitional objects as well—a stuffed animal, a blanket, or a piece of a blanket.

Almost all the children have working mothers. However, as is typical, there are a few children with special needs, including one child with Down's syndrome, who have at-home mothers. There is great stress in Italy on mainstreaming children with disabilities.

In the room for the under-1s, there was space for crawling, low mirrors, and a place for water play. Changing tables, in a separate room, had windows at a level that allowed children who were being changed and cleaned to look through to the playing area and watch the other children.

The room for the 1 and 2 year olds had more equipment for active physical play, including climbing toys and steps, and more opportunity for drawing, painting, and water

play. There were also low windows between the rooms, one-way mirrors to allow adults to observe, and low mirrors for children.

Nidi staff here have completed at least a three-year post-high school vocational training course and a fourth (and sometimes fifth) year special course in early childhood education. Staff work thirty-six hours a week, thirty hours with the children and six hours in in-service training, staff and parent meetings, planning. Staff turnover is very low, in part because these civil service jobs are relatively well paid and secure, with good benefits. *Nidi* staff are paid about the same as *Scuole Materne* teachers and only a little less than primary school teachers.

In Milan, *Asili Nidi* vary in size from thirty to sixty children; by law, none may be larger. Enrollment is premised on the assumption that about 10 percent of the children enrolled will be absent at any one time; therefore maximum enrollment is sixty-six for a sixty place center. In a facility with sixty children, there is a coordinator (a director, in U.S. terms, but with less authority), twelve educators or teachers, one cook, and five other employees who are aides, cleaners, and so forth. In September, at the beginning of the year, children range in age from 3 months to almost 3 years, although very few are under 9 months old. Despite the stated group size, many fewer children were present on the day of our visit than the full complement; several babies were absent because of respiratory infections. (As in Denmark and France, children with mild head colds may attend but not if they have a fever or are clearly ill).

Centers are likely to be on one floor, with strollers and carriages near the entrance, where parents leave them when they bring their children. In one Milan center visited, the youngest group has eighteen children under age 1 and four teachers. The second group has twenty-three children aged 1—1 1/2 and five staff. The third group has twenty-five children aged 2—3 and four staff. A pediatrician who is on site every day from 8:30 to 11:30 serves the children at the center as well as other children of that age in the neighborhood. (This is not a typical pattern. Usually, a pediatrician will come one or two times a week to the center.) In addition, a nurse comes in two days a week, a typical pattern for these centers.

As in Modena, each group has a large room, divided into three areas, with the group subdivided as well into three smaller groups. Here, also, are two smaller rooms, for quiet play and eating, and for resting and sleeping; and there is the usual changing room, with toilets and sinks. Toys are taken off the shelves in the main room selectively, so that there is variation during the day. In Milan there are more likely to be black, North African, or Asian children than in Modena or Reggio Emilia.

Two babies were crawling in what looked like a very large play-pen, with one of the staff sitting inside as well, and another was practicing climbing stairs on a big low step ladder. Two babies were being fed, held in the teachers' arms. Babies are fed following the pattern set at home, either at regular times or on demand, and then put down to sleep. In the sleeping room, three babies were asleep in their cribs.

A 2 year old girl in the *nido* had come from Sri Lanka the previous year. She was already talking, and in Italian. When her parents came to pick her up later in the day they talked proudly of her accomplishment, noting that she would be well-prepared to attend the *materna* the following year.

There were "diaries" on the walls of the main room, near the entrance, for the mothers to read when they pick their children up at the end of the day. One note said that "Anna began to walk today and made two steps without holding on."

In the second room, for the toddlers, two little girls were choosing among several dolls on a low shelf. Several children were playing around a big low table. Others were at a sink playing with water and still others were painting. Two girls and two boys were playing house in another part of the room, and near them was a doorway from the group room to the outside, the first such door we saw in visiting many centers in Italy. In most, there was only the main entrance and one other, but not doors to the outside from each room in the center, as one sees in Denmark, for example. In the sleeping room, there were separate cribs for each child and, nearby, the usual bathroom facilities.

Lunch is different for each group, and the menu depends on the children's age. The babies always have special food. No pork is ever served in this center since one or two Moslem children are usually enrolled.

Somewhat beyond the historical center of

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Milan, a large red brick building houses a primary school on one side and a *Scuola Materna* and a *Micro-Nido* for children aged 18 months to 3 years on the other. The *nido* is on the main floor, has fewer children than traditional *nidi*, and does not have its own kitchen.

The entrance for this facility "cluster" is spectacular—a very large slightly sunken amphitheater-like room with three steps all around it. On two sides the steps have cushions and pillows to sit on. The walls are brightly colored and there are various action toys and climbing equipment in the central area.

Children and teachers use the "stairs" for talking, reading, playing. Off this *piazza* is another large room with three subdivided sections for active play, quiet play, eating, and resting. There is a separate room with child-sized toilets and sinks. Adjacent is a small sitting area where mothers stay during the child's transition into the *nido*. Here, as in other *nidi*, there is a gradual separation of mothers from children, a two-week period with mothers spending decreasing time with their children or nearby. There is also a small staff room and bathroom. Meals are delivered from another *Nido* nearby.

The children arrive between 7:30 and 9:00 am and leave in three groups, the hours being posted near the entrance. The first group leaves at 1:00 pm, the second between 3:30 and 4:00 pm, and the third between 4:15 and 5:30. The groups are age-integrated, each including children from 18 months to 3 years.

In this center there are two age-integrated groups of 16 children each, with three teachers each. A doctor visits two times a week. Each group is subdivided into three smaller groups, each based in its own room and with use of the large central area. Staff/child ratios are 1:5 for those under 18 months and 1:8 for those 18 months to 3 years.

The two groups play together in the morning in the central area before 10:00 am and in the afternoon after 3:00 pm. In addition, sub-groups use the *piazza* during the day for active physical play. Since many of these children come from quite small homes, having this large area for running and playing is said to be extraordinarily exhilarating for the children. Within the two main group rooms, several children were playing at low tables and chairs, some working with clay and others with seeds. In another area they played with blocks. In still another area children were playing dress-up. There were also musical instruments, recorders, castanets and drums off to one side in the room, and two children were exploring these.

There is a shared bathroom with child-sized toilets and sinks as well as potties for the children who are not yet toilet trained, and a changing table for those still in diapers. Some children used pacifiers and one teacher was washing several and placing them, when clean, into containers with the child's name. All the children have labelled bags on hooks near the bathroom, with a change of clothes as well as cubbies near the main entrance, for their outer clothes and other changes.

In the second group, several children were napping in the resting room. Each child had his/her own mattress or sleeping bag, kept in the same place each day, with his/her own special objects to hold when resting. A staff member remained with the children while they rested or slept. In this group's main room, one corner area is partly enclosed and filled with many small, brightly colored balls. Three children and a teacher were sitting in this "play pen" and playing at being in a boat on an imaginary ocean.

The children who will attend the *materna* in the fall spend one day a week from January to July in the first group at the *materna*, to facilitate the transition. There is constant awareness of the *materna*, since the large central square where the *nido* children have their active play has a skylight across the top and the children from the *materna* can look down around the edges of the skylight, and the children from the *nido* can look up.

In Milan, too, it is recommended that when feasible the *Asilo Nido* be located near a *Scuola Materna* and near several alternative child care centers as well: a *Micro-Nido*; a part day *nido*; a child and family center or Family Time center (a family support service). The *Scuole Materne* are never co-located with a primary school but rather with an *Asilo Nido*. There is a strong emphasis on continuity between the *nidi* and the *materne* even if the same kind of continuity does not exist between the *materne* and the primary school.

Thus, with limited coverage in most places, fuller coverage elsewhere, the *Asili Nidi* are an instrument in implementing a concept of a parent-community partnership,

concerned with the development of children, and offering programs and formats attuned to diverse family structures and circumstances.

family support services: family centers, child and family centers, family time centers

During the latter part of the 1980s there began to emerge a series of new initiatives. Linked to the day care centers, these developments suggest the formation of a more extensive system of child and family services focused on meeting a broader range of needs than just the need for child care when mothers work. The objective is to provide a diversity of group experiences in order to meet the varied needs of very young children and the preferences of parents who might not need or want their child to participate in a formal day care center (or in a full-day progam) but need and want a group experience; and to provide this experience at much lower costs than that of a *nido.*

Influenced by French and Italian researchers, a group of leading child development researchers, child care policy and program experts, and government officials seeing themselves as working for the enhancement of childhood rather than just the improvement of child care services, have taken a new and different approach. They see their agenda as: improving the conditions of childhood; responding to social change, including changes in family structure and gender roles; facilitating the new interest in educational reform; trying to be sensitive to the needs of parents who have limited knowledge of parenting; and, most of all, responding to the needs of children.

The result is a new concept of a diversified system of child and family services for the under-3s and their families. The goal is the establishment of a system that includes child care centers as one component but adds to it a variety of other types of group experiences for children with different needs. The "target group" includes children whose parents are not in the labor force, children with part-time working parents, children cared for by grandparents and other relatives and non-relatives. These children need different types of experiences. The new programs are designed for *parents and children, as well as for grandparents and other caregivers;* and they are designed to be used part-day or even on an occasional basis, to supply the kinds of group experiences that are seen as essential for good child development. The whole initiative is focused on meeting the needs of children first, and second, the needs of mothers or parents. These new developments are seen as providing opportunities for parents and other caregivers to: exchange experiences and concerns with other parents; obtain expert guidance from professionals if they wish, including information, help and support in their parenting role; and ultimately, to contribute to parents' socialization and education as well as that of their children, through peer interaction and interaction with staff.

Included among these new types of programs are part-day centers, part-week centers, mother/toddler groups, and a variery of other flexible forms of child care and child and parent groups. None of this is being proposed as an alternative to or substitute for existing "traditional" good quality *Asili Nidi.* The latter still are viewed as an essential service for the children of working parents. The new parograms are seen rather as a supplement to and extension of the *nidi.*

Musatti, one of the researchers helping to shape these developments, has found from her research that the mother's educational status (college or more) and employment status (professional) is more highly correlated with greater use of day care than whether the mother is in paid employment or with the availability of grandmothers as caregivers. Furthermore, her research reveals that children from better-off families are the most likely to be provided by their parents with intellectual and social stimulation at home and are also the children most likely to be in a high quality day care center and to benefit from the experience of being with other children outside of the home. These children, then, end up better prepared for preschool—and later for primary school, as well. In contrast, the children who come from families with fewer resources, whose mothers have more limited education and lower-status jobs and are likely to have less knowledge about child development, are the ones most likely

to use informal child care and to be in situations where they will receive limited stimulation. They are likely, also, to be less well prepared for pre-school and primary school. This is a real problem for these children and for their subsequent functioning in school.

There is a strong conviction among these child development researchers that a one-year fully paid maternity/parental leave following childbirth (or adoption) is important, but that rather than extending the leave beyond this, as has been undertaken in a number of countries, social policy should stress the development of a diversity of supplementary expetiences for very young children, not only those with full-time working mothers but also those whose mothers work part-time, or whose mothers are at home, or who have at-home relative or nonrelative caregivers. These experts are convinced that given small family size and the paucity of children in neighborhoods, the social isolation of many of these mothers—and their children—can be devastating. Supplementary and supportive group experiences are essential. These need not be full day, and they should not be limited to the children; but there is need for some opportunity for children to interact with other children separate from their mothers, and mothers-parents-caregivers to interact with one another and their children and staff. Wherever these new types of centers are opened, there has been enormously enthusiastic response by mothers and grandmothers, and even some fathers, enabled to participate because of the greater flexibility of these programs.

Although these child development/child care leaders would like to see the *Asili Nidi* turned into a universal counterpart to the *Scuole Materne*, they recognize that current resource constraints make this impossible. What can be done instead, however, is to expand the range of offerings beyond the traditional day care centers in order to make some of this experience available to a wider range of children.

The pattern now emerging in the north and north-central regions is:

- the *Asilo Nido* or day care center as historically and traditionally used as a full-day, five-day a week program;
- expanded centers that will include part-day programs and part-week programs;
- the opening of day care center playgrounds and other outdoor facilities to children from the community;
- new, part-time, part-day programs such as mother/toddler programs and "Time for the Family" (Milan), that are oriented to parents and caregivers as well as to children;
- close linkages between child care centers of all types, the preschool programs, primary schools, health care services, and social services;
- special emphases on improving quality;
- greater access for poor and immigrant families.

The ultimate goal is complete coverage of all children under age 3 (as now exists for the 3-6 year olds) but not all in a full-day program. A secondary goal is to establish a cluster of universal services that will link children and families as necessary with social services, but not specifically services for children or families with "problems".

These developments are too recent for any outcome data to be available. No longitudinal studies are planned, nor are any rigorous evaluations. There are, however, some studies of preschool school impacts which strongly suggest positive results.[17]

Government officials and the public generally are becoming increasingly aware of the potential for learning that very young children have and how this needs to be nurtured. Municipalities are recognizing that child care services enhance the social fabric and strengthen the civil society. While resources are limited and the proposed strategy is sensitive to this constraint, there is growing recognition of the value of such an investment.

We offer, as illustration, two Family Time Centers in Milan and a child and family center in Modena.

There are ten Family Time Centers in Milan, and four more are expected to be opened shortly. In addition there are ninety *Asili Nidi*, ten *Micro-Nidi*, and 130 *Scuole Materne*, all under the department of education in Milan (Lombardy). About twenty-five other Family Time centers or related programs operate in Emilia Romagna and neighboring areas.

The Family Time Centers are one of several new initiatives that have emerged in north and north-central Italy over the past five or six years, focused primarily on providing socialization and education experiences to

children under age three and their mothers or caretakers. The purpose of the new developments, as discussed above, is to approximate the value and universality of the *Scuole Materne* for those children who are not eligible for formal day care centers. These alternative centers are designed to attract shy, insecure, and isolated mothers, as well as young or single mothers; to offer mothers and other caretakers (child minders, grandparents) opportunity to meet one another, discuss common problems, and participate in activities with their children; and—under the guidance of professional staff—to offer their children opportunities for socialization, peer interaction, and cognitive stimulation. The first Family Time Center was a demonstration program, but now the city has taken it over and is establishing others elsewhere in Milan.

To participate in the program, children must be accompanied by a member of their family or a non-relative caretaker. The premises are designed to allow individual free play as well as large-group activities. Mothers can participate in their children's activities, observe their children, read, or chat with other mothers or the staff. Participation is free, although parental contributions may be sought to buy special equipment or supplies.

One center visited is located in a working class housing development that includes among the residents drug addicts and others with a variety of social problems. As is usual, the Center serves mothers with children who are only a few months old up to 3 year olds. Some mothers are not in the labor force; some are home on maternity or parental leave; and others work part time. In general, women with children under 18 months tend to come out of their own needs, while those with children that age and older come in response to their perception of the child's needs. Two or three very experienced, full-time professional staff are available in this center for each fifty children, plus the same number of part-time staff, a cleaning woman, and several volunteers from among mothers who previously participated in the program. Recently, some of these mothers have begun to organize themselves as family day care mothers, a type of caregiver that did not exist in Italy until the last few years.

Mothers, caregivers, and children come from 9:30 or 10:00 am to 12:30 or from 3:00 pm to 6:00 or 6:30. Since no lunch is served, there can be no full-day participation. About 150 families use this center, not all at the same time, of course. Mothers/caregivers are expected to come with their child at least two times a week; less frequent attendance makes it more difficult for the child to adjust to the group. Most come three or four times a week, and under special circumstances they may even come every day. After a period of visiting, the mother chooses either the morning or the afternoon sessions, or a combination, and is scheduled. The center's capacity is about twenty-five caregiver or mother/child pairs, thus the need for some modest scheduling. Also, staff do not believe that a larger group is helpful for either the mothers or the children. Mothers are not held to a fixed schedule, however, and really can come in response to their own needs, but it is believed to be better for the children to find the same children—or at least some of the same children—whenever they attend.

The morning we visited was described as "a very quiet morning." Six children of about 9 months to 18 months were crawling around on the floor of the center as five mothers and a staff member were sitting on a couch having coffee, talking together, and watching the children. A 13 month old girl was playing with two younger boys and one older girl while two mothers sat and talked nearby. One mother was off by herself reading, but responded immediately when her child called. Another child was being read to by her mother. A grandmother sat happily watching her grandson playing with another child. Toys, low tables and chairs, books, and paints were all available and in use. At the end of the morning, before the session ended, the mothers, grandmother, staff, and children gathered in a circle and led by a volunteer mother, sang songs.

Another Family Time Center is located in two sites. One part, for children aged 20 months to 3 years, is in a *Scuola Materna*, where there is also a *Micro-Nido*, and an adjacent school. The younger group, under 20 months, is located on the ground floor of a residential building.

Eighty children and their mothers are served in the Family Time Center at the *Scuola Materna*, with a maximum of twenty in any one session. Forty-five families are on a waiting list. There are three full-time staff and two part-timers. The focus here, too, is on mother to mother or mother to child

interaction rather than on the child's activities per se—the focus of the *nidi.*

Once again we saw a large center room, a cushioned area in one corner where children can play on the floor or sit and be read to or held by a mother or teacher. There are low tables and chairs for children who paint or cut and paste. There is a small kitchen area for snacks. When we visited, several mothers were sitting together and chatting.

Some experts see these Family Time Centers as "preventive" programs. Nonetheless, a repeated theme is that the programs are designed to serve average, normal families with children, not problem cases. They are located in a wide range of communities, middle class as well as poor and working class. There is, however, a parallel assumption that in a big city such as Milan, in some sense all families with young children have problems. Moreover, given the limitations in numbers of places, priority is given to children with special needs (disabled, immigrant) or families with special needs (lone mother). However, the problems that tend to be the priority cases are more likely to be social or physical handicaps than family pathology (e.g., child abuse). Cases of children who are neglected or at risk for maltreatment are more likely to be served in a full day *Asilo Nido.* Nonetheless, despite the apparent tension between the philosophical stress on universalism and the real concern for children with special needs, and thus a need for targeting, the premise is that no more than 10-20 percent of enrollment in either the *nidi* or Family Time centers will be "problem" cases. There is a general conviction that a higher proportion of highly stressed families is likely to distort the program, and therefore, as the 20 percent ratio is reached, the pressure for establishing a new family center become intense.

Family Time Centers are expanding because they are less expensive than the *nidi*, families who would not qualify for the *nidi* want a *nido*-like experience for their child, and there is growing demand for a group experience for mothers as well as children. Response to the demand is coming in part because the experts—and policy makers—believe that mothers who are more inadequate, insecure, inept, or isolated will learn from exposure to other mothers even more than they will learn from the professional staff; and even these very young children will learn from other children, and from their mothers' enhanced parenting skills as well.

A second, very important potential problem that Family Time centers deal with, is that of mother-child separation. At many *Scuole Materne*, this is viewed as a major problem for the 3 year olds entering the program, in particular for those who have not attended a *nidi.* This can create problems for the child's adjustment and learning. So the Family Time Centers view this as one of their primary tasks. In addition, a third function of the centers is social and cognitive stimulation and enhancing the children's development. Mothers see their children playing with other children and begin to understand the value and importance of this experience. The children respond to other mothers, to staff, and to other children.

Still a fourth function of the Family Time centers is to provide a substitute—or surrogate—for what was earlier provided by the extended family. Information, advice, role modeling, encouragement, concern, support are all provided here. In contrast to the U.S. (and British) focus on pathology and high risk families, the Italian focus on average families builds on a social infrastructure that is already in place: *scuole materne*; *nidi*; health services.

One evaluation study looked at mother and caretaker attitudes towards children before and after the Family Time experience, and compared three groups of children in the *Scuole Materne*: those who had entered the *materne* from the *nidi*; those who had been in the Family Time Center; and those whose only prior experience had been at home. The research found that children from the *nidi* integrated into the *materne* most rapidly, while those cared for only at home were third. In addition, however, they found that the mothers who had participated in the Family Time Centers were the most competent in handling the child's transition into the *materna.*[18] As a result, the *materne* and *nidi* have asked the Family Time Center directors and staff to help train *materne* and *nidi* staff in engaging parents more. They are now studying the experience of Family Time "graduates" in the *materne* and how their subsequent performance and behavior compare with children who have had other experiences.

A typical *Asilo Nido* in Milan serves forty-five to sixty children and has fourteen to sixteen teachers. By comparison, Family Time

Centers tend to serve 150 families and their 180 children with four caregivers/teachers and two cleaning women. In addition, these centers carry a portion of the overall director's salary and of a secretary's salary. Fifteen percent of the *nidi* costs come from the region, 15 percent from parent fees, and the remainder from the municipality. Parents pay a fee equal to a maximum of 25 percent of costs, but since fees are income-related, many (20-30 percent) pay no fee and others pay much less than the 25 percent fee.

The cost of a *nido* place was estimated for us as $1,461 a month in 1992. The maximum fee for parents for a full day in care was $203 per month. (In contrast, the *materna* is free for all, except for the meal service which costs $81 a month. Caregiver/ teacher salaries are slightly under average wage, $1,055 a month as compared with an average wage of $1,461—about what a secondary school teacher with ten years of experience would earn.

The Modena child and family center (sometimes also referred to as a mother/toddler program) is located on the second floor of an *Asilo Nido* and includes a part-time play center for the under-3s and their mothers as well as a part-day child care program. In the part-day program, fifteen children whose mothers requested this service (largely because they work part-time) attend mornings from 7:00 am to 1:15 pm. The children range in age from 18 months to 3 years and are cared for in an age-integrated group. Fees are income-related.

The afternoon session is from 3:00—6:00 pm, for 18 children of the same age as those in the morning program, who come two to four afternoons a week with their mothers (or other caregivers), for a play group experience. It is free. It is not a drop-in center. Mothers must come on regularly scheduled afternoons and must remain with their children. Every two weeks a parent meeting is held and issues of particular concern to the parents (mothers) are addressed in a session led by a professional. A list of issues that have been addressed thus far this year is posted near the entrance and added to after each meeting. Thus far during the year, the issues have included: sleeping problems; eating problems; the role of fathers; the role of grandparents; the birth of a second child.

Parents apply for places in this program just as they do for the *nidi*, making formal application in the local district office. Parents must provide proof of the child's age and vaccinations, and a picture. Here, too, demand far exceeds supply. There are fifty-four places in these play groups in Modena and 200 applications. Although priority is given to children from lone-mother families and children with disabilities who were not admitted to the full or part-day *nidi*, most children are served on a first come first served basis.

Although the space is small it is handled in the same way as the full-day *nido* downstairs: one room is for active play; a second is for role playing activities including playing house; a third room has small tables and chairs, for drawing and painting as well as snacks. There is no resting room because the children are there only for part of the day and neither sleep nor eat a full meal at the center.

The morning program has two full-time teachers and one part-time teacher. The afternoon session has one full-time teacher plus support staff and parent volunteers. Staff have the same kind of training as for the full-day *nido* and two have had at least as much experience teaching in the *nidi*, one twelve years and the other fifteen.

conclusion

In general, the developments in these north (Milan) and north-central (Modena, Reggio Emilia, Bologna, Parma and Pistoia) cities are very influential in Italy. The quality of their universal preschool programs is extraordinary and there is full coverage for all of the 3—5 year olds. Although the coverage of the under-3s is modest even in this region (about 20 percent overall and 30 percent in some cities), quality is very high and there is conviction about the need for a universal program albeit not necessarily for hours equal to a full work day. The family support (family center) programs that have been established in the 1980s are designed to satisfy this latter objective and to meet the needs both of very young children and of their mothers and caregivers for socialization-development-education experiences.

There is great interest in Italy in the phi-

losophy and curriculum of the family centers, the *nidi*, and the *materne*. Their emphasis is on socialization, education and development as an integral part of good child care from birth on, on verbal interaction and relationship-building, and on close links (integration) between and among these programs and the health and social service programs, between the family centers and the *Asili Nidi*, between the *Asili Nidi* and the *Scuole Materne*, and between the *materne* and the primary school. There is a growing emphasis on locating close together a traditional *nido*, a part-day *nido*, a child and family center, a *Scuola Materna*, and an open play area for all preschool children.

Finland — an alternative perspective

We focus in this report only on distinct models. The Finnish programs, although of high quality, do not constitute a discrete and distinctive "model" as compared with the Danish programs, for example. Finland's *child policy "package"* of extensive and balanced support for at-home and out-of-home care of the under-3s as discussed, is an exemplar, however, and warrants at least a brief description.

The policy debate about under-3s often proposes parental "choice" as a preferred objective. France, as we have seen, supports both "at-home" and diverse out-of-home child care options for under-3, each of the potential choices perhaps needing some reform to be fully credible—yet each supported by a varied, impressive, and complex array of instruments.

Finland, now in economic difficulty and putting some elements on "hold," also has since the mid-1980s developed a policy package worthy of some attention. Along with Sweden and Denmark, Finland is one of the countries outside of the "old" East Europe with the highest female labor force participation. Relatively little of the female employment is part time. Clearly, that has been a determining variable.

Finland's unique series of child-rearing support options comes into play following the expiration of the forty-six weeks of post-childbirth leave and related cash benefits and continues until the child's third birthday. At-home care as supported by an extended, paid, child rearing leave, a modest benefit, is one option, and most attractive to low earners or to two-earner families who can tolerate the decrease in cash income. It emerged as a political compromise, in which the right and center political parties favored publicly financed support of at-home child care, and the Social Democrats wanted an expanded and improved supply of out-of-home child care services. Thus the implementation of the home care allowance was accompanied by a guarantee of child care space for the under-3s in 1990. A similar guarantee for the 3-5s was to be effective in 1995 but appears likely to be delayed because of current economic problems.[19] Two other options are also part of the compromise: a payment for the family to bring a caretaker into the home or to purchase private child care services outside the home.

In Finland's decentralized system, the municipality must implement the child care guarantee; given the high costs, several have supplemented the home care allowance, to decrease the demand for child care space. Moreover, a more conservative government, functioning in the changed economic and political climate of the post-Soviet era, has increased the grant for the at-home option and added to its attractiveness in other ways, upsetting the "symmetry" of the choices, but with results not yet known.

If one looks at the entire under-7 age

cohort, about half are in publicly subsidized child care. If one focuses on the under-3s only, at the beginning of 1990, of 195,000 children under age 3 in Finland, some 29 percent were in parental care under the maternity—paternity—parental post-childbirth benefit (for the under 1s), another 43 percent were in care under the subsequent home care (child rearing) allowance benefit, and 27 percent were in some form of day care away from home. If one focuses on the 1s and 2s, dropping those under age 1, almost all of whom have mothers on leave at home, the count is 27 percent in family day care, 21 percent in one or another form of center care, 30 percent in parental care on the basis of one of the two leave arrangements and 22 percent with relatives.

Despite the home care leave option, which is available until the child is age 3, only Denmark exceeds Finland's rate of out-of-home care coverage in "western" Europe. What is of interest in this overall context of varied policy preferences and options is that infant/toddler care of quite high quality nonetheless develops and has support. Some of the toddlers are in programs just for 1 and 2 year olds; some are in age-integrated centers, which include children ages 1-6 in "sibling" groups. Still others are in municipally supervised family day care. Small sub-groups are found in other parts of the system: centers for children with special needs; "open" drop-in centers for children with at-home mothers or baby sitters and geared to child rearing education; mobile centers to offer an experience before school for rural children; a few extended hours or 24-hour centers, responsive to irregular work shifts.

These are not custodial care settings. There is a rich tradition of Froebel kindergartens in Finland. Theoreticians write of the "preschool stage before basic education," stressing work with parents to ensure balanced development in a "growth environment." Objectives and methods are described in a language now familiar to early childhood educators everywhere, a balance between guided activities and free play, indoors and out. There is a preference here, as in Britain, France, Italy and throughout the Nordic countries, for integrating children with special needs into the "normal" groups ("mainstreaming" or "inclusion" in U.S. terms). The publicly organized and guided family day care emphasizes a "home-like" model. Some observers predict a future decline in family day care in favor of home care, along with growth in diverse forms of center care. Finally, day care programs remain within the domain of health and welfare authorities, but staff training rests in the higher education system.

Municipalities are reimbursed for child care capital and operating costs by the national government on a scale related to per capita income in the different regions, ranging from one-third to two-thirds of the total, with the higher reimbursement going to the less affluent regions. The lowest reimbursement, 29 percent, is to Helsinki. Parental fees, which on average meet 11 percent of costs (much less than in the three countries already discussed), are identical for center care and family day care—and are based on income and family size. A one-parent family earning slightly over half the average wage would pay about 5 percent of family income for child care (compared with about 20 percent for a similar U.S. family.)

To qualify for public subsidies, child care centers must meet national standards governing the subsidy: hours in operation, staffing norms, staff training, facility size. Thus, a full-time center for under-3s would have three or four staff for twelve children; an age-integrated center for children 1-6 would have three or four staff for fifteen children; a full-time center for children ages 3-6 would have groups of twenty children and three or four in staff.

What does seem clear from discussions with government officials and child care experts is that the development of choices and even strong support for an attractive at-home option will not, in Finland any more than in France, end the use of center care or family day care or diminish the efforts to improve both. One encounters in Finland both good, standard programs, judging by formal norms—staffing, physical environment and milieu—and also some world-class exemplars which would be deemed high quality and attractive anywhere.

England

child care as education, social services and family support - the problems of integrating different systems

The British child care system is fragmented as to auspice and program, diversified regarding philosophy, curriculum, and program focus, very inadequate as to supply, and of mixed quality at best. This has been the general picture for a very long time, but the problems are now exacerbated by a recent administrative shift in auspice for child care in some locations from personal social services to education, recent funding cuts by the central government to the local authorities, and resource problems of the local authorities in attempting to compensate for the cuts in funding. A review helps define some of the issues and choices faced in the United States.

child care services

Child care for the 1.3 million children under age 3 in England and Wales (1988) is still divided between education and the personal social services. Preschool programs (see below) are under the responsibility of the Department of Education and Local Education authorities. Day nurseries (public, voluntary, and proprietary) and child minders are the responsibility of the Department of Health (which covers personal social sevices in England) and the Local Authority Social Services departments. Some new initiatives are being established under the joint aegis of both departments. There is some interest in Britain in encouraging employers to do more in the way of providing or financing child care for their employees' children, but thus far there are no large-scale developments.

Preschool is still viewed as a program of enrichment, preparing middle class children for school from the age of 2 1/2 or 3. In contrast, day care programs (day nurseries) largely serve children in need: disadvantaged (poor); deprived (immigrant, isolated, neglected, abused); and disabled children. Reaffirming this approach, the recent Children Act of 1989 mandates local authorities to provide services for children "in need." Of some interest, children of working mothers are not defined in this law as in need.

Care by relatives remains the most common form of care used by working parents.[20] Domestic servants of one sort or another provide another form of in-home care and cover about 10 percent of the children with working mothers.

About 87 percent of 3—5 year olds are in some form of out-of-home child care but much is part-day and part-week. All 5 year olds are in primary school. (Compulsory school begins at age 5.) About 45 percent of 3—4 year olds are in preschool, about 25 percent in pre-primary programs and 20 percent admitted early to primary school. Only about 37 percent of this group is in a full

school-day program, a very low rate as compared with most countries on the continent.

The major child care issues in Britain are:

- costs, and how child care services are to be financed
- parent fees, and what portion of child care costs parents should be expected to pay
- staff training
- curriculum.

To provide some illustration of the complicated and fragmented nature of the British child care delivery system, we provide a summary description of the various program types:

1. Under-fives Education Centers (UFECs)

Under-fives Education Centers are run by the local government and provide full day care and education for children under the age of 5, with most places reserved for children aged 3 and 4. There is a nursery school teacher (as contrasted with a child care worker) in these Centers who works mainly with the 3 and 4 year olds. Parents are said to be encouraged to be part of the Center and to be part of the Center's management group. Fees are on a sliding scale according to income, except for the core "educational" part of the day, which is free (see below). Centers are also free for children in families receiving Income Support and Family Credit, the two main financial aid programs for the poor and the working poor.

2. Nursery Schools

Nursery schools are full- or part-day preschool programs for children aged 0 to 5 for forty-eight weeks per year. Part-day places can be provided from 9:00 in the morning until noon or from 1:00 until 3:30; full day programs operate from 9:00 am—3:30 pm.

3. Nursery Classes

Nursery classes offer preschool programs similar to those in Nursery Schools, but are attached to primary schools. Places are available on a full-time or part-time basis for children aged 3 and 4 years. Full-time nursery class hours are from 9 am until 3 pm, but a few classes offer an extended day until 5 or 6 pm. Part-time places are also usually available from 9:00 until noon and from 1:00 until 3:30.

There is no charge for these places for the normal school day, but there is a charge for extended day care (when it is provided) and there is a charge for the school meal.

4. Community (Day) Nurseries or Day Care Centers

This form of child care includes local authority day nurseries and voluntary and privately registered day nurseries, under social welfare auspices, which provide full or part-day care to children aged 0—5. They serve about 2 percent of the under 5s, largely those aged 18 months to 3 years; most of the children served are 2 1/2 or 3 and older. These Centers serve children with special needs primarily: deprived, disadvantaged, disabled children and those at risk of abuse or severe neglect. The Centers may be all or partly publicly funded, but most are managed by voluntary organizations, in contrast to the three previously described facilities, which are all statutory or public facilities. The programs are required to conform to national and local standards regarding health, safety, and other aspects of quality. Staff:child ratios, for example, are 1:4. The programs are free or heavily subsidized for low income parents and charged fees of about $263 weekly for an unsubsidized place in 1992.

5. Playgroups

These are usually part-day parent cooperatives which children attend on a part-day and often part-week basis. In recent years, because of the growth in demand for programs serving children of working parents, a number of these have expanded to providing full school-day care. They, too, are characterized by active parent involvement in both staffing and management. By and large playgroups serve children from 2 and 1/2 to 5 and offer sessions of two to three hours for those children in the morning or the afternoon.

6. Registered Child Minders

These are registered family day care providers, in U.S. terms.

7. Temporary or Drop-in or Part-time Care "Crèches"

These are drop-in child care programs that are provided either for students who are attending classes or for parents in adult education or training programs. They are provided at the site for those who are in such programs and serve the under-5s.

8. For-profit nurseries, some work-site nurseries, and a series of other types of provision. There are also a

small number of very diverse program types for young children including: work-site nurseries; groups for parents, caretakers, and children; parent and toddler groups; 1 o'clock clubs (parent/toddler groups in parks); child minder groups; and so forth.

All of the above are the types of provision that are now available under local education authorities in some London boroughs and some other communities in England. In contrast there are still other parts of London and England in which child care is provided in day nurseries under social service auspices. In the latter communities there is also, however, parallel provision of nursery schools and nursery classes under educational authorities.

To understand the British system one has to remember, first, that compulsory school begins at age 5. Second, almost all the 4 year olds are already in some type of a group program, either part- or full-day, most in what are called reception classes (like kindergarten in the U.S., but for the 5 year olds). Nursery school education is also quite extensive for the 3 year olds, but this is overwhelmingly in part-day programs. In contrast, those children who are "at risk" and have some kind of problem or whose mothers are working may be in day nurseries (day care centers). However, this latter group is very small in comparison to the majority of 3 year-olds who are in the nursery schools. *In contrast, few under-3s are in out-of-home care, and when they are, the care is most likely to be family day care.*

In London and some other parts of the country, just as child care is in transition from personal social services auspices to education, it is also in transition from a custodial service to an integrated care and education service. However, what seems to be occurring is co-location of two philosophies and two professions under one administrative auspice (education) but without real integration as yet. Moreover, despite the recent growth in female labor force participation rates, the programs are still designed largely to serve children said to be "at risk," rather than the "normal" children of working parents. Nor has the administrative integration with education eliminated the stigma attached to child care. Since the Children Act mandates priority for children in need, the education authorities administer these programs following the same priorities; the result is that the programs are dominated by troubled or vulnerable children. Although some local child care officials insist that these are developmental programs and not treatment-oriented "deficit model" programs, nonetheless directors are required by law to give priority in enrollment to children at risk, and 70 percent of all children admitted to the programs must be in this category. The programs are certainly not seen as essential socialization and developmental experiences for all children aged 2, 3 or even 4 as they are on the continent. Finally, almost all of the current expansion is for 3 and 4 year olds, with very little for the under-3s.

From our perspective, even those programs that are viewed as exemplars do not begin to compare with what we have described in Italy, the Scandinavian child care programs, or even in the *École Matèrnelle.*

For context, we offer a few comments about one specific London borough; later we offer other illustrations. Camden, London is a racially, ethnically, and socio-economically mixed community with a high proportion of working parents and relatively "good" (for Britain) child care coverage. About 25-30 percent of the population are minority. Child care services include the usual mix: children's centers, nursery groups, nursery schools and classes, day nurseries, and family day care homes (child minders). Playgroups—part day and part week—are increasingly obsolete here (as in a number of other communities in Britain), as more and more mothers of young children remain in or enter the workforce and need more regular, full-day care. Increasingly, playgroups are extending their schedules and are being brought into the larger child care system. About 39 percent of the 0-4 year olds are in full- or part-day child care in one of the group programs, including 71 percent of the 3-4 year olds. There are very few employer-sponsored programs.

Since the transition to the educational auspice, ten under-5 children's centers under education auspices have been established in Camden. All include both full- and part-day programs organized around the concept of a core day, which parallels the school day from 9:00 to 3:30, and an extended day, which begins at 8:00 in the morning and ends somewhere around 5:00 or 6:00 in the late afternoon. Each of these Centers has a "Head" who is trained as a teacher, two deputies who are either trained as teachers or as child care staff, and five staff who may or may not have child care qualifications.

Among the staff there is always at least one member with responsibility for the under-3s and one who has responsibility for children with special needs. It should be noted here that these Centers may have been day nurseries or nursery schools before the change in administrative auspice but have modified their philosophy in some way and/or had their hours extended. By April, 1992 all the Heads were in place, and by September of that year all the teachers were in place. We were told that there continue to be intense administrative tensions, bad morale and so forth because the teachers on the staff of these programs work a normal "school" day and a normal school year and get paid more than the child care staff, who work a full "work" day and all year.

Since April, 1992, the education department has taken full responsibility for all child care in Camden, including all the types listed above.

The Children's Centers in Camden provide full-time care between 8:00/8:30 am and 5:30/6:00 pm. Children gain admission from waiting lists; about 70 percent come from the "priority" waiting list made up of children referred by social workers (child protective cases), health visitors, or district health authorities. The remaining 30 percent come from the "standard" waiting list. They are overwhelmingly the children of two working parents or a single working parent, with the latter having a higher priority than the former. Both waiting lists are long, but the standard waiting list is about seven times as long as the priority list. Twenty percent of the 2-3 year olds in the borough are in the programs and less than 9 percent of the under-2s. (Camden had been unusual in having some protected spaces for the under-2s, but this changed as the result of the tragic death of a child in the early 1980s which led several local authorities, including Camden, to stop serving the under-2s, even in family day care.) Of the children served, about half (53 percent) are British/European, 33 percent Black (Caribbean or African), 9 percent Indian/Bangladeshi/ Pakistani/Sri Lankan, and 6 percent south-east Asian and Chinese. Almost all Centers have at least 1—3 children with disabilites or special needs enrolled.

Staff are overwhelmingly female (94 percent) and more than one-third are minority. Most Centers have student placements; many use volunteers in addition to paid staff. Almost 60 percent of the staff are defined as "qualified" meaning they have the appropriate level of education.

Both public programs and voluntary agency sponsored programs co-exist in the district. They all are subject to the same standards, although voluntary programs appear to be able to be more selective about the children they admit.

The costs of these programs in 1992, including both capital and operating costs, ranged from $243—307 a week per child in care for 3—4 year olds; family day care costs were significantly lower, ranging from $87—140 per child for a 40 hour week in care.

We will not here describe any of the specific facilities since we have concentrated in this report on those we view as "exemplars" and none of those visited would qualify. We pay more specific attention, instead, to an innovative family support program which is of considerable interest.

family support services

Part social movement and part program development, the discussion and development of family support services in the UK have both similarities to and differences from the U.S. scene. The 1989 Children Act mandates family centers as one type of service for vulnerable and/or high risk children and their families ("children in need"). However, the legislation does not specify what these centers should provide, how they should be staffed, nor even which children and families should be their clients. Nor does it provide funds for establishing these programs. Thus, it is unclear how extensive these developments are likely to be. There is a mandate that goes beyond children "in need", the primary focus of the legislation, yet without new funds there is unlikely to be significant growth.

The Act defines family centers, the British equivalent of family support services in the U.S., as "places where a child, his parents, and anyone who has parental responsibility for or is looking after him may go for occupational, social, cultural or recreational activities or advice, guidance, or counseling or the person may be accommodated whilst he is receiving advice, guidance and counselling."[21] Family centers may be operated by local

authorities or contracted out for operation by voluntary agencies.

Family centers have had a very mixed history in the UK. Although some were established in the 1970s, the main developments occurred during the 1980s, against a backdrop of underused children's residential facilities. British child welfare policies stressed foster family care rather than institutional care, and subsequently, community- and family-based care rather than foster family care. As in the U.S. the British Family centers reflect current policy preference for family-focused, community-based, comprehensive, culturally sensitive, participatory programs, using flexible funding resources and designed to address a wide range of family problems.

A second source of influence is the child care programs which expanded during the 1980s in response to the increased labor force participation of women and the growing demand for child care. Since child care philosophy has increasingly stressed integrating care and education, new child care programs or new perspectives on existing programs were developed and these, too, emphasized more family involvement and a family focus.

Thus, the two parallel streams of social service (and child welfare) concerns on the one hand and child care concerns on the other led to the development of the British family centers. These closely resemble U.S. family support programs in that they vary in auspice, in range of interventions, and somewhat in philosophy, are targeted on high risk and vulnerable children and families, on young parents and young children, and (like many in the U.S.) are equally diffuse in the ways in which they "intervene" and in their impacts.

A 1989 survey[2] identified 495 family centers nationally, ranging from public programs to voluntary agency programs, from projects under the auspices of large voluntary agencies to small, informal grass-roots organizations, from residential facilities to home-based services, from intensive professionally staffed, therapeutic programs to informal self-help groups, and from deficit-oriented treatment services to developmentally oriented or supportive mutual aid and self help groups. Most (84 percent) are under voluntary agency auspices.

The Children Act identified three alternative models of family centers:

1. Therapeutic, residential or community-based services for seriously disorganized families, in situations of child abuse or very severe neglect;

2. Developmental, community-based facilities offering support for normal families with very young children, or for families with modest problems, providing drop-in services, child care services, parent/toddler groups, information and advice services, counselling, adult courses and parent education.

3. Informal and formal self-help groups.

Regardless of the "model" almost all family centers characterize their mission as strengthening family functioning through the provision of supportive services designed to help and enhance parenting skills. And almost all are located in communities with high rates of social pathology, poverty, unemployment, etc. All provide some kind of child care service. (Indeed, some child care centers seem to have simply re-named themselves "Family Centres", as a new kind of "marketing" device; but these are not the programs described here.) All include some home-visiting and some outreach services. All are relatively informal, as compared with more traditional family service agencies. All use a broad-brush approach to intervention and rarely carry out any rigorous evaluation or impact studies. Most focus on families with very young children (under 5). Most are under social work auspices and, as mentioned earlier, under voluntary agencies.

The population served varies, however. Some accept only "at risk" families who are referred by other professionals. Some accept all families living in an "at risk community.' Some take children (and their families) who are listed on child care service waiting lists. And some take any child or parent who wants to participate.

The types of services provided and interventions used also vary. Some have focused on intensive, "family preservation" type work (avoidance of out-of-home placement of children) and crisis intervention. Many carry out remedial and treatment interventions with abusing parents or very disorganized families. Most offer at least drop-in child care services, information—advice—counseling services, and parent education.

Staffing patterns vary as well. Some centers are highly professionalized. Some use paraprofessionals, or a combination of professionals and paraprofessionals. And some use lay volunteers or "indigenous" staff—parents

who "graduated" earlier from a family center program. One criticism is that more and more inadequate parents are being made to participate in parent education classes run by untrained staff, with no evidence of positive outcomes, often as a condition of getting other more practical help.

Hilary Walker[23] points out that "the lack of research on family centers limits the information available about the numbers of different types of centers and makes it difficult to identify the direction of current developments." (p. 60) Despite the developmental rhetoric, most centers seem to be deficit- or treatment-oriented and focused heavily on problems of child abuse and severe neglect. They seem to have moved away from an initial stress on broad-brush preventive work "towards the targeting and surveillance of families deemed to have failed." (p. 67). Nonetheless, they are viewed by some as reducing social isolation, giving support in crises, and providing enhanced opportunities for children to learn, play, and relate to peers. The last is of special importance when one recalls that in Britain most subsidized child care for the under 4s is limited to care for children in need—and children with employed mothers are not defined as "in need".

illustrative models

- A house with several apartments, communal living room, kitchen, dining area, is home to a maximum of 4—5 severely disturbed families who have already been found to be abusing parents. Typically these are mother-only families with several children, who have been chronic problem cases in the local authority. The focus is on attempting a new type of intensive, time-limited intervention and support service that will permit return to the community with the family intact and the children remaining at home.

- A community-based program at several sites and directed by women who themselves had been program participants earlier, offers child care for the under-3s and counseling services for depressed mothers. The women are self-referred, come from the most deprived communities, and the major focus is on self-help and support. Women "befriend" other women and provide help for them. A formal evaluation found less depression among the mothers in the program and lower rates of child abuse.

- Intensive, home-based services (parent education, counseling, self-help) provide help to less chaotic and disorganized families living at home. The program also has one apartment available for respite care or short-term crises. The objective is to avoid removing the child at risk from the home.

- A community-based center provides supportive services for families with the normal problems of child rearing and no immediate crises. Among the services offered are: drop-in services; child care; parent education; counseling; information-advice-referral services; adult education courses; and job training.

- Home Start is a home-based program serving deprived families with children under age 5. Begun in 1978 and evaluated in 1982 and again in 1988, the program provides family-focused, home-based services designed to "empower" parents by helping them to become "teachers" of their children. Like play groups and child-minder groups, this community-based program stresses self help, mutual aid, and informal provision. Great emphasis is placed on mothers helping other mothers. The model is characterized as developmental rather than remedial. Professionals staff the management/ administrative component of the service, and recruit, train, assign, and monitor the volunteer and paraprofessional mothers who, in turn, carry out the actual home visiting.

- A child care service that has been expanded to include a drop-in service, parent education classes, adult education courses, self help groups, training programs, and information-advice-referral services.

In some places in England the hope is to develop a continuum of more or less intensive services within the community, with easy access across services. In other communities only one of the models may be established.

As indicated above, no uniform or consistent pattern exists nationally among the family centers/family support services, nor is there agreement as to the design of the program, the types of clients/consumers who are

expected to use the service, the types of interventions used, the precise goals to be achieved, or whether there is any evidence that the goals are achieved (and which model is more effective in reaching the goal). Needless to say, there have been no cost-benefit studies either.

The best exemplar we have seen, heard about or read about is described below.

Corby, the community in the Midlands in which the Pen Green Centre is located, has a population of about 52,000, many of whom come from a Glasgow working class background. A heavy industrial and mining town, Corby experienced severe unemployment in the 70s and early 80s. It is described now as a "women's working town" because many of the men remain unemployed and the women are working irregularly, or off-hours, or doing shift work in the service sector.

Pen Green has an unusual physical setting. It is located in what was a residential area in this heavy industry community. The core of the Center is a very large, old, horseshoe-shaped brick building that once housed a nursery, and later a health clinic. Adjacent to it and linked to it through a doorway is a very large abandoned school which the Center has partially taken over, making use of a large gymnasium and much of the rest of the downstairs for a playgroup and other activities. Upstairs are the two group meeting rooms, one of which is also used for an under-2 group (an infant/toddler group) and once a week for the health visitor who holds a clinic there. Because of problems resulting from a fire and subsequent repairs and maintenance, most of the old school building will soon be torn down and only the gym will be preserved. The demolition will leave the Center with a larger outdoor area for play. The outdoor space is adequate now, but not ideal, with concrete play areas as well as grassy spaces.

Pen Green has an extraordinarily strong child orientation, deriving from its child care base. It is a family support center with a day nursery (child care center) at its very heart, supplemented by an extensive parent education program. It goes beyond most U.S. family support centers, most resembling the Comprehensive Child Development Centers (CCDCs). The director is a charismatic woman with a strong commitment to active parent involvement and empowerment.

The Center opened in 1983 as a "demonstration project" in the integration of early childhood education and social welfare day care—combining a nursery school, day nursery, and social services. The funding and administration are jointly shared between education and personal social services, and there are meticulous efforts at implementing a balanced joint administrative and policy making perspective.

In the past, the Center was open all year round, but beginning in 1992 the plan is to have an annual two-week closing each summer so all the staff can take their vacations at the same time. A playgroup will continue to be operated if parents want it, however. The Center also closes for several days at Christmas and at Easter, as well as on all bank holidays (which in Britain tend to be work holidays as well).

The Child Care Center

Some facts about the day nursery are summarized here briefly: There are thirty-five children enrolled in the morning session in six groups, with a maximum of six children in each group. Thirty-five children are enrolled in the afternoon, in the same pattern, with some overlap in participants so that between sixty and seventy children can participate on any one day. There are no rigid expectations about how long a day children should spend at the Center.

This is a community with very high male unemployment rates, which peaked at 44 percent in the early 1980s and are now between 20 percent and 25 percent. There has been a major shift in gender roles in this very traditional working class community, as more and more mothers have gone off to work to help support their families, but usually in unskilled, poorly paying, service sector jobs. As a result, the women often are home during the day and work the evening shift (5 pm to 10 pm) or night shift. Thus, some children remain at the Center all day, some leave before lunch, some arrive after lunch,

depending on their mothers' working hours. Some come in at 10:30 and stay until the end of the day. In short, because of the lack of work during conventional hours the Center does not need conventional hour nursery coverage.

Most of the children are between 2 and 4 years of age.

The nursery staff is made up of five fully qualified "nursery officers," two nursery school teachers, and a group of five other staff who have miscellaneous experience and qualifications. There is a cook for twenty-five hours per week, a kitchen assistant for about half that time, and a "dinner supervisor" for about seven hours per week. There is a resource center with a manager, somebody who staffs the family room (drop-in center) for thirty hours per week, and a group work leader for about twenty-two hours per week. There are two clerical assistants who also work part-time. The full complement would be about twenty-five in staff; the program has the equivalent of about twenty full-time people now. Each child care (or family) worker follows ten children very closely (four in each session and two who remain for the full day); this worker, who plays the central caregiving role for a few children, is known as the "key worker." A number of British child care programs employ this concept.

The director pointed out that most centers tend to hire staff from either education, health care, or the personal social services. Thus, for example, some emphasize staff with nursery training, others stress teacher-training, still others emphasize a health orientation, and others early childhood education. Pen Green takes people from all the "core" early childhood disciplines and psychology training as well. They find this kind of eclectic interdisciplinary mix helpful and enriching.

The Center opens at 8:30 in the morning and closes at 4:15 in the afternoon, but most of the children leave before that. Occasionally a child may come earlier because of a parent's work schedule. A large group of children come at 9:00 am or even later. Various parent groups meet mornings, afternoons, or evenings, depending upon schedule, subject, and preference.

Breakfast is not provided routinely because the director discovered that some children were not eating breakfast at home with their parents because they preferred to have breakfast with their friends. Parents objected to this, and it was an added expense for the Center. Most of the children eat breakfast at home now, but those arriving before 9:30 are offered breakfast, nonetheless. They can go into the kitchen and sit on a high chair with the cook and have breakfast there, but the meal is not a group activity. All have a snack at the Center quite early, and snacks are offered several other times during the day.

The child care day is largely unstructured in the sense that the staff try to follow the child's lead, the child being free to play indoors or outdoors and to play in various parts of the room where the group is meeting. The key worker makes a point of remaining close to "her" children. Twice during the day, once in the morning and once in the afternoon (11 am and 3 pm), the key worker will initiate activities such as story reading, discussion of something on the children's minds, or asking the children's opinions about something. In this we are reminded of the Danish approach developed by pedagogues. At lunch time, the children eat in groups of six with their key worker.

There is ample physical space and an enormous amount of active play in the form of kicking balls, riding carts and various other vehicles, climbing, and water play. The children are active and independent, interacting with and talking to one another frequently. Yet one often observes an adult with a child in her arms, or on her lap, or reading or helping with an activity or project.

The family workers know the children and are responding to them with a very conscious awareness of where they are in their development, what has been going on at home, what the problems and the needs are. The staff's awareness is in part supported by the fact that parents do not merely drop off their children in the morning. Since most of them are not on their way to work, they tend to stay around a while, talk to the family workers (whom they know quite well), describe what has been going on with the child, and hear about what the child has been doing in the Center. Parents and the family worker are teamed up in behalf of the child, and the child relates to both. Staff strongly believe in children's rights and adhere to the commitment to follow children's needs and to help them develop assertiveness and self-confidence.

There is no formal post-lunch rest period

in the child care center. In contrast to most other child care programs, even the rest period seems to be left up to the child's particular pattern and needs. Some children want to rest and they go into a quiet room to do so, but most of the others are up. This also may have to do with the fact that most of the children leave either before lunch or just after lunch and only a small group stays for the "full day."

In addition to the usual group rooms subdivided for the usual activities and very well equipped with age-appropriate toys, books, and so forth, the Center has some unusual and particularly imaginative large play equipment. For example, in the wing that includes the gymnasium and the parent meeting rooms there is a "jumping room." It has protective mats on all the walls, a trampoline, a large number of rubber figures that are anchored to the floor and can be jumped on and hit, a large low crib-like construction in which children play with a myriad of small brightly-colored plastic balls, and several "mattresses" on which children can jump and play. There are large brightly-colored plastic cubes, squares, rectangles, poles and tubes that the children use either as punching bags or to jump on. There is nothing in the room except these things, and the children have the possibility of totally uninhibited physical play for the amount of time they are permitted here. Here, too, about six children at a time come to play and clearly are wildly enthusiastic about the space and the equipment.

In the main building there is another unusual activity room. This is called a "soft room" or "snoozeland." It is a Dutch-designed piece of equipment made initially for disabled children but used in this Center for all children. It is a small room in which the walls are padded white plastic and the floor is cushioned and also padded white plastic. There are three white beanbag-type chairs also covered in this white plastic. Children take their shoes off before going into the room. There is a scene projected on one wall of mountains, sky, space travel, and on another wall of water and fish. There are tubes of water with colored lights and fiber-optic cables with lights. There are several kinds of squares and circles with lights all in different colors; these can expand or contract or take different shapes and forms. And there is soft, oriental-sounding music. There are different music tapes, but all are quiet, meditative, and in some ways hypnotic. The door is closed after the children enter and it is an all-encompassing relaxed experience. Some children have asked what day it was or where they were when they left the room.

The "soft room" is regularly used for children with multiple disabilities and made available to other institutions in the community for special visits by children with special needs. It is also used by the children at the Center, however. Nursery school children may request access. When they have had a particularly stressful time at home over a weekend, they often ask to go into the room on Monday morning.

Emphasis is placed on "record keeping" and documenting the child's experience in the program. It would appear that there is some effort at copying what goes on in Reggio Emilio but on a much more structured level. (Staff have visited Reggio and are admirers of the programs there). A book is begun as soon as the child enters the program, entitled "A Celebration of My Achievements." Staff, parents, and children either write in the book or tell the staff what to write. Samples of the child's work are inserted as well. When the child leaves the program to enter school the book goes home with the child as a "souvenir" of the program. The book contains vignettes from the staff members about what a child has done and sometimes little statements from the parents about what has been going on at home, which may or may not be related to the experience in the nursery. It is regarded as a shared book from the beginning. It also has basic information so that it is known who can pick up the child, whom to call in an emergency, what inoculations have taken place, who the child's doctor is.

When children are 4 and about to leave the program (children qualify for elementary school if they become 4 before August 31 of the year they will be entering school) there is a formal program of preparation for school in which the schools participate by inviting the children and their mothers to come and visit once, twice, or three times in the spring of the year before the child enters. In this program they discuss children's concerns regarding the transition to school, getting lost, being bullied, being approached by strangers, and so forth.

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Parent Education and Support

In addition to the child care center and some other related activities (to be described later), including the drop-in center, a play group, the "*crèche*" care services, the second core component at Pen Green is the parent education and support program. As the program has developed it has expanded from what was originally a small parent group program to what is now a very large and active parent program.

As can be seen, the program at Pen Green has some qualities of a settlement house for young families and children. The Family Room is an important place where parents can come with their children and participate for the day in whatever way they wish in a room with equipment and one paid worker. It is a drop-in facility for mothers and children, but there are some people who come several times a week, and indeed one parent has been known to come full-time, all week for thirty-seven hours. When noontime comes, the staff person there prepares a simple meal for parents and children which can be had for a very small fee. (If parents are temporarily short of money they may eat on credit.) At one end of the room is a couch and several comfortable chairs where the mothers tend to sit together or with their babies, have coffee or tea, and talk. At the other end is a small child-sized table with several chairs, toys for children, and a playpen. Here the babies can crawl around, the toddlers can "toddle," and the children can play with one another. Sometimes the children play with each other and sometimes one or two mothers will go over and join the children who are playing. Thus there is opportunity for parents (overwhelmingly mothers) to get together with one another and socialize, but yet supervise their children.

Two upstairs rooms at the Center are devoted to more formal parent groups and related activities, with comfortable chairs and couches arranged in a circle to facilitate discussion. The rooms have space for groups of about ten, and the participation usually is six to ten in a given group. The rooms are light and bright. One room has space for child play as well, since it is the room used on Tuesdays for the mother-toddler group as well for the public health nurse and her clinic. The other room has a table with library materials, pamphlets and books, and other reading material for parents. Bulletin boards tell them about educational and other activities.

Most groups meet weekly, but some meet on alternate weeks. Group leaders often are parents who themselves were members of these groups primarily. However, many of the staff members also lead such groups. At present there are between twenty-four and thirty different groups in operation. Included among these are:

- baby group
- under-two group
- the preschool child group
- male survivors' groups (for men who were abused as children)
- men's group
- youth club (for adolescents)
- after-school club (for 5 to 12 year-olds)
- single parents' group
- special needs support group
- More About Eve (a women's group)
- handling stress group
- living with babies and toddlers (a formal course provided through the open university)
- aerobics
- relaxation
- a special needs group for parents and children
- keeping in touch (for parents who are divorcing to let them know about the importance of staying related to their children).

Every ten weeks the staff and parents together review existing groups and decide which of them should be ended, which should continue, and if there is a need for new ones. If the parents want a new group, it is initiated. There is increasing interest in opportunities for adult education courses. Indeed, the parents who are active volunteers in a number of the programs at the Center increasingly express interest in opportunities for formal education and specialized training.

One of the more popular "courses" is an assertiveness training course for grownups. There is also a special assertiveness program for children. One mother whose young son participated described what she thought of the results, saying, "I now have a very assertive little boy." Although the results of

the program are not always easy to live with at home, parents favor it and think it good for their children. But it does mean that when the children go to elementary school some are described as "difficult to deal with."Sometimes the children ask for different activities and refuse some of the things that are suggested by the teachers. They have a reputation in the community, which the parents and staff all regard as positive although it creates some problems in the school.

Parents clearly have a sense of what Americans would call "ownership" of the whole Pen Green program. They are proud of what has been accomplished and are active participants in the planning, decisions, and extra activities. Thus, the staff do not meet without the parents having access to the meeting as well. Except for one two-day training program each year, no staff training courses are carried out without the possibility of parent participation.

As indicated earlier, the parents come from a deprived working-class background. Most are eligible for Pen Green's programs through the social service priority system which allocates places in programs operated by different authorities to parents with "special needs" (poverty, risk of abuse or neglect) Despite the fact that the Center serves what staff describe as many "hurt children and parents," staff do not patronize parents and there is no sense that they are dealing with incompetent people. Parents are treated as peers and respected. This is not to say that some of the children do not seem fragile or troubled and some of the mothers depressed. There is a "nurturing group" available to them, for young children for whom there is not space in the regular group. This group is made of up of children who have been referred as "troubled" by health visitors, social workers, and other personnel who deal with them. The group is intensively staffed and operated with a treatment orientation. In contrast, those who participate in the parent education activities, the play group, the drop-in center, are all self-selected and voluntary. Thus, this latter group of parents represents a somewhat broader socioeconomic group and comes from a larger geographic area, since they may come from outside the catchment area.

Some Special Activities

An *under-2 (Mother/infant/toddler) group* meets once a week on Tuesday mornings, with mothers and their babies coming together to meet, socialize, gain some knowledge about child development and maybe see some role modeling as well.

The *health visitor (the public health nurse) operates a clinic and an informal mothers' group* every Tuesday afternoon.[25] Here she sees not only the children from her own register but also encourages the participation of other mothers with infants and toddlers. During one afternoon there were nine babies and seven mothers. Two of the babies and their mothers were on the nurse's register, while the others were simply participating in an informal mother and toddler group. The nurse made it quite clear that she was serving tea and coffee and running an informal group, an opportunity for young mothers with young children to socialize with one another and also to take advantage of the nurse's availability for information and questions they might have. Depending on the day, the health visitor offers special programs, such as "avoiding accidents" and "ensuring home safety." Before the changes that were made in the National Health Service and in the Health Visiting Program these groups were much larger. There were likely to be twenty to thirty mothers and their children and two nurse visitors in the clinic. Since the changes were enacted, many children now see their general physicians for "preventive" surveillance and vaccinations.[26]

One consequence of having an infant/toddler group on Tuesday mornings and a health clinic on Tuesday afternoons is that a mother with a young baby will often spend all day Tuesday at the Center because it provides a good opportunity for socialization for both child and mother as well as an opportunity to get some health advice and to expose her child to other children.

Home Visiting is another important component of the Pen Green program, provided by the health visitor, but more importantly by the Pen Green staff—the family workers. As mentioned earlier, Pen Green has the system of key workers that characterizes some of the British child care centers: child care workers, each of whom concentrates on knowing a few children and their families well. Apart from the visits to the home dur-

ing the application and transition period and the spending of an enormous amount of time with the child during the transition period, these key workers also carry out home visits to the families more or less regularly, depending on child and family needs.

Each family worker's schedule allows a visit to one family each week. The plan is to go to each family every few months. However, at parents' initiative or as problems arise, they may go much more often. The families like these visits and the children "love" them. They are delighted to have their family worker see their home. What is more, they are curious about the family worker, and all visit the family workers' homes as well. It is a municipal requirement that the staff live nearby, and most live very close to the Center.

Thus, for the child, the nursery is a very intensive experience. They have the same key worker for two years, a worker who visits their home, and if they are not ready for school at 4 because of a birth date after August, the relationship may even last for three years. The work is intensive in another sense. The Center has introduced a social work pattern of supervision so that the workers are quite self-aware and discuss with supervisors what they have been doing.

A *consulting social worker* also provides service to the families at Pen Green. Currently, a social worker comes in for six sessions per week, offering preventive intervention to families in which there is some risk of the child's being placed. On Tuesdays and Thursdays the social worker meets with a group of four children referred by other social workers as being particularly in need of a treatment intervention. Twice a week she meets with a blind child and twice a week with twins and their mother in a case in which the mother seems to be having some problems managing the twins.

Special *"part-time" systematic staffing of child care is provided while parents are in parent groups or classes,* whatever the hours of the day. This is called "*crèche* staffing" at the Center. It is all provided by volunteers who receive special training at the Center, are recognized as having this role, and whose pictures even appear on a bulletin board listing the staff. A given *crèche* worker provides child care for the same groups each week so that the children whose parents are attending a given group have some continuity with the worker.

Playgroups were first established at the Center about seven years ago. Each Wednesday afternoon is used for staff meetings and as a result the children cannot participate in a nursery program at that time, nor are there any special parents' groups. Some of the parents decided that they wanted something for their children on those afternoons. Several decided that they would organize a playgroup, and this proposal was supported by the director and staff. The group was very popular. Although it began meeting only one afternoon a week, it soon expanded to two mornings, then every afternoon, and now it meets for two "sessions" a day, five days a week. The morning session goes from 9:30 to 11:30 am and the afternoon session from about 1:45 to 2:45 or 3:00 pm. Twenty-five children participate in each session. These playgroups are a parent-operated and parent-staffed activity. The children come from a variety of ethnic and racial backgrounds, including Asian, African, and Caribbean.

In a group of thirteen children ranging from 11 months to 3 years, including three children from minority groups, two 3 year-old boys were in very intense discussion at a table in the playgroup room, playing with one another without anyone in direct supervision. An 11 month old little girl, an interracial child, with a delightful disposition and good physical dexterity, was in a walker. She was very mobile and had managed to maneuver herself wherever she wanted to go with great aplomb, attaching herself first to a group of 3 year olds and then to the staff member. In another part of the room a man read a story to four children, two children on a small see-saw, and two toddlers with their mothers.

Of particular interest, four children of staff members in the program were in the playgroup, cared for in effect by other mothers. These were children who would not qualify for the priority list and therefore would not have been able to enter the child care center program.

Every Wednesday morning there is an "open house" at the Center for all community children and their caregivers. The regular nursery program is closed and the Center is open to all parents with children under the age of 5, to caretakers, child minders, foster parents. In other words it becomes an open drop-in center for anyone taking care of a

child under the age of 5, including those who are in the Center's regular programs as well as others. This is viewed as a device for strengthening links with the community at large, important in part because there is a long waiting list for entry into the child care center, and even the playgroups are not an adequate substitute. There is always a significant group of parents who would like to get their children into the program but who are not on the priority list and cannot be served. The Wednesday morning program is a pale substitute for the full program, but it does help build a constituency for the Center. Some of the children later enter into the regular program, and some of the parents or the caregivers subsequently participate in special groups. The Open House was begun as an experiment but it has become very popular.

Pen Green staff clearly see themselves as being at the forefront of an important development and want to document what they are doing in order to disseminate it broadly. They have prepared a great deal of material on their curriculum, including material on the children's and parents' assertiveness programs, on helping young children make the transition to primary school, and other topics of interest to parents of very young children generally. Pen Green is viewed as an exemplar among both social service and education professionals; staff and parents are active in the national family center organization. How much it will influence future developments in the family center movement, however, remains to be seen.

conclusion

Infant and toddler care services are expanding in almost all of the western European countries, albeit modestly in most. In times of economic recession and high unemployment, such as now and during the last decade, demand pressures ease; but nonetheless, a large gap between supply and demand persists. Shortages exist in all countries, even in Denmark, which has child care places for almost 60 percent of the children under-3. Supply, quality, financing, costs and parents' share of them, staffing, and curriculum are all issues that are discussed and sometimes debated throughout Europe.

All the developments in infant and toddler care are premised on a paid and job-protected maternity or parental leave following childbirth, ranging from 2 1/2 months (France) to 6-12 months (Denmark), 9 months (Italy), 1 year (Finland), 15 months (Sweden), and two years (Germany), covering just about all working mothers (except in England, where only about half are covered by an 18-week leave). In most of these countries supplementary leaves — paid or unpaid, and job-protected — are also available. Clearly, infant care is tending to become at-home parental care that is publicly subsidized in one way or another. As a result, except for France, babies under about 9 months of age or even 1 year, are rarely seen in child care programs in these countries. Thus, except for a small number of under 1s, most of what is provided is care for 1—2 year olds—"toddler care".

Only in Denmark, Finland, and Sweden is there an explicit, consistent, and coherent policy and a kind of "Nordic model" in place (with some variations). These countries provide heavily subsidized, publicly operated child care centers and family day care, with the major difference among countries having to do with preference for grouping children from infancy through the 3—6 year olds either by age or in age-integrated "sibling" groups.

In the other countries (France, England and Italy), despite uniformity of the programs for 3-5 year olds in France and Italy, the diversity of models and program types for the under-3s is enormous. In France and England the 2 year olds are often treated more like the 3—4 year olds and included in programs with children of this age, while the "under-2s" are kept separate. In Finland and Italy the 2s are kept with the under-3s. Although center care remains the preferred model in most countries, family day care is not only recognized as a viable alternative but supported and accepted as a preferred parental option in Denmark, and to a lesser extent, in France and England.

School readiness, an important issue in the U.S., is equally important in these countries. All stress the value of preschool in achieving this objective and the negative consequences for children in primary school when the earlier experience is not available. Of particular interest, however, is the growing concern

with "preschool readiness" in those countries with universal preschools (France, Italy, Denmark), and the importance of a still earlier group experience for the very young children. As part of this concern, we note the emphasis on the cognitive and socialization aspects of these programs as well as the programmatic emphasis placed on helping children and parents adjust to transitions as an important factor in a successful preschool and primary school experience. The infant/toddler programs all include attention to this last issue, and it has led to other program developments as well. We will return to the preschool readiness and transition issues.

Program auspice, another important issue in the U.S., varies significantly across the countries, with interesting implications for the U.S. Except for the Nordic countries, there is a clear consensus that preschool programs for the 3-5 year olds should be under education auspices. Even the British are moving in this direction. All stress the need for close linkages between pre and primary school, as well as the necessity of a preschool experience for ensuring primary school readiness. Where infant/toddler care is concerned, auspice is more varied: social services in Denmark, Finland, and Sweden; social services (but a beginning move toward education) in England; health care in France (but with half the 2 year olds in an education-based program and more likely to be so over time); health care in part of Italy and education in the rest; and education completely in some other countries, such as Spain!

Does auspice make a difference? Some French child development experts believe the French program has too strong a health orientation but agree that the program philosophy is changing toward greater emphasis on a broader developmental approach. Many are convinced that all 2 year olds will be in the *matèrnelle* soon anyway, so the only issue is the care of the under-2s, and there is some advantage in having "nurse" training as well as child development training to care for "babies." The Danes are concerned that including child care under education would lead to an overemphasis on formal learning and cognitive development and de-emphasize social and psychological development. Of some interest, the highest quality programs in the countries studied are those in Denmark and Italy, under two completely different types of auspice (social services and education). The next highest quality is found in France and Finland, with still different auspices (health).

Child care costs and who pays the costs are also critical issues. Child care services are expensive in all these countries, but the expense is apparently accepted and acceptable. Services are paid for by some combination of government expenditure (national and/or local) and parent fees. The latter cover one-quarter to one-third of operating service costs, depending on the country, except in Finland, where the government picks up almost 90 percent of costs. Parent fees for child care constitute less than 10 percent of the average income of families with children in these countries, a far lower burden than in the U.S., where child care costs can claim close to one-quarter of the income of working poor families. (And programs for the 3-5 year olds are completely free in several countries.)

Several other developments have emerged that lead to a discussion of family support services, however they are labeled in other countries. First, there is a growing conviction regarding the universal need of infants and toddlers and their mothers for a group experience, regardless of whether or not mothers are in the labor force. Given the high costs of good quality infant and toddler care, the current constraints on economic resources, the increased provision of leaves permitting infant care to be at-home parental care, the diverse attitudes toward out-of-home care for very young children, and the country variations in labor force participation rates of women with such young children, it is not surprising that in only a few countries is there significant expansion of the supply of child care services for the under-3s now. What is expanding in some countries is at the interface of child care and family support services, premised on the assumption that the very young and their mothers or caregivers need a group experience that will facilitate and enhance child development and meet the needs of mothers at the same time.

However, very young children may not need group experience on as extensive or as sustained a basis as slightly older children. There appears to be a growing assumption that part-time, part-week group experiences may be all that is needed for some children (when mothers work part-time themselves, for example, or when mothers are at home).

Furthermore, these part-day programs offer an important transition to a fuller program subsequently for the children of working parents. Thus, whether in part-day child care or family support service, these youngest children are increasingly being exposed to groups providing cognitive, physical and social stimulation while their mothers are offered information and advice (if requested) about child development, parenting, and child care, as well as education and training opportunities for themselves and opportunities for socializing, cultural integration, and making friends.

As part of all this, and reflecting as well the interest in enhancing preschool readiness, there is a growing trend toward family support programs. Moreover, in several countries there are close links and even integration between the two types of programs—infant/toddler care and family support services.

This linkage seems to ensure that in those countries where it exists, both types of services will develop along universal lines rather than as a response to children with special needs and problems. Of some interest, it is only in Britain, where there is little in the way of infant and toddler services, that family support services are emerging with a "special needs" orientation. The result is a deficit model program (a program targeted on the poor, the troubled, the high-risk). In contrast, in France and Italy, there is conviction about the universal need for these experiences, and there is implementation that supports this concept. Priority may be given to children or parents with special needs, but the programs are not designed for this purpose nor limited to this population. Indeed, the absence of family support services in Denmark may be a function of the far greater availability of universal infant/toddler care services generally.

Thus, to conclude: the care of very young children and support for their parents are both receiving growing attention in Europe. Several countries have a more extensive supply of infant and toddler care services than we do in the U.S., and these countries all have far more extensively subsidized services that are, therefore, more readily afforded by parents. At least as important, in a few countries there is conviction about what very young children and their parents need that goes beyond child care for the children of working parents. The goal is to respond to a broader set of needs—cognitive, social, physical, psychological—and so to move toward a more holistic child and family service. In this context, child care, early childhood education, maternal and child health care, and family support services are emerging as a comprehensive and integrated young child and family service system. Could this be a model for the U.S.?

appendix a

In discussing program costs, fees, and salaries throughout the text, we have applied OECD exchange rates for the applicable years. These direct currency exchanges do not, however, suggest a currency's true purchasing power in its own country. The purchasing power parity rate, which we have not applied, comes closer to that. The reader will note the ratios between exchange and PPP rates.

Exchange Rates and Purchasing Power Parities (PPP) Per U.S. Dollars ($1), as Reported by OECD

1991

Country	*Exchange, per $1*	*PPP per $1*
Denmark	6.396 (= $ .156)	9.17 (= $ .109)
France	5.642 (= $ .177)	6.52 (= $ .154)
Finland	4.044 (= $ .247)	6.30 (= $ .159)
Germany	1.666 (= $ .600)	2.09 (= $ .478)
Italy	1240.610 (= $ .0008)	1462.00 (= $ .0006)
United Kingdom	0.557 (= $1.700)	0.535 (= $1.58)

1992

Country	*Exchange, per $1*	*PPP per $1*
Denmark	6.038 (= $ .166)	9.94 (= $ .101)
France	5.294 (= $ .189)	6.55 (= $ .153)
Finland	4.479 (= $ .223)	6.40 (= $ .156)
Germany	1.562 (= $ .640)	2.11 (= $ .474)
Italy	1232.41 (= $ .0008)	1485.00 (= $ .0007)
United Kingdom	0.570 (= $1.750)	0.629 (= $1.59)

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We here acknowledge the overview provided in the several country reports prepared for the Child Care Network of the Commission of the European Community (now the European Union), in particular those by Bronwen Cohen (United Kingdom), Martine Felix (France), Jytte Jensen (Denmark), Patrizia Ghedini (Italy), as well as the integrated reports prepared by Peter Moss, the Coordinator of the Network.

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13. "*Halte Jeu*" is not an "official" child care or family support service category, but rather a variation on a halte garderie, stressing parent:child and child:child interactions more than drop-in child care.

14. *Scuola di Infanza* is the term for a municipality-operated Scuola Materna, while the latter is the term for the national preschools, and tends to be used generically, internationally.

15. Note the Maison Verte movement in France, for example.

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18. *Ibid.*

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26. *Ibid.*

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