Normality and Deviance in Norwegian Day-care Institutions

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Introduction

In this article I explore day-care staff members' discussions and reflections on children regarding normality and deviance. Attention is placed on everyday conversations and interview statements regarding children with conduct and demeanour that deviates from what is perceived as 'normal' in the day-care context. The children in question evoke concern among the staff, but they have not (yet) been diagnosed as disabled or as having special needs. The article is based on a study of four Norwegian day-care units, where short-term fieldwork and in-depth interviews with staff members were conducted.

In recent years there has been a vast increase in the use of mapping materials such as standardized tests and evaluation forms to monitor and assess individual children in Norwegian day-care institutions (Østrem et al., 2009). Given the growing preoccupation with the categorisation of children as having special needs or diagnoses in Norway and beyond (Hedegaard Larsen and Pøhler, 2009; Rose, 2006; Solli, 2012; Timimi, 2005), it seems timely to question whether ideas of what constitutes 'normal' have become narrowed. Normality and deviance are opposing concepts that depend on each other for meaning. However, they are in an asymmetrical relationship where the first (normality) is valued and, to a large extent, taken for granted, while the latter is degraded and scrutinized (cf. Bauman, 1991). How children's conduct is understood and what is regarded as 'normal' or 'deviant' is in this article understood as defined and limited by discourses (cf. Foucault, 1999; Hall, 2001). The analysis illustrates how day-care staff members understand and evaluate children as deviating within a discourse of age and development, but also how their reflections on normality modify and question such understandings of children. I will first explore in what manner staff members explain why a child is perceived as deviating and how this is connected to discourses that inform policies

and commonly used mapping materials. Then I analyse staff members' critical reflections on mapping materials, and how they relate to the concept of normality.

The Norwegian day-care field

In national policies and guidelines, there has been a recent increase in emphasis on formal learning, preparation for school, and early intervention (Arnesen, 2012). Pedagogical practices in Norwegian day-cares have traditionally merged education with caring practices, emphasizing well-being, joy, self-esteem, play, children's initiatives, and self-governed activities (Kjørholt and Qvortrup, 2012). However, the shift in focus has increased the attention towards children's individual skills and abilities, and encouraged documentation and standardized evaluations of children's development. The day-care field is seen as a key arena for discovering children's (presumed) special needs as early as possible (Mørland, 2008; St. Meld. 41, 2008-2009). Early intervention is thought to be cost-effective because initiatives during pre-school age are assumed to have a strong impact on children's future education and participation in the labour market (St. Meld. 41, 2008-2009). Mapping materials are used extensively to discover and document children's development related to particular capabilities (Østrem, et al., 2009). The number of children being evaluated and tested has grown rapidly with day-care institution's focus on early intervention and preparation for school in addition with the fact that now almost all children in Norway attend day-care (about 90%) (Statistics Norway, 2012). It has also been suggested that it be made mandatory for day-care centres to offer language testing for all three year olds (St. Meld. 41, 2008-2009). While children's development was previously evaluated to some extent in day-care centres, it was done informally and locally as part of everyday practices. A traditional focus that down-plays formal learning and emphasizes a here-and-now perspective is still strong in the day-care system, producing a contrast to the emphasis on early intervention and preparation for school. Thus, there is some strain in terms of how to understand children and what to focus on in the day-care field. Day-care staff members have to manoeuvre between the focus on everyday life with all its complexities, shifts, and diversity and the responsibility of discovering special needs and mapping children's capabilities.

TRAS—the most commonly used mapping material

TRAS (Tidlig Registrering av Språk Utvikling - Early Registration of Language Development) is aimed at mapping and assessing language skills for two to five year old children. It is the most commonly used mapping material in Norway (Østrem, et al., 2009) and is also used in day-care institutions in Sweden and Denmark (Holm, 2010; The Swedish National Agency for Education, 2008). The mapping covers more than language skills, and includes the following themes: social interaction, communication, attention, language comprehension, language awareness, pronunciation, word production, and sentence production (my translation). Themes are divided in three age groups: 2–3 years, 3–4 years, or 4–5 years, with three questions aimed at each group. A registration form is used for documenting the 'results' of observations. This form shows a circle in the middle of a two-page spread that is surrounded by the themes and questions. The circle is divided into separate numbered spaces for each age group and the following questions. The questions are to be answered by the staff registering whether a child is capable, partly capable, or incapable. Staff members are expected to indicate ability or lack thereof by colouring the appropriate space of the circle completely, partly, or not at all. The same registration form is used on every evaluation, so previous registrations are visible when filling out new observations.

Theoretical approach

In line with Social studies of Children and Childhood, I regard understandings of children and what constitutes a 'normal' child as socially, historically, and culturally constructed (James and Prout, 1997; Jenks, 1982). Hence, I do not regard there to be a universal or natural standard from which to describe and evaluate children; rather, I think it is necessary to analyse evaluations and descriptions of children as representations of children based on certain understandings and discourses. What becomes perceived as 'normal' or 'deviant' is, in this article, understood as constructed in particular cultural and discursive contexts. Post-structural approaches within Disability Studies have influenced my starting point and understanding of deviance, special needs, and impairment as discursively constructed categories, and the importance of destabilizing ideas of normality (i.e., Allen, 2005; Campbell, 2009).

In the analysis presented below I explore how discourses contribute to constructions of deviance and understandings of normality, defining what is deemed acceptable and desirable. I draw on Foucault's (1999) meaning of discourse, which refers to that which makes statements meaningful and intelligible. Discourses construct the issue in focus, meaning that they define and limit what are acceptable and intelligible ways to talk, write, and conduct one's self in relation to a specific issue (Hall, 2001). In the institutional setting of the day-care, discursive practices produce a certain kind of knowledge about children that appears truthful (Neuman, 2001; Kjørholt, 2004). Knowledge is intertwined with power relations as it can constitute a 'truth' and have real effects when applied in practice (Hall, 2001; Foucault, 1980). Power can, however, be resisted and negotiated (Foucault, 1980). People may manoeuvre between several discourses circulating a field. While discourses may "delimit the sayable … they do not imply a closure" (Henriques et al, 1998: 105). Children, normality and deviance are not constructed by one single discourse, but rather by a variety of conflicting discourses (Kjørholt, 2004). In exploring day-care staff members' statements, I thus emphasise that their understandings are shifting and fluid (cf. Neuman, 2001; Henriques et al, 1998; Nilsen, 2012).

Method

The methodological approach of this study consisted of short-term fieldwork and in-depth interviews in four Norwegian day-care units. Semi-structured interviews, tape-recorded and fully transcribed (Kvale and Brinkmann, 2009), were conducted with 16 staff members, half of whom were from two toddler day-care units (age 1–3) and the other half were from two units that cared for older children (age 3–5). In this article, the names of all staff members have been changed, and I have translated statements into English. The interviews included a variety of staff members: leaders, assistants, pre-school teachers, special teachers, and child and youth workers. I asked them to talk about the children they were concerned about and who were considered to possibly have special needs. In particular, they were asked to elaborate on why they had concerns about and to describe everyday situations. They were encouraged to talk freely, to let their stories unfold in order to produce elaborate and detailed descriptions (Staunæs and Søndergaard, 2006).

I also conducted participant observation for three months. I followed the staff, asked questions, and talked with them about the issues they raised. I took elaborate field notes,

sometimes during the day, but mostly when the day was over. Participant observation allowed me to take part in everyday routines, staff meetings, activities with the children, and informal and spontaneous discussions with staff. Getting to know the staff and some of the children enhanced the quality of the interviews as I could ask more relevant questions and relate to their discussions. Further, I collected written documentation and mapping materials, which were also discussed during interviews. In analysing the data, I studied patterns within and between interviews and everyday conversations. I systematically investigated descriptions and stories that exemplified how and why a child was perceived as deviating. I explored the ways of reasoning used by staff, following these as clues to certain wider discourses and perspectives that provide validity and meaning to their statements (Wetherell, 1998). In the following section, I present analyses of statements that describe and explain deviance among children. I explore what kind of knowledge about children is produced and how it is connected to mapping material commonly used in day-care centres. Then I focus on staff members' critical reflections of mapping material and their divergent expressions and statements about children and normality.

Describing and discussing deviance

After daily interactions for months or years, staff members know the children they describe very well. However, when assessing a child, the knowledge they produce is limited to and defined by how they relate to various discourses and understandings of children and childhood. The manner in which they perceive a child is based on their assessment of that child in relation to socially constructed, accepted, and established norms and standards. When a child's conduct raises concern regarding special needs or possible diagnoses, it is relative to ideas of normality and 'a normal child.' 'Normal' not only refers to what is understood as common and average, but also to what is perceived as acceptable and desirable (Turmel, 2008), thus descriptions of a child as 'normal' or not need to be seen not as mere observations, but rather valuations of that child (Rose, 1990).

The staff members in this study often described a child as different by referring to the child's conduct as 'not normal.' In other words, deviance was a departure from a perceived normality. A common statement and affirmation of deviance would be, "*it just isn't normal behaviour.*" Further, when describing daily situations to elaborate on why a child raised

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concern, the staff commonly used age as an explanatory factor. For instance, when staff member Ingvild described a girl she was concerned about because of her presumed delayed motor development, she stated:

> *And she still can't ride a tricycle, for example, to step on the pedals. And now she's, after all, she is four. (Yes, right.) Four and a half soon.*

Ingvild described how the girl could not ride a tricycle despite being four years old. Attempting to explain her concern for the girl, Ingvild referred to the girl's age and inability to perform a specific activity (riding a tricycle). Her explanation does not make sense without being part of a discourse where norms of performance are linked to particular ages. Developmental discourses are common within the day-care field (Dahlberg and Lenz Taguchi, 1994; Dahlberg et al., 1999) and in general, as age has played a fundamental part in how children and childhood is structured, understood, and perceived (James and James, 2008). Age is, in other words, a key conceptual device that has made it possible to establish norms despite variations between individuals (Rose, 1990). A developmental norm creates a standard based on ideas of the average age for children to perform particular tasks or activities (Rose, 1990). Thus, a child's unique development can be measured against that of a generalized child (James, 2004). A girl not being able to step on the pedals at four years old is, within this framework, thus understood to be failing to meet developmental expectations. In this way, the staff member operates within a discourse that defines and delimits how to make sense of a child not stepping on tricycle pedals (cf. Hall, 2001), and a certain kind of knowledge is produced that contributes to classify the child (cf. Foucault, 1977). One could say an assessment of the child's conduct is used to evaluate whether the child is perceived as 'normal' or not.

As mentioned, national policies emphasise day-care centres as key arenas to find out if a child has special needs. 'Special needs' in children below school age is defined as a child having more extensive needs than is common for his or her age (NOU, 2012). In other words, national policies encourage the evaluation of children by comparing capabilities related to age and the further categorisation of some issues as 'deviant'. Hence, workers in the day-care field are guided into a certain way of perceiving and understanding children; they are told to evaluate children based on age and to separate

some children as deviating from the rest. It is no surprise that day-care staff members in this study described children's conduct as deviating or 'not normal' by referring to age and development.

Another example of this line of thinking is when staff member Tone described her concerns about a child:

> *The play that is barely evolving now is the type of play that should perhaps have been there a year ago. [I] started to think of age-appropriate development and such things.*

The notion of age-appropriate development calls for classification of children according to parameters and benchmarks related to pre-defined developmental and behavioural norms (cf. Turmel, 2008). This enables "the normality of any child to be assessed by comparison with this norm" (Rose, 1990: 146), thus producing knowledge about a child in a manner that measures and ranks him or her. When this is done, children's situations and conduct become objectified and possible to control, providing 'order' to the diversity of children (Turmel, 2008). Age and development standards provide a way for those in the field to manage children's "variability conceptually and [govern] it practically" (Rose, as cited in Turmel, 2008: 256). The governing or controlling of children's diversity can be seen as embedded in notions of early intervention and is made visible by the mapping practices used to identify differences.

Mapping material and early intervention

The most commonly used mapping material (TRAS) registers how staff members understand children's capability to perform specific tasks or activities in relation to their age. In other words, the material registers how well a child lives up to adults' expectations of age and capability. The dominant perspective on children and childhood in TRAS is based on universal stages of 'normal development', perceived as hierarchical steps in a ladder (Report, 2011). Mapping practices are means to ensure a child's 'normal' development and actively promote certain capacities (cf. Rose, 1990). The techniques for documenting individual children in writing renders them subjects and objects possible to describe, judge, measure, and compare (cf. Foucault, 1977; Rose, 1990).

A central purpose behind mapping practices is to help staff become aware of children with special needs in order to initiate additional support. Intervening as early as possible is, as mentioned, presumed helpful to prevent future problems. For example, it is portrayed in a national white paper that delayed language development risks evolving in a negative spiral to reading and behavioural difficulties, low academic motivation and development, eventually dropping out of the educational system, and ending with low educated jobs or welfare (St. Meld. No. 16, 2006-2007). Early intervention is thus stressed as a cost-effective initiative (St. Meld. No. 16, 2006-2007). Mapping is said to be in the best interest of the child as a means to provide opportunities in school, and at the same time in the best interest of society by producing well-functioning adults. However, an alternative understanding is that mapping and evaluations are a means to discipline children and construct 'useful' individuals through an economically profitable exercise of power (cf. Foucault, 1977). Mapping materials can be understood to "document their [children's] uniqueness, to record it and classify it, to discipline their difference" (Rose, 1990: 135). Early intervention is targeted at children who fail to live up to adults' expectations, and differences become perceived as deficiencies or deviance that should be diminished and reduced, or in other words disciplined by normalising practices. The kind of knowledge produced about a child in the mapping material can, as such, have explicit consequences for how day-care staff members treat that child. It can also have more undetectable and covert consequences; while not all mapping leads to special initiatives, the way children are described, represented, and categorised nevertheless has profound implications on how adults treat and act towards children (cf. Stainton Rogers and Stainton Rogers, 1998). Parents are also often presented with the mapping results of their child, which may evoke concern and encourage specific ways of dealing with presumed deficiencies and problems of their child. A child risks becoming a 'case' and, as such, being subjected to 'correctional activities' at home as well as in day-care institutions.

Day-care staffs' critical reflections on TRAS

In this study, two of the day-care units used TRAS on all the children twice a year before parent-staff meetings. The two other units used TRAS forms on the children they were particularly concerned about.

Many of the staff members in this study expressed reluctance and discontent with how observation and registration in the mapping material was used to represent a child. As one staff member put it, "*It isn't the truth written there.*" The knowledge about a child produced in the documentation was thus not necessarily perceived as 'truth' by the staff members. The circle in the middle of the TRAS registration form portrays a static image of a child that is constructed by day-care staff. Staff members are guided by the form to focus on certain aspects, generalizing and comparing children's conduct, and to register the results as the child being either capable, partly capable, or incapable. Staff members in this study reflected on how the material was based on their judgment of a child's conduct, and frequently expressed how they themselves were part of the knowledge constructed by the test. It was noted that particular adults provoked different types of conduct from a child, and that staff members, for example, had different levels of tolerance for noise and boisterous conduct. Thus the staff members reflected on how adult's different standards and relationships with a child influenced how that child was represented in the form. This led the staff members to be highly critical of the common practice of sending a child's registration form to other units, schools, or external agents. One could say they were critical of using the TRAS form as knowledge and representation of a child, since they understood the results in the form to be context dependent. I would further interpret their reluctance as connected to how results registered in a form could change how a child comes to be treated and acted towards.

In contrast to the shifting and elusive character of real lives, devices such as TRAS produce a stable image of a child (Rose, 1990). The forms simplify and reduce staff members' observations and understandings about diversity and make certain differences visible and notable (cf. Rose, 1990). The (partly) coloured circle on the TRAS form has a strong visual impact and reduces the complexity of lived experience to a well-arranged and ordered image. The complexity and uniqueness of the child is translated into an "ordered space of knowledge," and the child becomes "a knowable individual" (Rose, 1990:136). This stable image fixates individual differences, reduces complexity, and dismisses context, making it possible to describe, analyse, and classify the individual child.

Staff members, however, were critical about the validity of the knowledge produced and noted that questions were vague. One staff member, for example, referred to a question in

the TRAS form and asked with a sigh, *"To keep a conversation over some time; what does that mean?"* By doing so, the staff member pointed at the ambiguity, in the absence of norms, of judging the child as either capable or incapable of keeping a conversation. As such, while the answers registered in TRAS represent a fixed, stable, and rigid picture of a child, the questions asked are open to interpretation as they are vague and intangible.

The classification of a child as deviating was in this study produced in terms of mapping material and taken for granted and implicit norms of age and development, nevertheless reflections by the staff members on the mapping forms, and further on normality and what constitutes a 'normal' child contributed to accentuation of nuances, context and complexity.

Constituting normality

Conceptions of normality have mainly developed from attention directed at children who worry courts, teachers, doctors, and parents (Rose, 1990: 123). In other words, studying deviance reflects perceptions of normality and the able (Campbell, 2009). By explaining how a child does not live up to expectations of normality, one implicitly defines expectations of what is perceived as 'normal'. When staff member Ingvild described a girl who was not stepping on the pedals of a tricycle at four years old as deviating, she simultaneously expressed expectations of a 'normal child' being able to step on pedals at that age. However, the expectation of normality based on age and development was left implicit and more or less taken for granted. Her explanation of the concern in relation to the girl's age was offered in a manner that suggested that I would understand the concern without further questions. She defined the deviance, but the reference point—the norm—remained unspoken. As mentioned, oppositional categories such as 'normal' and 'deviant' depend on each other for meaning, however they have an asymmetrical relationship, where 'normal' is privileged and deviance is degraded (cf. Bauman, 1991). When explicitly asked to define the essence of normality, the staff members in this study were quite reluctant. For instance, as the conversation with Ingvild continued, I asked her what would constitute 'normal' child conduct.

> *Karianne: Yes. So when do they learn to step on the pedals? I have to ask —*
> *(Laughs a bit).*

Ingvild: It varies a lot. It varies a lot.

Karianne: I don't know anything about those ages —

Ingvild: No — but — well, now, many do learn when they are three. But it varies a lot.

The conversation shifted from the staff being asked to describe deviance to being asked what is 'normal' (when a child should be able to step on the pedals). Ingvild stated "*it varies a lot,*" and I encouraged a more specific response by stating that I do not know anything about those ages. Then, she (somewhat reluctantly) stated that many learn when they are three, but she continued to emphasise how it varies a lot. In other words, she referred to what could be seen as average and thus 'normal,' but introduced the aspect of variety. When asked to explain what is 'normal,' she seemed apprehensive about giving too rigid an answer and rather emphasised diversity among children. Looking back to her statement about deviance, she described quite specifically that not being capable of stepping on pedals is 'not normal' and relied on the discourse and understanding of children developing skills according to age in her explanation. In contrast, when being asked what is 'normal' and expected, she modified her focus on age appropriate development and emphasized variety ("*it varies a lot*"). Trying to describe the essence of what is 'normal,' or able, is often more challenging than describing deviance. The able, or norm, can be said to have an elusive core, and trying to define it often ends up in circular reductionism by stating what it is not (Campbell, 2009).

Emphasizing diversity and complexity

The staff member in the above example emphasized that the age when children should be able to step on tricycle-pedals varies a lot, which I see as a shift from a discourse of age and development to one that values diversity and normalises individual differences. In this study, the idea of differences as 'normal'—thus not something to be concerned about— was accentuated in everyday conversations and interviews. Frequently, the staff members would say "*— but children are all so different.*" With such statements, they established difference or diversity as 'normal.' Often this was uttered right after having discussed a child as deviating or lagging according to what is considered age-appropriate development, hence possibly contradicting the entire reasoning behind previous

statements of deviance. I never observed any questioning of the contradiction in the statements, nor was the idea of children being different as 'normal' elaborated on or explained in my presence. Rather, the statements seemed expected and accepted, and its content taken for granted. Seeing how normality's boundaries can be elusive and vacuous (Campbell, 2009), the manner in which staff established diversity as 'normal' without further explanation can be seen as avoiding the issue of delimitation and establishing boundaries of normality. As mentioned, age and developmental standards order children's diversity (Turmel, 2008), and mapping materials reduce the complexity of real lives into well-arranged material forms (Rose, 1990). When staff members emphasize the diversity and complexity of children (as 'normal'), they imply that children 'in reality' — without being subject to standards and norms — are diverse, impossible to compare, and unique.

The staff also expressed in gestures that standards and norms should not be understood as firmly set or as 'truth'. For example, they consistently used quotation marks and bodily language. In a staff meeting, I observed a staff member say, *"She is still lagging 'four months behind'"* while gesturing quotation marks with his hands. In this way, he expressed his concern for the girl by referencing her age in connection to expectations of development. At the same time, his use of quotation marks modified and indicated his reservation of his own categorisation. During an informal conversation, a staff member stated:

> *The movements he makes aren't as good as for an ordinary five year old — I mean ordinary in quotation marks, you know*.

The "*you know*" at the end of the sentence was in other instances expressed by staff members by a particular tone of voice, a look, or form of body language. The staff members thus categorised based on age and development, however, they also drew attention to the limitations of such knowledge by modifying rigidity in conceptions of normality. The use of quotation marks can be related to a kind of postmodern practice where there has been a considerable use of quotation marks as a way to emphasize a critical positioning or to point to certain phenomena as social constructions rather than natural characteristics (Papastephanou, 1999; Saraga, 1998). The use of body language can be understood as softening and modifying the stable and fixed image of a child produced by evaluations of age and development.

Questioning normality

During an interview staff member Mari said:

> *But what — I ask myself this question every day, what is normal then? (Yes, yes) Yes. (It's a terribly difficult question). Yes. Because there is no correct answer to what's normal. Are we supposed to make like, like, ideal children who are all alike? (Yes.) Or shall we be allowed to be different? That is, I think children should be able to be different.*

Mari takes an explicitly critical stance and questions the notion of normality when she argues that there is no correct answer to what constitutes 'normal'. She does not draw on the same understandings of children having special needs and childhood as related to age and development. Rather she challenges the knowledge of 'a normal child' and the notion of measurable standards of normality. Tenets of developmental psychology have for some time been subjected to challenge both from within psychology (Stainton Rogers and Stainton Rogers, 1998), and by other academic fields such as Social studies of Children and Childhood (Jenks, 1982; James and Prout, 1997; Prout, 2005). The day-care staff members' reasoning and critical comments on normality and childhood thus connect to different academic perspectives that have challenged the ideas of development and age that previously dominated the field of childhood research. Mari also questioned the day-care practice of making "*ideal children who are all the like.*" Thus, she can be understood to question the disciplining practices (cf. Foucault, 1977) of early intervention and the trend to reduce differences among children.

Mari's explicit critical remark illustrates how many day-care staff members were apprehensive about and highly reflexive in regards to mapping material and the focus on evaluation. The recent developments within the day-care field — an increased focus on preparation for school, special needs, and evaluation — have produced widespread mapping practices and critical reflection and resistance at the same time. These are, at times, expressed in the same sentences, as staff members manoeuvre and draw upon different discourses and understandings of children and childhood.

Concluding remarks

The aim of this article has been to explore how day-care staff describe and reflect on deviance and normality in relation to children they were concerned about. When analysing staff members' statements I have not intended to investigate what they perceive as 'normal' and not, but rather to explore underlying frameworks for understanding normality and deviance. Seeing how day-care children are more than ever before monitored, tested, and categorised, I have wanted to highlight how constructions of deviance are based on values and ideas of normality. I have also aimed to show how children's differences are constructed as deficiencies and deviance when measured against certain norms and standards. The article points to how mapping practices reduce the complexity of real life to a stable image of a child, thus producing knowledge that makes it possible to measure, judge, and compare children (cf. Rose, 1990; Foucault, 1977). The article also aims to illustrate how day-care staff members are reluctant about and resist rigid and fixed descriptions and evaluations of children by focusing on diversity, thus opening up the boundaries of what constitutes a 'normal child'.

In the first section, I explored how day-care staff members relate to norms and standards of age and development when describing and explaining their concerns for a child. This is connected to the ways in which mapping practices and notions of 'early intervention' and 'special needs' encourage and define certain types of knowledge and understandings of children's normality related to age and development. Day-care staff members thus operate within a discourse that provides a specific and limited way to make sense of children's conduct. However, in the second section of the analysis, I emphasized how staff members are also critical about mapping and at times reluctant to define normality. They often acknowledge diversity among children. Following the staff members' statements about normality, I illustrated how drawing a fixed line or boundary between what is perceived as 'normal' and what is not, is somewhat resisted and avoided by the staff. The focus is on how their discussions and descriptions of deviance relate to a taken for granted and implicit idea of normality as ages and stages, while confronting the issue of normality makes the staff emphasize diversity and variety as 'normal' and express critical reflections on the idea of a 'normal child.' I connected this to the asymmetrical relationship between 'normal' and 'deviant' (Bauman, 1991) and stressed how exploring normality reveals its elusiveness (Campbell, 2009). When children's deviance is systematized and

categorised, for example by mapping practices and diagnoses, understandings of normality seem to be tacit and taken for granted. However, when day-care staff members are encouraged to reflect on normality, they open up the boundaries between oppositions in their critical reflections with an emphasis on diversity. Thus I ask if a shift from monitoring and searching for deviance in children towards a critical examination of the implicit and taken for granted constitutions of normality might offer more space, acceptance and tolerance for children's differences.

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