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PARENT-PRACTITIONER COLLABORATION
IN NORWEGIAN DAY-CARE INSTITUTIONS
Perspectives from parents with and without children 'with special needs'

Master's in Childhood Studies

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**ABSTRACT**

Through qualitative analysis with basis in a theoretical framework constructed by perspectives from sociology of childhood and Foucault's understanding of discursive power relations, this thesis contributes to in depth knowledge and critical analysis of parental perspectives and experiences with collaboration and communication with Norwegian day-care institutions. Building on concepts introduced in the field of sociology of childhood, childhood is in this thesis understood as a social construction produced and determined through historical and cultural processes.

Drawing on a semi-structured focus group interview and seven semi-structured individual interviews with parents this thesis problematizes the relationship between professional and parental communication and their knowledge and understanding of concepts such as normal/abnormal and 'children with special need'. The aim of these dialogues is to explore parents with and without children categorized as 'with special needs' experiences with parent-practitioner collaboration and how parents with children categorized as 'with special needs' are able to contribute and participate in the process of early identification and intervention of their children.

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The main focus of this thesis are parents[1], with children categorized as 'children with special needs', perspectives and experience with parent – practitioner collaboration in Norwegian day-care institutions. The thesis problematizes the power relation existing within the platform of communication between home and day-care institutions and between laypeople and professionals. In focus is the communication that arises in the process of observing and mapping out children with special needs. Building on concepts introduced in the field of sociology of childhood, childhood is in this thesis understood as a social construction produced and determined through historical and cultural processes (Woodhead & Montgomery, 2003). As emphasized by Prout and James (1990:8) the term childhood is what "provides an interpretive frame for contextualizing the early years of human life". Thus, childhood is not understood as natural phase of life, rather the concepts and perspectives on childhood(s) needs to be contextualized and seen as produced through continuous negotiation and reproduction in a particular time and space (Alasuutari & Karila, 2010). Sociology of childhood introduce some key theoretical perspectives in childhood research and is utilized in this thesis to: critically analyse the traditional academic discourses surrounding children and childhood in early childhood education and care (ECEC); recognize manifold ways in which childhoods are socially constructed and reconstructed (Kehily, 2004); and how perspectives on children and childhood might differ between parents and practitioners. Moreover, Foucault's (1980; 1982; 1995; 2002) theoretical perspectives of discoursive power allow critical exploration of the power relationships that exist in this collaboration. The concept 'ECEC' is used by scholars within the field of early childhood education (Alasuutari, 2009) and is further utilized to refer to Norwegian public and private day-care institutions ('barnehager') composing the institutionalized form of education and care before the age of compulsory schooling in Norway.

ECEC has increasingly become a governmental concern and responsibility in Scandinavian countries (Korsvoll, 2007) and during the last three decades 'ECEC for all' has been the main goal in Norwegian policies. From the beginning of 2009, all children were given the right to

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[1] All informants taking part of this study are biological parents to their children, thus, I have chosen to use the term 'parent' instead of guardian in the title and research question. Instead of mixing the two terms, the term parent is used exclusively as long as cited research has not used different terms.

have a spot in a day-care institution at the age of one year. All municipalities in Norway are responsible for providing them with this opportunity until they reached the age of compulsory schooling (Ministry of Education, 2009a). The result of the increased political focus on the importance of ECEC can be observed in the enrolment statistics. Today, more than 89 percent of Norwegian children from the age one to five years old are enrolled in day-care institutions and the number of children enrolled is increasing (Statistisk Norway, 2011b). According Statistics Norway (Statistics Norway, 2011a) more than 277 100 children were enrolled in different day-care institutions by the end of 2010. This was an increase of 7000 children from the year before.

Contemporary ECEC have increasingly become an important institution in charge of caring for young children, an arena earlier associated with the domain of the family (Andresen, 1998 cited in Borg, Kristiansen & Backe-Hansen, 2008). Practitioners working within ECEC are bound to carry out other political goals such as develop and monitor children's abilities within 'prioritized areas', integration of children from ethnic minorities and inclusion of children with different forms of 'special needs' (Ministry of Education, 2006a). 'Children with special needs' are an important and often used concept in current Norwegian policy and practice within day-care institutions. State policies in connection with day-care institution and school has for several decades revolved around creating equal opportunity for development for all children independent of social background or abilities. Early intervention and assessment of children's abilities were formally introduced in Norwegian kindergarten with the Norwegian pre-school reform of 2005/2006 whereas an increased emphasis on day-care institutions as training ground for lifelong learning been introduced (Østrem, 2007). The increased attention given to learning and children's development in early childhood education can be argued to come as a result of a global 'sense of anxiety and insecurity' (Edwards, 2002). In what Beck (2006:329) defines a 'risk society' governments and research attempts "to anticipate what cannot be anticipated". This insecurity of what the future brings has resulted in a governmental emphasis on children's learning and increase professional observation of children's development with the attempt of discovering 'children with special needs' as early as possible (Ministry of Education, 2006b).

## 1.1 Parent – practitioners' collaboration

There has been a substantial increase in the number of parents that choose to enrol their children in day-care institutions (Statistics Norway, 2011a). However, parents are still

believed to have the main responsibility of upbringing (UNCRC, 1989: Ministry of Education, 2006a). The governmental 'Framework Plan for the Content and Tasks for Kindergartens' states that day-care institutions purpose is to "provide children under compulsory age with good opportunities for development and activity in close understanding and collaboration with the children's homes" and moreover that day-care institutions should "assists home with the care and upbringing of their children, and thereby lay a sound foundation for the children's development, life long learning and active participation in democratic society" (Ministry of Education, 2006a). Based on the framework plan of 2006 day-care institutions represent a complementary environment to home and emphasise the importance of respect for different types of families (Ministry of Education, 2006a). The main platform of parent – practitioner collaborations are through meeting points such as bringing and fetching the child at the day-care institution, parental meetings and formal individual parental conversations.

Aspects on the focus in parent – practitioner collaboration are as stated by the framework plan of 2006 'understanding and collaboration' (Ministry of Education, 2006a). Understanding is referred to as the "mutual respect and recognition of each others responsibilities and task in relation to the child" and collaboration is specified as "regular contact during which reasoning is exchanged" (Ministry of Education, 2006a). Thus, through governmental directions on parent – practitioner collaboration parents are empowered to have a greater saying to ensure that standards are maintained in their children's everyday life in ECEC. However, notwithstanding the political focus on understanding and collaboration in parent – practitioner collaboration, research shows that the increased professionalization in ECEC creates a hierarchic divide of knowledge between professionals and parents (Hughes & Mac Naughton, 2000; Alasuutari, 2010) affecting parents' ability to influence everyday life in day-care institutions (Østrem, et al., 2009).

Several scholars have focused on parent-practitioner collaboration in ECEC from the perspective of practitioners utilizing critical perspectives (Alasuutari, 2010; Alasuutari & Karila, 2010; Alasuutari & Markström, 2011). Moreover, documentation on parents experience with different accounts of the help system is increasing (Fitzpatrick, et al., 2007; Glogowska & Campbell, 2004; Guralnick, Conner, & Hammond, 1995). Nevertheless, small amount of research have focused on parent – practitioner collaboration from parents with children with special needs point of view (with exceptions such as Lundeby, 2008; Lundeby

& Tøssebro, 2008). In focus of this thesis is the lay account repressed by parents' of children with special needs experience and perspectives on parent-practitioners collaboration in ECEC.

Parent – practitioner collaboration is in this context is understood as institutionalized platform of communication which opens up for negotiations, productions and reconstruction of cultural understanding of children and childhood. The fact that most parents with young children are participants in the home - day-care collaboration makes it an interesting social phenomenon for research. Parent-practitioner collaboration moreover constitutes a daily encounter between parental perspectives on their own child and the institutionalized professional perspectives represented by the practitioners.

## 1.2 Aim, objectives & research questions

This thesis focuses on the parental perspectives of parent-practitioner communication and collaboration, with special focus on parents with children categorized as 'children with special needs'. The overarching research question guiding the process of interviews, analysis and knowledge produced is:

*How do parents, with and without children categorized as 'children with special needs', experience the process of collaboration and communication between home and day-care institutions?*

The aim of this thesis is to explore how parents experience the possibility to collaborate in information sharing in different platforms of communication between home and the day-care institutions. Moreover, to explore parents experiences of being heard and given the possibility to collaborate in early phases of indentifying children's special needs and participating in the diagnostic process. To answer the main research question above two sub-research questions are added.

*a) How do parents experience the possibility to participate in information sharing in different platforms of communication between home and the day-care institution?*

This sub-research question is explored in chapter five, which focuses on parent's experiences with communication in parent-practitioner collaboration. This chapter introduce parental perspectives from parents with and without children categorized as 'with special needs'. The second sub-research question is:

*b) How are parents with children categorized as 'with special needs' able to contribute and participate in the process of early identification and intervention of their children?*

This sub-research question in discussed and analyzed in chapter 6, which focuses on parents' collaboration in identification and the diagnostic process of children with special needs'. Perspectives from parents with and without children categorized as 'children with special needs'. However, in focus are parents with children categorized as with special needs. Building on the context in which parents' describe in the presiding analyzing chapter, the collaboration process is in this chapter understood as a meeting between parental knowledge and professional knowledge represented by the practitioners.

Thus, the objective of this thesis is to emphasize parental perceptions and experience with day-care relations whereas majority of attention in earlier research, policies and practice has directed at the professional side. Institutionalization of childhood have created a childhood in which most Norwegian children spend large part of everyday in institutions such as day-care institutions, while parents still are emphasized as with the main responsibility in upbringing.

**1.3 Theoretical challenges and clarifications**

A challenge in this project is how to conceptualize the category of children often referred to as 'children with special needs'. 'Children with special needs' is an umbrella term in which is used for children that in some way or another are in need for special help, often from professionals, to acquire necessary knowledge and skills (Sjøvik, 2002). Governmental documents and reports actively use the term 'children with special needs' and children with the need of special attention and support (Sjøvik, 2002) without defining what it actual means to be a child with special needs. As stated in the 'Framework Plan for the Content and Tasks for Kindergartens': "Kindergartens have a particular responsibility for preventing potential problems and for discovering children with special needs" (Ministry of education, 2006:12). Discovering children with special needs are in line with the main purpose of kindergartens, namely that each child is provided with good opportunities for development "regardless of their age, gender, level of function and social and cultural background" (Ministry of education, 2006:8). Thus part of the responsibility of kindergartens is to not only discover 'children with special needs' but also design special programme for these children and adjusting social and pedagogical aspects of the kindergarten to fit the individual child.

The heterogeneousness of the group of children often categorized as 'children with special needs' has been used as an argument for the need to not define the category (Sjøvik, 2002). As highlighted by Sjøvik (2002) there might be large differences between how governmental institutions, professionals and parents perceive which criteria that should be focused on when identifying a child with special needs. In this research project, parents of children with special needs are indeed a heterogeneous group, however, what they have in common is that their child have been categorized as in need of special attention and help from the day-care personnel. Most of the parents have also been in contact with several public institutions in the process of observation and mapping out the extent of their child's 'special needs'.

While social studies of childhood, social constructivism and discursive power structures constitutes the theoretical framework, were different perspectives of disability and Goffman's (1990) notion of social stigma found necessary to include as theoretical goggles in an attempt to analyse and explore the experiences and perspectives presented by the parents.

**1.4 Structure of the thesis**

To begin with, chapter 2 '*Institutionalization and professionalization of early childhood education and care in Norway*' aims to trace the development of institutionalization and professionalization of early childhood education and care in Norway. The chapter draws with a large pensile the overall picture of the historical perspectives of childhood education and care and gives a brief introduction of the contemporary situation and debates within the field of interest. Leading on to chapter 3 '*Social construction of Normality, Children and Childhood*', which sets out the overall theoretical framework, drawing on three principal theoretical perspective sociology of children, social constructivism and Foucault's ideas about discursive power relations, which provides the basis for underlying structure for analysis and discussion. Research is moreover introduced to highlight earlier finding within the field of research. Chapter 4 is the methodological chapter outlining the ways in which the research was conducted. This chapter briefly highlights some of the methodological and ethical challenges that aroused in the research process. This thesis then moves on to the chapters constituted by analysis and discussion. Analysis and discussion is divided into three chapters: chapter 5 and 6. Chapter 5 This chapter explores parents' perspectives and experiences with different platforms of communications in parent-practitioner collaboration, ways in which experiences and advice is shared between the two spheres and how they utilize different tools in to tell stories of children's everyday in day-care. In chapter 6, the focus is directed at

parents experience and collaboration within the process of diagnostic and mapping out children with special needs. Finally, the concluding chapter draws out more of the salient themes and findings underlying the thesis, and will assess their implications in relation to further research.

**CHAPTER TWO**

**BRIEF HISTORICAL INTRODUCTION TO ECEC IN NORWAY**

This chapter gives a brief introduction to ECEC in the Norway context. Different understanding and ideas about children and childhood affect the way children are treated, the expectations towards them and the role they play in society. Through historically construction of discourses (Foucault, 1980), the way we perceive people, behaviour and social interactions, becomes socially constructed knowledge in which we organize and categorize our perception. Even though the contemporary concepts of early intervention and 'children with special needs' are relatively new concepts within Norwegian day-care institutions, the practice of early intervention for children with special need is far from new when explored through historical perspective of institutionalization and professionalization of ECEC. Exploring the history of ECEC in Norway give insight into changes seen in institutionalization of early childhood and how changes in children's early childhood has become grounded in inter-relationships between the triangle of parent, children and state (Mayall, 1996).

**2.1 Institutionalization and professionalization of ECEC**

The industrialization experienced in the 1920's is argued to the beginning of private institutions for ECEC (Korsvold, 2005). Starting with the asylums in midst of eighteen hundreds, practice of education and care in early childhood was governed by intervening in children's everyday life to 'help the needy' (Sjøvik, 2002). Middle-class women whom organized themselves into small organization to help out children from 'poor families' were often the once to create the asylums (Cunningham, 2005). These asylums were based on the ideas of helping mothers with the upbringing of the their children while they were at work and furthermore to help the overall society by creating an institution that controlled and help out in raising these 'poor children' properly (Cunningham, 2005). The asylums also served as institutionalized surveillance of the both children and families from the lower class of society. The pedagogy was largely governed by moral and religious development with the objective of teaching children the proper norms, behaviour and skills to be well functioning participants in society (Sjøvik, 2002). These private organizations were the beginning of what should later on become governmental institutions of childcare.

While the asylums developed as social measurements in response to an increased awareness of people in poverty and need, the first kindergartens in Norway were based on the ideas of

the German pedagogue Friedrich Fröbel (Korsvold, 2005; Sjøvik, 2002). This reorganization of institutionalization of ECEC from asylums and crèches towards Fröbelian childcare institutions was seen in Norway in 1920-1930. Friedrich Fröbel has been said to be the father of kindergartens (Sjøvik, 2002), whereas his thoughts on pedagogy were developed in an era governed by romantic ideas surrounding children and childhood. One of the objectives of the German pedagogue was to develop a practice of one school for all, whereas kindergartens should constitute the basis for an educational system for all (Sjøvik, 2002). However, he emphasized that kindergartens should be based on the concerns of the children, rather than the society as a whole and that the mandate for kindergartens should be different than that of schools (Sjøvik, 2002). Because of the limited opening hours and the enrolment fee often found in kindergartens, this became a pedagogical pre-school category reserved for the better of families, while poor families was left with the asylums or crèches where the children stayed the whole day (Korsvoll, 2007; Sjøvik, 2002).

### 2.2 ECEC in Norway from 1950 – 2004

A minority utilized day-care institutions as late as the 1950's, however a discussion had started on the need for increased institutionalized childcare. At the centre of the discussion was the need for an increased working force that included women. This lead to an increased need for a pedagogical offer for the children (Sandbæk, 2002). The institutionalized childcare initiated a discussion on whether or not this was in the best interest of the child and which consequences it will have for families and the Norwegian society as a whole (Myhre, 1994 cited in Sandbæk, 2002). As late as 1970's only 5 percent of all Norwegian children were allocated a space in day-care institution (NOU, 1972, cited in Sjøvik, 2002). Large changes within the provision of policies and institutions related to the structure of ECEC emerged during the late twentieth and early twenty-first century in Norway.

The 1970's stands out in regards institutionalized care for 'children with special needs' (Sjøvik, 2002). Until the 1970 there were no political document directed at preschool children with special needs. Rather, Sjøvik (2002) argues that there existed a governing idea that small children with different forms of special needs were not able to make use of education. Thus, before 1970's help directed to these children were often based on medical intervention.  It was not until 1970 – 1980's that there was a restructuring of special education in Norway. Before the first Norwegian law focusing on structuring of day-care institutions came in 1975, also

referred to as the law of integration[2], children were largely enrolled in 'special institution' based on their 'primary disability'. With the introduction of the new integration law of 1975 preschool children diagnosed as with special needs were given the rights to special pedagogical help and the institutional categorizations of children by certain kinds of disability were recognized as problematic (Sjøvik, 2002). The perception was still that children with special needs should be enrolled in special institution, but that a number of children without special needs should be enrolled in the same institution so that a 'normal environment' was created. With the law of 1975, children with special needs were moreover given priority in enrolment as long as they could benefit from it (Sjøvik, 2002).

With the introduction of the Framework plan for Norwegian kindergartens of 1995/1996 the first pre-school reform was introduced in Norwegian. The introduction of a state governing political reform was welcomed by many practitioners and seen as increased recognition of pre-school teachers professional status (Østrem et al., 2009; Østrem, 2007). Moreover with the educational reform 97 compulsory education started from the age of six. This resulted in increased space for younger children in day-care institutions (Sandbæk, 2002).

**2.3 Integration of ECEC into the overall educational system.**

In 2006 the responsibility of early childhood education was transferred from the Ministry of Children- and Family to the Ministry of Education (Ministry of Education, Unknown) with the aim of integrating ECEC in the overall educational system (Johansson, 2010). With the introduction of the Norwegian pre-school reform of 2005/2006 an increased emphasis on day-care institutions as a training ground for lifelong learning was introduced (Østrem, 2007). Through this reform the link between early child education and the overall educational system was strengthened, changing the focus from care and upbringing towards more formal learning (Thoresen, 2009). The focus of lifelong learning needs to be seen in connection with larger international ideas surrounding young children and their place in education and care. In 2001 the Organisation for Economic Co-operation and Development's (OECD) introduced the comparative report 'Starting Strong: Early childhood education and care', focusing on key elements of ECEC policy in reaching the aim of "making lifelong learning a reality for all" (Organisation for Economic Co-operation and Development , 2006). This included education for the youngest children. As schooling won acceptance as the appropriate passage from childhood to adulthood by late nineteenth century (Schrumpf, 1997), institutions for ECEC

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[2] In Norwegian Integreringsloven

has now won the acceptance as the appropriate place for the passage from toddlers to age of compulsory schooling.

The reform of 2005/2006 can be argued to come as a result of increased marked competition and the need for highly educated people securing the nation in the future. As explicitly empathized by the Minister of Education report no. 44 introduced in 2008/2009, to create a situation whereas all people have equal opportunity to take higher education, the starting point to create equality and lifelong learning requires early intervention. Thus strengthening formal primary education through schools and day-care institutions was found needed. Moreover it highlights that the principle of early intervention is based on that we should act as soon as a problem arise (Ministry of Education, 2009). The focus on life long learning in early childhood education and care created a debate within the professional field of child care institution, with the minority being scholars that was sceptic to the new focus (Thoresen, 2009; Østrem, 2007). In her article on educational policies within childcare centres, Thoresen (2009) reflect around how the new reform raised new questions surrounding the role of childcare centres within the education system. She argues that the mandate of childcare centres has been different than what found in schools and increase focus on learning might change the focus from care and upbringing towards more focus of evaluation and assessments of the individual child (Thoresen, 2009). Contemporary policies directed at Norwegian day-care institutions are still focused on a combination of social and pedagogical elements based on the history of institutional day-care for children. However, where there were a divide earlier, today the two elements are melted together to constitute the mandate of day-care institutions.

The brief historical introduction depictures a change in childhood and responsibilities. From children and childhood being a matter of family estate to an alter focus where children and childhood are a shared responsibility of state and parents (Mayall, 1996).

# CHAPTER THREE
## SOCIAL CONSTRUCTION OF NORMALITY, CHILDREN & CHILDHOOD

In focus of this thesis is the collaboration constructed through parent-practitioner interaction within ECEC institutions. The governing theoretical perspectives utilized in this thesis are based on concepts introduced within the field of sociology of childhood and social constructivism. Foucault's (1982; 1995) ideas on discursive power relation provide a second set of theoretical concepts. Through the perspectives of social constructivism the world and the knowledge that we produce from it is understood as socially constructed. It is through human interaction and human relations with other institutions in society that knowledge is constructed (Markström, 2005). Deconstructive and structural sociology of childhood are two of three strands that have developed within research taking children as their focus (Mayall, 2002). Theoretical perspectives introduced in the strand of deconstructive sociology of childhood focuses on various discourses surrounding children and childhood (Jenks, 1996; Mayall, 2002) and is utilized in this thesis to analyse how different discourses are used by practitioner and parents to define and understand children and childhood. Structural sociology of childhood on the other hand highligts childhood as a permanent social category in society (Qvortrup, 2002) where the institutionalization of ECEC is analyzed in relation to how everyday life of parents and children are constructed in parent-practitioner collaboration. Thus the conceptual and theoretical framework introduced in this chapter is composed of various concepts and perspectives introduced by scholars within the field of social construction of normality (Eriksen, 2006; Foucault, 1995; Solvang, 2006) and childhood (Jenks, 1982; Prout & James, 1990; Woodhead & Montgomery, 2003).

This chapter is further on divided in five sections. 1) First in focus is childhood and discourses as theoretical concepts. Special attention is given to how perspectives of the child are constructed in developmental psychology and socialization theory. 2) The second section highlights ECEC as an institution and the structures of agency existing in parent-practitioner collaborating. This section explores research and concepts in relation to interaction between agents and structure and construction of platforms of communication between parents and practitioners. 3) The third section explores the construction of normality. 4) The fourth section introduces three models of disability often used in research focused on disability. These models are used to understand and explore practitioners and parents' perspectives on 'children with special needs' in the analyzing chapter. 5) The fifth section is concerned with

the concept of social stigma as introduced by Goffman (1990) and was found necessary in order to explore parental fear of difference and worry for their child.

## 3.1 Childhood and discourse as theoretical concepts

How childhood is constructed normalizes the ways in which the child is understood, talked about and the practices directed at them (Popkewitz & Brennan, 1998). During the past decades there have been a considerable increase in the attention directed at children as social agents worthy of being studied in their own right within academic circles (Prout & James, 1990; Qvortrup, 2002; James & James, 2001; Jenks, 1996). This paragdime of sociology of childhood as developed as an respond to mainstraim research that focused research on childhood (Qvortrup, 2002; Prout & James, 1990). As emphasized in the introduction, building on the perspectives introduced within the field of sociology of childhood, 'childhood' is in this thesis understood as an important theoretical concept and analyzing factor when studying 'the child' constructed in parent-practitioner collaboration in ECEC. As highlighted by Jenks (1982: 11): "The child status has its boundaries maintained by through the crystialization of conventions into institutional forms like families, nurseries, clinincs and schools, all agencies specifically designes to process the status as uniform entity". Thus, concepts of childhood transcend between social spaces: between home and institutions, parents and practitioners. However, concepts of childhood do not necessarily concur, rather they embody varied notion of childhoods that are related to temporal and spatial contexts (Moss, Dillon, & Stathman, 2000). This diversity of childhoods come as a result of adults and children constructing their own understanding of what childhood is and should be through discourses (Moss, Dillon, & Stathman, 2000). The recognition of different perspectives on children and childhood is regarded as important in analyzing parents' perspectives and experiences with the parent-practitioners collaboration. Thus, rather than understanding childhood as a universal and natural phenomena, childhood is understood as a social construction produced and determined through historical and cultural processes (Woodhead & Montgomery, 2003).

Every discipline of knowledge relies on certain discourses that govern the way we think. The concept 'discourse' is further on understood as:

> "…a whole set of interconnected ideas that work together by a particular ideology or view of the world
> …each of which draws upon its own particular knowledge-base, works from its own particular set of
> assumptions, offers its own explanation of 'how the world works' and incorporated its own set values and
> ethics" (Montgomery, 2003:47).

Education, pedagogy and ECEC are not perceived to be overarching disciplines by themselves but sub-disciplines which rely its knowledge on several other disciplines such as history, psychology and sociology (Hoskin, 1993). Contemporary policies and practices in ECEC are historically, socially and politically rooted and based on certain knowledge of children and childhood that is inspired by developmental psychology and sociology. To understand the basis of practices and policies directed at children in ECEC today it is important to explore the construction of these discourses and how they are intertwined in constant power relations. Discourses are constructed as a result of a mix between external and internal control (Bevir, 1999). Foucault argues (1980: 93):

"…in any society there are manifold relation of power which permeate, characterise and constitute the social body, and these relations of power cannot themselves be established, consolidated nor implemented without the production of, accumulation, circulation and functioning of a discourse. There can be no possible exercise of power without a certain economy of discourses of truth which operates through and on the basis of this association"

The economy of discourse is a result of negative and positive effect of power (Bevir, 1999). External control of knowledge excludes different perspectives from a discourse by identifying them as unintelligent, false or insane (Bevir, 1999). Internal control is maintained by acknowledgement of certain kind of knowledge, it defines rules of production of statement creating boundaries between discourses and insisting on 'the intellectual authority' (Bevir, 1999). Discourses and 'truth', by the way they are constructed, become tools in which we use to comprehend the social world and constitute our perception of the social body, making it possible to construct ideas of children and childhood and create distinction between normality/abnormality and ability/disability. In their critique of developmental psychology Prout and James (1990) emphasizes how the psychological discourse have governed research on children. How perspectives of the child are constructed in the discipline is discussed further on in this section.

### 3.1.1 Perspectives of childhood in developmental psychology

The developmental psychology frameworks of childhood is based on the understanding of childhood as something rational, natural and universal (Prout & James, 1990). One of the formost scholars within the displine is Jean Piaget (1886-1980). By observing children through different eksperimental exercises he developed a cognitive developmental theory

classifying children cognivite development into certain age dependent stages. Rather than to developed gradually children are believed to develop in stages, where each stage is defined by certain transformation (Woodhead & Montgomery, 2003). Developmental psychology depictures that child as a subject of growth and maturity often linked to cronological age, where the child develops from being a incompotent child towards becoming a compotent adult (Woodhead, 2003). The stages as decribed by Piaget are temporal and hierarchical arranged, where the child moves from the low status of infantil toward the high status of the adult (Jenks, 1982). By identifying age-depentent growth, 'normal' development of children can be measured and deviancy can be detected. Differences are recognized to be depentent on gender and social, however the emphasis is on development at a universal truth in which all children follow (Woodhead, 2003). The social transformation from a child to adults is in this discourse understood as based on natural growth and childhood as 'structured becoming' (Jenks, 1982). As they grow they are in this discourse believed to move from simplicity to complexity and from being irrational children to rational adults (Prout and James, 1990).

### 3.1.2 Social construction of childhood

By critically analyzing perspectives of childhood introduced in developmental psychology, Prout and James (1990) argue that many concepts used to understand children and childhood are problematic. As highlighted by Prout and James (1990: 7):

> The immaturity of a child is a biological fact but the ways in which that immaturity is understood and made meaningful is a fact of culture…It is these 'facts of culture' which may vary and which can be said to make of childhood as a social institution. It is in this sense, therefore that one can talk of the social construction of also…of its re-and deconstruction…Childhood is both constructed and reconstructed both for and by children.

Social construction of childhood emphasizes the 'children' and 'childhood' are socially constructed rather than facts of nature (Woodhead & Montgomery, 2003). Foucault's (1980) focus on discursive power the de-constructive research within the field of sociology of childhood (Woodhead, 2003) bring into light how contemporary knowledge and truth surrounding children and childhood are historically and socially constructed. Social construction of childhood explores how perspectives of children and childhood are contextually constructed and that different understanding of childhood can exist simultaneously. Thus, there exists no 'one childhood' that are universal for all children, rather different perspectives of children and childhood is produced in different cultures and can also

be perceived differently by people within the same culture. In relation to home and day-care cooperation this implies that parents expectations and experience with their children does not necessarily correspond with the professionals' expectations and experiences that the children and parents meet in day-care institutions.

Prout and James (1990) highlights that research on childhood should treat the concepts as an interpretive frame. Childhood is in this perspective a contextual frame "for early years of human life" (Prout and James, 1990: 8). Within this frame children's status and the their meaningfulness is constructed by their location in society and the discourses the surrounds them (Jenks, 1982). Within the perspectives introduced by the social construction of childhood it becomes important to take into consideration the construction of cultural politics governing institutions directed at children and to explore the specific cultural context in which perspectives of children and childhood are constructed and reconstructed (Nilsen, 2008). Cultural policies in focus of my thesis are the Norwegian policies directed at ECEC, with particular interest in the aim of early intervention and early diagnostic of children. Policies are never neutral or value free value or without normative implication. As will be highlighted further on in this thesis, as much as it creates a framework for parent-practitioner interaction it also have great implications for the construction of certain perspectives on children and childhood.

### 3.2 Institutional interaction; structure and agency

This study explores ECEC institutions and agents within it from the perspectives of parents. The theoretical and analytical framework introduced is colored by several governing concepts, such as; agents and agency, represented by parents and practitioners; political policies and institutions' culture and rutines; and parent-practitioner collaboration, which constitutes the meeting point between the above. Exploring subjects interaction within institutions becomes an analysis of subjects within power relations. Foucault argues that subjects, as with discourses, "is produced by the external and internal constrains of regimes of power" (Bevir, 1999: 349). The terms 'parents' and 'practitioners' within this line of thoughts becomes constructed identities within a network of power. Thus, within the ECEC institutions perspectives on practitioners and parents exists in an interdependence. This interdependency come as a result of the shared responsibility of children introduced in governmental policies directed at ECEC, the practices that arise at the indidvidual institution and perspectives shared in parent-practitioner collaboration. As much as children, parents and practitioners are

socially constructed in the meeting points between political documents, practice and collaboration, the institutional notion of ECEC is also constructed as an result of this shared agency in and responsibility of childcare. Thus, ECEC institutions and the institutional practices and rutines are further on understood as both constructed by people and structures (Markström, 2005). Agency is understood as an relational term and does not refer to the intentions that agents have for doing things, but "to their capability of doing those things in the first place" (Giddens, 1984; 9). Agency relats to having the power to take action and is something that is constructed within a specific context situated in power relations.

> "…to be an agent is to be able to deploy (chronically, in the flow of daily life) a range of causal powers, including that of influencing those deployed by others. Action depends upon the capability of the individual to 'make a difference' to a pre-existing state of affairs or course of events. An agent ceases to be such if he or she loses the capability to 'make a difference', that is, to exercise some sort of power." (Giddens, 1984: 14).

Using agency as a analytical concepts in relation to parental agency in parent-practitioners collaboration is to analyze parents possibility and/or capability to employ influence and action within the platforms of communicattion that arise in institutionalized structures of ECEC. As emphazises by Markström (2005), the institutions do nothing but to create the framwork of which the interaction take place. Within this framework culture and other social factors such as acknowledgement and power structures becomes important. Parents-practitioner collaboration become interesting in that it is constructed by the interrelationship that binds together ECEC as a structure and the agents within it (Markstrøm, 2005).

Several scholars focuses on how perspectives on children and childhood are constructed and reconstructed in different childcare institutions and how childhood needs to be seen in relation to social structures (Alasuutari, 2010; Alasuutari, 2009; Alasuutari & Karila, 2010; Alasuutari & Markström, 2011; Mayall, 1996; Markström, 2009; Markström, 2005). Childhood is fundamentally relational (Alanen, 2001; Qvortrup, 2002) and through social practices such as parent – practitioner collaborations notions and perspectives of children and childhood are negotiated (Alasuutari & Markström, 2011). The concept of childhood and how we perceive children exist in an interdependency with the conception of adulthood and adults (Alanen, 2001). Childhood as a generational phenomena highlights that children are always situated in relation to adults as adults are situated in relations to children. Moreover, when exploring

perspectives of childhood in parent-practioners collaboration it is also important to recognize the relational difference between the personnel-child relation and parent-child relation, in which constitutes two different relational conception between adulthood and childhood. Qvortrup (2002) argues that institutionalization of childhood represent both de-familiarization and individualization of the individual child. Being a child in ECEC is not the same as being a child within the family and a feasible assumption is that the perspectives and emotion directed towards the child differ between the two. Within the educational institution the child is one of many and replaceble, while the child is often one of few and inreplecable in the family (Qvortrup, 2002). Moreover while practitioners working in ECEC institutions have well defined purposes with limited parts of children's lifes, the childcare within the family represent an informal group with lifelong concern and care for the child. Enrolment in institutions such as ECEC and school represents an individualization of children in that they become agents that 'represents themselves' in institutions outside the family (Edwards, 2002; Qvortrup, 2002). Edwards (2002) argues that individualization of childhood is illustrated by emphazise on children as social agents that shape their own life and responsible for constructing their 'own self'. Young children in Norway often spend their everyday life between the institution of the family and day-care institutions and their actions both shape as well is shaped by how childhood is constructed within the two spheres (Edwards, 2002). Rose (1990 cited in Edwards, 2002:12) argues that "autonomy is thus not completely unregulated; rather the site of control and governance shifts from the familial and the institutional to the subject of self".

3.2.1 Platforms of communication

Through governmental policies practitioners are given the responsibility for giving parents the information needed to collaborate in decision-making at the individual day-care institution (Ministry of Education, 2009b). The collaborative situations are moreover specified to be built on reciprocal respect and recognition of the divide of responsibility between home and day-care institutions. Collaboration between home and day-care institutions is defined as "regularly contact whereby information and reasoning are exchanged" (Ministry of Education, 2009b: unknown). Different platforms of communication become important to prompt collaboration and partnerships between parents and professionals at the day-care institutions.

Conversation with parents is one of the methods used to facilitate cooperation between home and day-care institution and is according to Druglie (2008) the platform of communication

that serve as a backbone in cooperation with parents. Conversation between parents and the practitioners at the day-care institution is seldom an isolated phenomenon; rather it functions as a part of the overall collaboration. Conversation can take many forms and different forms of conversations are often structured differently. Eriksson (2010) distinguish between several lines of communication platforms between home and day-care institutions: introduction meeting, daily contact in bringing/fetching situations, phone calls, monthly letters of information and/or information on whiteboards, parental visits/week, parental meetings and individual parental conversation. However, when and how much they are used depends on the individual day-care institution and the situation of the child. According to the Ministry of Education (2009) parents are generally pleased with the amount of information that they receive from the institutions. TNS Gallup's parental survey from 2008 found that the majority of parents strongly or partly agreed to that the day-care institutions informed parents on the daily life within the institution (Ministry of Education , 2008).

A natural meeting point is when children are brought to the day-care institution by their parents and then again when parents arrive at the end of the day to fetch their child again. These settings allow the parents and personnel to exchange information immediately with each other and to share experiences or information that they find meaningful to exchange. These conversations needs no appointment and are regarded as great opportunity to bring up everyday life experiences that might ease the transition for the child from home to the day-care institution. According to Berg and Fagerli (1978) these setting are important instruments in letting parents bring up topics that are of interest to them. Moreover are these forms of informal conversation the easiest to facilitate and the most widespread form of collaboration. However, other platforms for collaboration and conversations are needed. The information given in these settings often deals with matter of everyday life and sensitive information regarding parenting or sensitive information about the child might be avoided. Bø (1988) found a tendency for shying conflicts in these forms of conversation. Druglie (2008) argue that many parents does not know what is expected of them by the day-care institutions and many parents shied away from collaborating with the practitioners because they did not want to bother the employers or they are frighten of being seen as nagging or criticising. Markström (2005) moreover highlights how the structures of ECEC both opens up of parent-practitioner collaboration as well as constructs boundaries.

Parental conversation[3] is a platform of communication that opens up for private conversations between the parents and the practitioners. Parental conversation have been rarely studied in an Norwegian context. However there have been several studies in other Scandinavian countries such as Sweden and Finland (Alasuutari, 2009; 2010; Alasuutari & Markström, 2011). These conversations are often arranged by practitioners twice a year, but parents can also initiate a meeting if there is a topic that they would like to discuss. In her research on parent-practitioner interaction and early education in Finland Alasuutari (2009:116) found that interaction between parents and practicitioners within the parental conversations were often based on the assumtion of assymetry of power and ability to share knowledge about the child. Practitioners were often given most space in discussions and the communication furtheremore opened up for 'problem solving of in parental issues' (Alasuutari, 2009; Gars, 2002). Alasuutari (2010) also found that potential disagreement on the part of parents in these parental conversations were perceived by the practitioners as a problem. This is also reflected in educational books focusing on the 'difficult conversation' between parents and practitioners (Druglie & Onsøien, 2010).

Studies show that parents are generally pleased with collaboration with day-care institutions and school (Nordahl & Skilbrei, 2002; Ministry of Education, 2009b) and in average parents appraise their possibility to take part in decision-making relatively well (Bjørngaard, 1995). The relatively high feeling of content can, according Druglie (2008), be explained by parent's low expectations of the collaboration. Even though parents are generally pleased with the everyday cooperation with the day-care institutions, Bjørngaard (1995) found that few parents actually took an active part in decision-making and practitioners at the day-care institutions are often the once to initiate this form of collaboration. Druglie (2008) reports that of the 25 percent of the parents that express their discontent with the collaboration, many are found to have little contact with the day-care institutions. They report that they felt that they did not get enough information, did not feel welcome and that their children did not get along with other children at the centre (Druglie, 2008).

### 3.2.2 Relational power structures

Power is not located a single place but is everywhere, "it is the apparatus as whole that produces 'power' and distributes individuals in the permanent and continouse field" (Foucault, 1995:177). Power is embedded into social structures, institutions and texts

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[3] In Norwegian: Foreldresamtaler

consisting of what we perceive to be authoritative discourses, knowledge and truth (Bloch, et al., 2003). Moreover as highlighted by Caputo and Yount (1993:4-5) "Institutions are the means that power uses, and not the other way around … It is always a question of analyzing institutions from the standpoint of power, and not of analyzing power from the standpoint of institutions". The power that lies in discourses, as we experience them today, is a power that became imbeded in the discourse throughout time.

To research power relations in parent-practitioners collaboration is then to explore whom are favored in decision making regard the best interest of the child and further intervention, and how values and norms are destributed through decitions constructing a context of dominator and the dominated (Popkewitz & Brennan, 1998). In their review of earlier research conducted within the field of parent-practitioner collaboration in ECEC, Hughes and Mac Naughton (2000) use the concept of 'othering' to analyse the power relation presented in the studies. Their analysis indicated that the problem of power disparity found between parent and practitioners knowledge came to be by the constant 'othering' of parental knowledge by the practitioners working at the institutions (Hughes & Mac Naughton, 2000). Othering can be defined as "the meaning of something by situating it in a binary relationship with an 'other', i.e. with something that it is not" (Hughes & Mac Naughton, 2000:242). In parent-practitioner collaboration othering arise when the professional 'objective' knowledge of 'the developing child' represented by the practitioner is perceived and defined in contrast to the 'subjective individualised' parental knowledge. According to their review, 'othering' by the practitioners were found by: a) viewing parental knowledge of their child as inadequate, whereby the writers promoted parent envolement and guidance programs; b) viewing parental knowledge as supplementary, rather than complementary to practitioners knowledge; c) viewing parental knowledge as unimportant (Hughes & Mac Naughton, 2000). The last form of othering were also represented by the lack of acknowledgement given to parental knowledge in earlier research focusing on parental involvement.

### 3.2.3 Productive power

The discoursive power both prohibits as well as function as productive in relation to power (Caputo & Yount, 1993). Monotoring the public, families and children increased in efficiency with the introduction of public institutions for ECEC. As power relations written into institutions, childcare institutions determine several pedagogical norms directed at children and their families. The way that the system of education and care is constructed and the

practices that follows serves as excellent survellaince mechanisme of both public health and parental child-care strategies. This way power becomes productive in developing functioning 'future social citizens'. Through the changes of the discourse of difference, disabilities and children with special needs and the resulting practices found in ECEC, we can see how children with special needs have always been given a special priority in ECEC, however how we 'takle the problem' have changed. From leaving children with special needs in asylums or schools for disabled we are now incoporating them it to 'normal' schools and day-care institutions. Children that are categorized with special needs are believed to need extra pedagogical attention and afford to make sure that the child is given the possibilty to develop and succeed to the best of her ability. The efford is still focused on transforming and conforming the child within the system of ECEC, making sure that she adapts to the educational system, that she is brought back into mainstream and made ready for what the future brings in school. Testing and mapping out children's development in ECEC is also argued to be based on ideas of rationalization and economic cost-benefit analysis (Johansson, 2010). With increased focus on pedagogical resources and developing better tools of measurements, early intervention becomed power relations turned into action and increasing the productivity and efficiency of surveilance (Foucault, 1982).

## 3.3 Construction of normality and deviancy

Every society is marked by limitations on what is commonly understood as normal behaviour and a process of censor, and at times criminalizing abnormal and unaccepted behaviour (Eriksen, 2006). Societies establish norms and categorize people with certain attributes perceived to be natural for members of each of the categories (Goffman, 1990). Introduction of methods that made it possible to statistically measure and quantify population in the 1700s established tools in which professionals could use to define the average, normal distribution and standards deviation of a population (Eriksen, 2006). These instruments of surveillance and measurement of the population, and with it normalization, became important instruments of power and characteristics earlier associated with status and privilege becoming replaced with 'degrees of normality' creating a homogeneous social body for the population (Foucault, 1995:184). In relation to children, norms were constructed by categorising children by intelligence, physical development and abilities based on research on children from middle and upper classes living in rural areas (Cunningham, 2005). These forms of normalization of characteristics of middle and upper class played a part in classification, hierarchization and ranking of wanted proper behaviour and development among children. Foucault (1995)

moreover emphasize how these forms of power both imposes homogeneity and makes it possible to measure gaps, quantify deviation, determine certain levels or stages to be met within a set of time limits and observe to what degree children follow or deviate from this idea of 'normal development'.

### 3.3.1 Early intervention: normalization, power and equality in ECEC

State policies in connection with day-care institutions and school have for several decades revolved around creating equal opportunity for all children. With the introduction of the Norwegian pre-school reform of 2005/2006 the term early intervention in ECEC was formally introduced. The Norwegian pre-school reform of 2005/2006 emphasizes day-care institutions as training ground for lifelong learning (Østrem, 2007). Early intervention is reach by implementing strategies "which are designed to make a difference to children's later educational achievement" (Nutbrown, 2006). The political legislation of early intervention is an example of the notion of developmental psychology and socialization being inscribed in the practice of ECEC (Prout & James, 1990).

Important in early intervention is the belief in the possible change of bodily behaviour and ability. With new social science of measurement researcher were not only able to accumulate knowledge of how we develop and to create measurements for normal development; but it also created a belief that the human body could be transformed, trained and changed (Foucault, 1995). Human Sciences 'discovered' the body as object that could be formed through training and discipline, that created a belief in the 'docile body' in which joined the idea of a body that could be analyzed with the 'manipuble body' (Foucault, 1995). Strategies within early intervention in ECEC are dependent on early assessment of children's knowledge, comprehension and abilities so that future interventions and teaching steps can be appropriately planned and implemented for the child (Nutbrown, 2006). These strategies of surveillance of children's development by measuring them according to the majority of other children within the same age range creates institutionalized forms of normalizing children (Foucault, 1995) through implementing the gardening approach as described by Lee (2001). By identifying children as "embodying the future" children are found to need special treatment (Lee, 2001: 27) and by formally introducing the term early intervention in policies the state is taking an active part in controlling children's development with the aim of social equality. Thus, through the concept of early intervention the power of political rationality implement and actualizes itself into practices observed in ECEC affecting the everyday life of children as well as their parents.

3.3.2 Surveillance through application of tests

Three main forms of tools often used in ECEC for identifying children's competence and knowledge, and subsequently children with special needs, are; observation, mapping and tests (Gjems, 2010). The focus of these screening tools is based on maturity and aged dependent developmental stages and become tools of surveillance and domination. An important formula of domination and surveillance is what Foucault refers to as 'seriation' and capitalizing time (Foucault, 1995:157). By measuring average development within a set time period, the idea of normal development becomes mechanism for surveillance.

> "It is this disciplinary time that was gradually imposed on pedagogical practice – specializing time and mastery; arranging different stages, separated from one another by graded examinations, drawing up programmes, each of which must take place during a particular stage and which involves exercising of increased difficulty; qualifying individuals according to the way in which they progress through these series. A whole analytical pedagogy was formed, meticulous in details (it broke down the subject being taught into its simplest elements, it hierarchized each stage of development into small steps...)…" (Foucault, 1995:159).

Within contemporary institutionalized ECEC, the focus on early intervention and mechanisms for surveillance has become important tools used to observer children's development and family practices with the aim of creating equal opportunities 'for all'. It is the institutionalization process and individualization of children that make early intervention possible. Institutionalization results in a paradox as presented by Turner (1986a, cited in Qvortrup, 2002) "it makes everybody the same while making everybody entirely different". Children through ECEC are met with similar pedagogical practices and they have the right to be treated as equeals. Equality is not only a individual right by a overaching goal, it also used to justify bureacratic control and introduce mapping children's abilities as a necessary (Qvortrup, 2002). Qvortrup highlights a parodox that follows institutionalization and indivdualization. While children becomes the object of evaluation, comparing and testing based on the notion of equality, these processes also "subjects them to a regime which cannot and will not give way to an individualism contravenining the the rules of the institution" (Qvortrup, 2002: 25). Thus, by focusing on equality the aim is to change the individual child and not the institutionalized structures of ECEC.

> "The seriation of successive activities makes possible a whole investment of duration by power: the possibility of a detailed control and regular intervention (of differentiation, correction, punishment, elimination) in each moment of time; the possibility of characterizing, and therefore of using individuals according to the level in the series that they are moving through; the possibility of accumulating time and

activity, of rediscovering them, totalized and usable in final result, which is the ultimate capacity of an individual" (Foucault, 1995:160).

The techniques of observing children's development and behaviour maps out certain features of the 'interior' of the child and parental child-care practices and makes them visible and comprehensible, making the child and families objects for governing and intervention (Popkewitz, 2003). This pedagogy of testing and observing children is to a large degree based on the idea that there exist accepted, wanted, normal behaviour among children, and by testing and observing them, practitioners can analyze and make judgement on whether or not the children meet the 'requirements'. What before was based more on 'common knowledge and experiences' of the individual group of practitioners have now become more formalized and professionalized by introduction of structured tests. While mapping out normality among children in ECEC often is presented as neutral and objective by referring to statistics it is on fact social judgments based on a constructed value system using interpersonal value judgements in differencing between desirable/undesirable, normal/abnormal and good/bad (Swain & French, 1998).

Interpersonal judgments infiltrate the entire process of identifying children's knowledge and abilities. In the process of observing a child's behaviour it is the individual preschool teacher who defines what he/she is look for and who chooses the context in which the observation is to take place (Gjems, 2010). Mapping out children's knowledge and competence are often based on structured forms that the preschool teacher use as goggles to analyse the child's behaviour. Using mapping tools in observation limits the behaviour observed down to what is defines in the forms used. Thus, for preschool teachers to utilize the tools the individual preschool teacher has to interpret and translate what he/she observes to fit the forms used (Gjems, 2010). Tests are more structured evaluation tools than forms used in mapping. Berger (1985 cited in Gjems, 2010:176) defines a test as: "… a systematic procedure for obtaining information about psychological functioning and describing it with the aid of numerical scale or category system". Thus, tests are often standardised statistical analysing tools based on the principle of normal distribution (Ringdal, 2001) and require that the person responsible be trained in using the tools and in analysing the results (Gjems, 2010). Utilizing structured tests make it easier to compare children's competence and knowledge and, maybe more importantly, easier to find the deviating 'components'.

Research focusing on practitioners experience with the use of the language tool TRAS[4] (Early monitoring of language development) indicates that there exists different perceptions on the usefulness of this observation tool among practitioners in ECEC (Bugge, 2010) and that the usefulness depends on what the information is used for afterwards (Gjems, 2010). Bugge (2010) found that practitioners expressed TRAS to be helpful tool in 'listening to children' and to see the individual child in a group of many. Moreover it was mentioned as an important tool to use as 'visuals of children's capability' in parental conversation. Ropeid (2008; 2009 cited in Bugge, 2010) on the other hand found more contradicting results where practitioners differed in the perspectives. Some practitioners experienced the tools to be helpful, while others viewed them as limited and focusing on 'less important aspects of children's language development'. Researching the parental side of the process of mapping out children's early speech and language difficulties Glogowska and Campbell (2007) found that parents was generally pleased with early intervention. However, some feared medicalization and stigmatization of their child. Parents often expressed the belief that the child would learn to talk normally and were willing to wait before contacting professionals, provided that improvement occurred within a reasonable amount of time (Glogowska & Campbell, 2004).

As much as tests are tools of understanding and identifying the child deviating behaviour, they are also valuable tools that the professionals can refer to in the case of what Druglie and Onsøien (2010) has defined as the 'difficult conversation', referring to the conversation with parents of children who are displaying deviating behaviour. Structured tests and observations are tools in which supports the professional judgement made by the pedagogues at the day-care institution. Parents are often expected to take a significant role in monitoring their children's development and to collaborate with professionals in identifying potential impairments or disabilities as early as possible (Alasuutari, 2010; Glogowska & Campbell, 2004). The process of mapping out children's special needs often include observation of children's interaction at home. Thus parents' participation in surveillance is emphasized as important (Glogowska & Campbell, 2004). By exploring a special pedagogical project introduced in Northern Norway, Fylling and Sandvin (1996) found that parents with children in need of special pedagogical initiative were systematically left out of the decision-making

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[4] In Norwegian; Tidlig Registrering Av Språkutvikling (TRAS). TRAS is introduced in day-care institution as a tool to observe children's language development and to map out children with special needs in this 'development area'. It was developed in cooperation of Bredtvet and Eiklund centre of competence, Department of special pedagogic, Centre of behaviour research and Centre for reading research (Bugge, 2010).

when it came to decision about initiative initiated for their child. This finding is also present in Østrem et al. (2009) evaluation of the implementation of "the Framework Plan for the Content and Tasks of Kindergartens". In their evaluation they found that of all the information exchanged between parents and day-care institutions, one out of six respondents felt left out in documentation of the individual child's developmental progress (Østrem, 2009). Graundgaard and Skov (2006), exploring parental experinces with the diagnosic process, found that the extend of information given during the diagnostic process and the level of possibility to collaborate were important factor in determining parental satisfaction. Moreover, their perception of the child and future images of possibilities were found to be influenced by the diagnosis of their children (Graungaard & Skov, 2006).

Similar results are found in research focusing on home and school relation. Researching the notion of partnership in relation to the role of parents in special education, Fylling and Sandvin (1999) utilzed the terms 'implementers' and 'clients' to describe and analyze parents role in cooperation with professionals in school. Using the the terms implementers and clients implies a dominace relation between parents and the professional knowledge that they meet in school. According to Fylling and Sandvin (1999) parents, by given the role of following up the aims stated by the professionals took on the role of implementers and the role of clients by being regarded as a part of the 'problem'. Moreover they found that the power difference between 'layperson and professionals' experienced by the parents often results in that the parents leave the educational question regarding their children to the school.

Research mentioned in this chapter are not compariable. They are based on different research methods and research questions. They moreover utilize different definitiens and ways of entering the respective field. However, taken together, studies of parent-practitioner collaboration suggest that parents generally reports to be pleased with their opportunity to participate in a collaborative relation with day-care institutions. They are also generally pleased with the amount information that they resive from the practitioners. However research focused on parents of children with special needs indicates that parents have limited possibility to take an active part in the everyday practice in the day-care institutions and in the process of mapping out the needs of their child parents participation are often limited to mapping out the child interaction at home, thus, filling in the blanks that are inaccesable for the practitioners.

**3.4 Three models of 'disability'**

The same methods that allowed scientist to measure groups of people, and with it the constructing 'norms' in the population, contributed, to changes observed in the social construction of disability.

> The very concept of normalcy by which most people (by definition) shape their existence is in fact inexorably linked to the concept of disability, or rather, the concept of disability is a function of a concept of normalcy. Normalcy and disability are part of the same system. (Davis, 1995:2).

The concept of normality and abnormality exist in a relation of interdependency; abnormality exists only as long as the concept of normality exists. Normalization imposes homogeneity and monitors the norm (Caputo & Yount, 1993). The norm opens up for a variety of difference, however it also measures gaps and creates limits for its tolerance. As emphasized by Holt (2004) (dis)ability is constructed by a set of discursive and performative practices and what is regarded as normal and abnormal is culturally constructed and subjected to change (Swain & French, 1998). Moreover, ways in which we perceive families with 'children with special needs' is related to how we understand terms such as special needs and disability (Lundeby, 2008). As emphasized by Oliver (1992:101):

> Disability cannot be abstracted from the social world which produces it; it does not exist outside the social structures in which it is located and independent of the meanings given to it. In other words, disability is socially produced.

Research focused on disability often refers to two different approaches in an attempt to understand disabilities (Holt, 2004). The first is known as the medical model of disability or the individual tragedy model and the second is referred to as the social model (Holt, 2004). As explored through the discourse of normality/abnormality above, these two models of constructed knowledge of disability is based two different discourses of normality. While the individual tragedy model to a large degree is based on a medical and positivistic train of thoughts, the social model of disability is based on social constructivism which suggest that all knowledge are historical and context constructed and dependent (Oliver, 1992), and was developed in response to the lack of recognition given to social structures in the individual tragedy model (Holt, 2004). A third model understands disability as social construction based on a complex relation between the individual and social factors (Lundeby, 2008).

### 3.4.1 Individual tragedy model

Within the individual tragedy doctrine disability is seen as "the problems that disabled people face as being caused by their individual impairments" (Oliver, 1992) and medical intervention are often prioritized to 'cure the problem' (Holt, 2004). Lundeby (2008) argues that understanding disability as something located within the individual, this might be a lack of limb, a disease or an injury that results in a limitation on the individual's possibility is a common perception of disability. The individual tragedy model is the governing doctrine within contemporary western societies (Holt, 2004) and especially within professions focusing on mapping out diagnosis and different types of medical interventions (Lundeby, 2008). Thus, this understanding of disability is strongly present in the support system. However this doctrine might also be important in the way people categorized as disabled perceive themselves and their 'disability'. Holt (2004) argues that an implication of the individual tragedy model is devaluing people with disability, leading to marginalisation and exclusion of disabled.

Lundeby (2008) argues that in relation to family life the individual tragedy doctrine is present when a child's 'disability' is used to explain problems in family's everyday life instead of a problem located within the support system. Or in relation to the 'problem child' when parents or the educational system perceive that there is a problem with the individual child instead of problems with the pedagogy that the child meets. In relation to increased diagnosis of children's developmental problems, 'medicalization' or pathologicalization of children and childhood refers to a situation whereby "areas of life previously considered 'normal' are becoming the focus of medical intervention" (Glogowska & Campbell, 2004: 271). A result of a process of medicalization is an increased mapping of diagnosis such as ADHD, Asberger, Autism and early speech and language difficulties among children.

### 3.4.2 Social model of disability

The social model of disability distinguishes between the terms 'impairment' and 'disability' (Lundeby, 2008). The International Classification of Impairments, Disabilities and Handicaps (ICIDH) introduced by World Health Organisation (WHO) definitions states that impairment in the context of health experience refers to "any loss or abnormality of psychological, physiological, or anatomical structure or function" (Oliver, 1996: 30). Disability on the other hand, is within the social model seen in relation to social structures that discriminate and are oppressive (Lundeby, 2008). The model emphasize that it is not the impairment in itself that

disables individuals, but it is the mechanisms and structures in society that limits people with impairment ability to function as 'abled' people.

3.4.3 Relational model of disability

The relation model of disability came as a result to the critique of essentialism in both the individual tragedy model and the social model of disability and is widely used within research focusing on disability (Lundeby, 2008). Söder (2000 cited in Lundeby, 2008) argues that by only focusing on either individual or social explanations of disability both models are essentialistic in their approach. The production of the terms such as disability and children with special needs is not based in one single field of social knowledge. They are constructed from different rationalities that connect to each other; builds on each other or deconstruct and distances itself from one each other. This way it is constructing new discourses while the traditional once still exists. The relational model opens up for an approach to disability whereas the researcher does not need to take a permanent stand in any of the two models above (Lundeby, 2008). Rather, by not defining disability as either/or, disability can be understood dependent on relations between disability located within the individual person and within the overall society.

It is not my aim to imply that the terms 'disability' and 'special needs' are interchangeable. The lack of clarity in the definition of 'children with special needs' consequently opens up for children with or without the label of disability to be included. Nonetheless, similar distinction between the three models is fruitful in examining parental perception of their child that has been categorized by the educational and health systems as a child with special need. Several discourses of disability co-exist and introduction of a new way of understanding disability does not mean that others disappear. Thus with the aim of exploring parental perception of collaboration with day-care institutions I find it important to utilize the relation model of disability that takes into account that parents of children with special needs might use both models to understand and make sense of their everyday life experiences.

**3.5 Social stigma**

Often found to be in close relation to being categorized as disable is the phenomena of social stigma. Through his analysis of social stigma, Goffman (1990) helps in the understanding of how stigma is related to the discrepancy between constructed norms and expectations to people and the actual reality that they meet. Social stigma is the discrepancy that evolves in the relationship between attributes and stereotypes recognized as normal and the actual state

of being of the individual (Goffman, 1990). Stigma is a result of what is perceived as an undesired differentness that often is devalued in society. Stigmatized individuals are often targets of negative stereotypes and met with discriminating beliefs of not being 'quite human' (Goffman, 1990:15).

Social stigma is also connected to the degree of visibility of the person's impairment (Goffman, 1990). The degree of visibility determines how much control disabled people have over the information given to others. The bodily visibility of Down Syndrome or the loss f a limb decrease the choice of not informing the public about the 'disability', while people diagnosed with ADHD or Asberger have to a larger degree control over which information they want people to have in social relations. Thus parents of children with special needs that do not display any visible physical impairment can to a larger degree control the information given out about their child than parents with children with visible physical impairments. This becomes a crucial factor in what Goffman (1990) refers to as 'passing', which refers to an action where people who is 'disabled' tries to 'pass as normal' in social settings. Thereby attempt to hide their disability from others (Green, 2003).

Goffman (1990:41) use the word 'the wise' to define the group of people who are 'normal' and "…whose special situation has made them intimately privy to secret life of the stigmatized individual and sympathetic with it, and who find themselves accorded a measure of acceptance, a measure of courtesy membership in the clan". The wise might be people related to the individual who is perceives through social structures to be disabled, such as family members or friends who have through their experience familiarized themselves with situation of the disabled knowing that despite the disability the person is 'normal'. Moreover, Goffman (1990) argues that stigma does not only affect the person who is stigmatized but can be transferred to significant others who surrounds the stigmatized. This form of stigma arises because significant others such as parents of a child with a disability also becomes the bearer of 'negative difference associations' (Green, 2003:1361). Goffman (1990) explains this as forms of 'courtesy stigma' that spread out to people close in relation but with diminishing intensity. The degree to which people experience this courtesy stigma can differ according to the visibility of the 'disability'. Glogowska & Campbell (2010) moreover found a tendency for parents to experience that the process of monitoring and referral to professionals to be stigmatising. Several scholars focusing on parents of children with special needs have found

similar results of parents experience what Goffman refers to as 'courtesy stigma' (Green, 2003).

# CHAPTER FOUR

# METHODOLOGY

This research project utilizes qualitative interviews as the methodological tool in the process of producing data. With the aim of exploring people's perceptions and experiences in-depth interviews were found to be the most suitable research method to utilize in my study. This chapter outlines the methodological process introduced and discusses the challenges that emerged throughout the research project. Firstly, the chapter starts of by situating myself within the research field of parent-practitioner collaboration in ECEC. Secondly, an outline of field entry and sampling procedures are given. Thirdly, the process of planning and conducting in-depth interviews are introduced with the focus on factors affecting communication and validity of knowledge production in both individual and group interviews. Fourthly, this chapter then moves on to sketch out the frame of analysis utilized in exploring the final data. Fifthly, the methodological chapter ends with a reflection of ethical considerations and challenges that emerged throughout the research project.

## 4.1 Researchers pre-position

As emphasised by McCracken (1998), the researcher can never conduct any qualitative analysis of a social phenomena without using a broad range of her own accumulated experience, imagination and education. Thus, situating myself and my earlier experience within the field of interest becomes important to ensure transparency of the research process.

My experience and previous knowledge of ECEC was in front of the research project limited to conversations with parents within my close network of family and friends. Through their stories I got a glance at their perspectives and experience of how it is to be a parent within the everyday platform of communication that arises between parents and practitioners in ECEC. Apart from this I knew little of the everyday life and practices at Norwegian day-care institutions from the perspectives of practitioners or children. However, I have earlier experience with parent-practitioners collaboration in regards school aged children, through working as an assistant and teacher in primary elementary school and out of school organization[5], as well as studying pedagogy as on of my majors at the Norwegian University of Science and Technology (NTNU). My interest in the ECEC research field and the focus of

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[5] In norwegian: Skolefritidsordning (SFO)

this thesis came to be as a result of this combination of listening to relatives and friends' experiences with parent-practitioner collaboration in ECEC, my education and the introduction of the umbrella research project *"Children with (dis)ability. Practices and values in (Norwegian) day-care institutions"*. In charge of the umbrella research project is professor Randi Dyblie Nilsen at the Norwegian Centre for Child Research. Whereas other sub-project in the umbrella project focuses on practitioner's practices and values in relation to children with possible special needs, my project focuses on parents' experiences, knowledge and perspectives of the collaborative process with day-care practitioners. Particular focus is on parents of children categorized as children with special needs experiences of the parent-practitioner collaboration in the diagnostic process.

## 4.2 Field entry and sampling procedures

The lack of earlier experience and knowledge of practices and everyday life in Norwegian ECEC affect the initial way in which I chose to enter the field of interest. In an effort to gather information about the chosen municipality's practice in relation to 'children with special need', I contacted a preschool teacher and a primary school inspector working within the field of interest. What initially was supposed to be conversations to acquire the necessary knowledge to understand the process of observation, assessments and cooperation between different institutions in regards to children with special needs, turned out to be the most efficient way of identifying possible key-informants for the individual interviews. Through these two sponsors I got in contact with six families (in which a majority of informants were mothers) that were willing to participate in the interviews. The term 'sponsor' is here understood as an individual, group or organization "that support and vouches for the research activity" (Nilsen & Rogers, 2005:345). Through their work connections they were in contact with several parents that had gone through a process of assessments and observation during their child's stay in day-care institutions and where the child still were given ekstra pedagogical follow-up in school. After idenitifying several possible families for the interviews a process of selection started.

The selections of informants were guided by the aim of the research, access to informants and purposive sampling within the group of parents that were available. In contrast to statistical significance of random sampling, purposive sampling place importance on the theoretical significance of sampling units (Outley & Floyd, 2002). By utilizing purposive sampling informants are selected because of pre-determined characteristics and because they are

believed to be information rich, that is, that they inhabit or have experienced the phenomena of interest (Patton, 2002). As emphasized by Patton (2002) when utilizing this sampling method, the aim is not empirical generalization; rather the aim is to gain in-depth insight into the phenomenon of interest. According to Patton (1990 cited in Coyne, 1997), all forms of sampling procedures in qualitative research are included within the term purposive sampling. What differentiates the purposive sampling procedures is the 'purpose of the sample'. Purposive sampling is used for different reasons in this study. The initial aim of the sampling procedures was to identify two or three informants that was within the frame of criterions set for the informants group and then make an attempt to start a snowball or chain affect in which the informants identifies cases of informative-rich subjects from people they know. This method has proven to function very well in earlier research (Nilsen & Rogers, 2005). Nevertheless, this method was proven to be inefficient in terms of finding participants to the individual interviews. Parents that were interviewed did in fact contact people they knew of, however, the people that were contacted did not feel that they had time to participate.

The snowball effect did however function in relation to participants for the focus group interview. The initial idea was that it would be interesting to explore this topic with a group of parents that was not family related. However, to facilitate an open and comfortable conversation I wanted the participants to have interacted with each other before the interview. Thus, while talking about my project to a local woman that had her child enrolled in day-care I asked if she and two of her friends with children in day-care would be willing to participate in a focus group interview. The woman was more than willing and contacted two women that she knew, whereby all three women agreed to participate in a focus group interview.

The moderate feedback I got from utilizing the snowball affect procedure in my search for participants for the individual interviews led me to contact a pedagogue working with practitioners from the Pedagogical and Psychological Service[6] (PPT) in several small municipalities. This contact served as a sponsor and gatekeeper (Nilsen & Rogers, 2005) by supporting the research and opened up access to other practitioners from several municipalities working with parents of children with special needs. After receiving their contact information I contacted the practitioners by phone and they contacted possible

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[6] In Norwegian: Pedagogisk-Psykologisk Tjeneste (PPT)

parental informants. Unfortunately, none of the parents wanted to or had time to participate in the project.

There might be several reasons why these methods were limited in recruiting informants. Interestingly, it became clear that the better I knew the sponsors the more likely it was that it would result in possible participants for my research. Before starting the process of sampling, I had decided that parents would be given the possibility to read an information letter[7] and discuss the topic within the family before I contacted them. Thus, subjects functioning as sponsors for the research always made the initial contact with possible informants. Apart from the information letter they were asked to hand out, I had little control over ways in which the project was introduced and what information that were given out in the initial stage. Introducing a project and getting informants to agree to participate is often a time consuming process and I experienced that possible informants often needed to be followed up several times before a date for the interview could be finalized. These procedures are often dependent on patience, endurance, persistence and passion for the project. Thus, even though many parents were given the introductive information, with out the follow up call to ask if they were willing to participate after reading the letter, in the hectic everyday life of parents the project was probably left waiting and then forgotten. Another reason might be the particular group of parents' of interest. The topic of project might be sensitive for many parents. Without being assured that the only interest of the project is their knowledge, experience and perspectives and not to evaluate their parental practices, parents might have felt reluctant to share their experiences.

4.2.1 Description of the participants

Through a long process of trying out several sampling procedures I ended up with fourteen informants participating in a total of eight semi-structured interviews. Of the fourteen informants ten were women and four were men. The key-informants were regarded as the parent who was responsible for most of the collaboration with the day-care institution. In most cases both parents shared the responsibility of bringing and fetching the child at the day-care institutions. The initial idea was that the parents themselves chose which one of them was best equipped to participate in the interview and if both parents wanted to participate it was seen as an asset. In four of the seven individual semi-structured interviews the father as well as the mother participated in parts or the complete interview. In the remaining three

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[7] See appendix 1 for the information letter sent out to all informants in front of the interview. (In Norwegian)

individual interviews the mother was the only one to participate. In addition to the seven individual interviews one focus group interview was conducted with three mothers. Several parents taking part of interviews had earlier experience with working in education. Of the fourteen participants three mothers were working at a day-care institution, one had earlier experience from working in a day-care institution and one mother was working at a school.

It is not possible to talk about 'parents of children with special needs' as a homogeneous group with the same experience with parents-practitioners collaboration. As also emphasized by other scholars researching with parents of children with special needs and/or disabilities (Lundeby, 2008; Fitzpatrick et al., 2007) the aim was to take into consideration parents of children with different 'special needs' and with different 'degrees of special needs'. In relation to the term children with special needs the sample of parents participating in the interviews can be categorized in two overarching groups: a) a group of ten parents participating in individual interviews that have both children categorized as 'abled' and a child categorized with special needs; and b) a group of three parents with children that are categorized as 'abled' that participated in a focus group interview. Because the major focus of this research project is parents' experience with the parent-practitioner collaboration in ECEC, with a particular interest in parents of children categorized as 'children with special needs', the parents of children with special needs were interviewed first. Thus, the focus group interview was the last of interviews conducted and gave me the opportunity to explore these mothers experience of the daily collaboration with the day-care institutions and their perspectives on the discourse normality/abnormality concerning children.

In the case of the parents taking part in the individual interviews, the children categorized as 'children with special needs' were between the age of four to eight years old with (dis)abilities such as hearing impairment, speech impairment, severe sickness, or social (dis)abilities, whereby four of the children have been diagnosed as a children with attention deficit hyperactivity disorder (ADHD) and two children were in the initial process of mapping out possible ADHD diagnosis. While for the mothers taking part of the focus group interview, their children were 'abled' children between one and four year old still enrolled in day-care institutions. The number of parents' taking part of the study did not allow for analysis dependent on the different special needs of the children. Thus, further analysis is based on commonalities and differences explored in the complete sample.

**4.3 Research Interviews**

According to Kvale & Brinkmann (2009:2) a research interview is a tool based on professional conversations "where knowledge is constructed in the inter-action between the interviewer and the interviewee". By focusing on the interactive process of knowledge construction interviews are in line with the postmodern philosophy of knowledge (Kvale & Brinkmann, 2009). Information is not simply transported from one participant to another in an interview, on the contrary both parties participating are actively making meaning out of the questions raised, producing knowledge as a result of two-way communication (Hammersley & Atkinson, 2007). When interviewing parents about their experience and perception this postmodern philosophy of knowledge becomes important. The research interview is a process of communication and interaction that changes all through the interview and the process of communication can move swiftly between informal and formal conversation. While formal communication is necessary to introduce the topics and rights of the informants, informal tone of communication was found necessary to open up for a better communication in the interviews. Both formal and informal communication becomes important in explaining the production of knowledge that arises in an interview setting. Taking into consideration that the corpus of data is based on parental perception and experience with the parent – practitioner collaboration their talk of the collaboration does not necessarily mirror the actual collaboration setting. Rather, focusing on their perception and earlier experience with parent - practitioner collaboration these accounts are assumed to produce in-depth knowledge on how parents' interpret and experience the platforms of communication and collaboration.

The individual semi-structured interviews were introduced as a research tool to explore 'parents of children with special needs' perspectives and experiences with parent-practitioner collaboration. The individual semi-structured format of interview has been very successful in similar research with parents (Fitzpatrick et al., 2007; Lundeby, 2008) and was selected to facilitate parents' participation with the attempt of creating a platform for communication in which parents could talk about their experience comfortably.

Semi-structured focus group interview on the other hand was introduced to listen to explore how parents' talk of their perceptions and experiences came into play in a group setting (Kitzinger, 1995). The interaction and communication that arise in focus group interviews have been argued to be very efficient in displaying important discourses people use to make sense of social phenomena (Kvale and Brinkmann, 2009). Kvale and Brinkmann (2009:324)

define a focus group interview as: "a group interview where a moderator seeks to focus the group discussion on specific themes of research interest". According to Kvale and Brinkmann (2009) focus group interview usually consist of six to ten participants, however, in this project the focus group was conducted with 3 female participants. As emphasized by Kvale and Brinkmann (2009:150), the aim is not to reach a consensus on the themes brought up in the interview. On the contrary, the aim is to create a 'permissive atmosphere' that allows the informants to communicate different views and experiences on the same topics. Thus the interviewer or the 'moderator's' job is to introduce topics that will be discusses without authoritative instructions on what should be discussed within the frame of the topic/questioned raised.

### 4.3.1 Structure and process of semi-structured interviews

An interviewing process starts long before the actual face-to-face interview and an important preparation process is the development of an interview guide. Two semi-structured interview guides were written in front of the interviews outlining topics and suggestions to follow up questions: one for the individual interviews[8] and another for the focus group interview[9]. The interview guides served several functions. Firstly, as emphasised by McCracken (1988), creating an interview guide before conducting the interview helped me make sure that I covered all the terrain I planned to introduce. Secondly the interview guide did exactly what expected by the term, namely creating a path for the topics I wanted to introduce, guiding (but not determining) the process of the interview. Thirdly, it functioned as a security. By introducing topics and possible follow up question I could give all of my attention to the interviewee's testimony while still being open for possible interesting topics introduced by the participants.

The semi-structured interview guides became an important factor in recognizing participants as the experts on the topics introduced. Most of topics were introduces by an open question, where several follow up question were asked to help the participants to elaborate on the experience that they shared. Not all of the questions were raised in all interviews, however, every topic were discussed. Topics introduced in the semi-structured individual interviews were: a) Background information about the child and the day care centre; b) The children's and parents satisfaction with the day-care institution; c) Which forms of communication

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[8] The individual semi-structured interview is displayed in appendix 3 (In Norwegian)
[9] The focus group interview is displayed in appendix 4 (In Norwegian)

platform they use in their collaboration with the day-care institutions and level of equal contribution of information; d) Important parent-practitioner collaboration processes, with special focus given to the diagnostic process; e) The pedagogy that the child meet at the day-care institution and how much they have been given the possibility to contribute; f) Collaboration with other institutions and parents level of participation; g) The process of transfer from day-care institution to school. Selected topics from the individual interviews were brought up in the focus group interview with smaller number of questions asked.

4.3.2 Factors affecting dynamics of communication

Parents with young children often live a hectic life. Thus, scheduling a time for conducting the interview was often time-consuming and families often needed a week if not more to find a day that they could participate. All informants were given the choice of conducting the interview at an office that I had access to, at their home or at a café. All interviews were conducted within the home of the families taking part in the research process.

The day of the interview was the first face-to-face encounter with the participants in the individual semi-structured interview. As experienced by other researchers conducting interviews in the home of participants (Fitzpatrick et al., 2007; Nilsen and Rogers, 2005), I experienced that being invited into the home of participants allowed me to get a small glance of their everyday life. And as emphasized by Nilsen and Rogers (2005:351), by conducting the research in the participants' homes I was automatically "crossing the threshold into a private place". Moreover, since I was guest in their house it created a situation where the parents, and not I, were in control of the formal settings of the interview such as place for the interview, seating arrangements and what could be served during the interview. Five out the seven individual interviews were conducted after working hours between 4.30 and 8 pm. In the remaining two it was conducted in the morning before the parents went to work or before lunch. In three interviews the parents were in the middle of either making a small snack for themselves, their children or putting their children to bed when I rang the doorbell. The encounter always started with an informal small talk before the research interview was introduced. The initial communication was introduced by inviting me in to their home and if they were not entirely finished with their chores, they would inform me in a polite and apologetic manner what they needed to do before we could start the interview. When inside the house, parents offered a place for me to sit at the place designated for the interview. The location for the interview was either a table in the kitchen area or a sofa in the living room.

My designate seating arrangement always allowed them to converse with me while they conducted the chores they were in the middle of. The interviews started when the parents had seated themselves beside or at the opposite side of me. Interestingly, my experience was that the more time we spent on small talk before the actual formal introduction of the interview, the better the communication was throughout the interview process.

All participants were told that the interview would last approximately one to one and half hour and they were requested to inform me if they for any reason wanted to end the interview. However, in all interviews I was the one to bring to end the interview when I felt that we have covered all the topics. The participants were all asked if they had anything more that they would like to talk about before the interview ended or if they knew of any topics that we had not covered that would be interesting to highlight the field of interest. They were moreover given my contact information that they could use if they came up with something that was not introduced in the interview. In a majority of the interview the parents felt content with the information brought up in the interview, however some wanted to elaborate on some of the topics that we had talked about earlier on.

Individual interviews with both parents present were longer in duration than the interviews with only the mother present. One reason for this was that the two parents contributed to the other person's statements by filling in what they found to be missing. There were also incidences where they remembered that they had disagreed on what was best for their child in the diagnostic process. Interestingly, perspectives from both parents were present at most interviews even though the mother was the only one taking part of the interview. In the individual interviews with only the mother present statements such as 'that is my opinion, however my husband was more…' or 'my husband thought that …' were often introduced.

Another factor affecting the course of the interview was the degree of emotion that came into play while participants talked about their experiences. All parents had their story to tell and some parents had experienced more stressful and emotional situation than others. Moreover, some topics were expressed as being more sensitive to some parents than others and parents had different experience with similar processes in regards to their children. The emotional factor of the interview was an ethical consideration that I had reflected around in front of the interview. Researching sensitive topics is reflected on further in the section of ethical considerations.

With the focus group interview it was the participants themselves that together scheduled time and place for the interview. E-mail with information was sent out to two of the other participants through the first woman working as a sponsor. Thus, all three participants were aware of the topics planned for interview. The venue for the interview was at home of one of the participants. They have all agreed that it would be served cheese and biscuits and I were told to bring some cheese with me. It was clear from the beginning that the three women saw this interview as a possibility to finally take some time off from their busy everyday life and sit in a group and talk. When greetings and small talk was over all women sat down around the kitchen table. Contrasting the individual interviews where an informal tone of communication was considered to contribute positively, some ground rules for communication was needed in front of the focus group interview. The three participants were informed about the topics that I wished to introduce, the expected time of the interview and that they were more than welcome to comment on each other contribution, but that it would help me a lot if they would let each other finish their contribution before responding. Before starting the interview all participant signed an informed consent agreement. The interview was very successful where the women both shared individual stories and experiences as well as comment on each other's stories. My contribution to the discussion was limited to switching topic by raising another question.

### 4.3.3 Process of transcribing: from spoken source to written text

The data of this project consist of eight audio taped interviews and notes taken after each interview describing the interview procedures. Each interview took approximately one hour and ranged from 45 minutes to 90 minutes. A professional transcriber has transcribed six out of the eight interviews verbatim, while I transcribed one individual interview and the focus group interview conducted later in the research process.

Parental experience and perceptions are presented in the analyzing and discussion chapter as direct citations. Direct citations are extracted part of the transcribed interviews. Norwegian was the language of intervention; therefore I translated the citations introduced in the original transcribed text into English. In all translations a reproduction of the original text appears resulted by the translator's interpretation of the original text. An example of sentence that might differ in meaning after being translated is:

De- det begynte liksom med små vanlig ting, holdt jeg på å si, som de nevnte liksom, uten at det bekymra

liksom. / They – it sort of started with the small normal things, I almost said[10], that they mentioned sort of, without worrying (us) sort of.

The Norwegian phrase "holdt jeg på å si" is here translated word by word to "I almost said", but the English phrase "you know" could be used to create a better 'flow' as found in the original statements. Word and sentences such as 'liksom' and 'holdt jeg på å si' are mentioned all through the interviews and are example of informal and very common phrases in spoken Norwegian, however, they are not commonly used in written Norwegian. Moreover, it does not translate directly into English and I have to make an evaluation of which English word instead that represents the same meaning. In similar situations such as the one above I have tried to evaluate and interpret the information that exists within the sentence and some of the 'spoken word and phrases' are left out to create a better flow. The translation presented in the analysis is: They – it sort of started with the small normal things, you know, that they mentioned (in the beginning), without worrying (us) sort of.

## 4.4 Data processing and analysis

Analyzing qualitative data is not a single stage in a research process, rather reflection, interpretation and analyzing follows you from definition of a research question, field of interest, what social phenomenon you want to explore and all the way to the final write up process (Hammersley & Atkinson, 2007). The construction of the interview guide is a result of movement back and forth between ideas, theory and earlier research within the field of interest. The construction of topical structures in the interview guides also influence the structuring and analysis of the transcribed data. After the transcription of the interviews I was left with approximately 250 pages of transcribed text. The transcribed text was used to break the material down to categories that appeared in the materials. Several new categories and patterns appeared in the process of analyzing the interviews, such as nutrition, guidance, day-care institutions as gatekeeper, and parents' use of certain tools in surveillance of daycare personnel, social stigma and so forth.

Hermeneutical interpretation of the interviews has been conducted and involved a continuous movement back-and-forth between part of the interview and the whole (Kale & Brinkman, 2009). Moreover it involves a movement between empirics, theoretical concepts and previous literature (McCracken, 1988; Nilsen, 2005). A hermeneutic analysis of an interview often

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[10] Translated word by word. This phrase does not translate well into English.

starts with an overall vague understanding of the knowledge constructed (Kvale & Brinkmann, 2009). Then, by moving into a closer look at parts of the interview, exploring statements in its own terms while ignoring its relationship with other aspects of the text (McCracken, 1988), a new understanding of the overall knowledge can appear. Exploring the parents' statements in the interviews revealed both similarities and differences in the themes brought up by the parents and their perspectives on topics introduced by me. The themes that appeared were explored on their own by decontextualizing the statements and comparing it with similar statements given by others, for then explore how the themes shed light on the overall data produced. This form of exploration opens up for a greater understanding of the different themes introduced as well as exploring similarities and differences found based on how informants reflects around their experiences.

The analysis of the interviews are integrated theoretical reflections drawing on perspectives introduced in the field of sociology of childhood (James & James, 2001; Jenks, 1996), discursive power relations (Foucault, 1980; 1982; 1987; 1999; 2002) and social construction of disability (Oliver, 1992; Oliver, 1996) and social stigma (Goffman, 1990). The theoretical reading of the interviews was important in drawing in new contexts for exploring the interviews themes that appeared (Kvale and Brinkmann, 2009). While theoretical analysis and discussion of the data was found valuable in the construction of knowledge, there is the possibility of the interpretation being biased by funnelling process that follows using certain theoretical lenses (Kvale and Brinkmann, 2009). I have tried to explicitly state the analytical questions used in the explorations of data. Moreover it became important to be reflective of my own presuppositions concerning the research topic and to employ carefully listening to the narratives throughout the interviews (Kvale and Brinkmann, 2009).

With its basis in language and communication, all interviews are discursive in nature (Kvale & Brinkmann, 2009). The individual semi-structured interviews as well as the semi-structured focus group interview were introduced with purpose of exploring both how parents' experience parent-practitioner collaboration as well as exploring how they conceptualize and articulate certain aspects of the collaboration. Discourse analysis is defined by Potter (2003, cited in Kvale and Brinkmann, 2009:155) as: "the study of how talk and texts are used to perform actions" and is in this thesis used to explore: a) the different discourses in play during the interview; b) how parents use different discourse in their talk of collaboration, observation and the concept of children with special needs; c) the power relation underlining their use of

different discourses; and d) the different use of discourses between the interviewer and the interviewee.

**4.5 Ethical Considerations**

Ethical consideration follows throughout the entire research process, from determine the topic to planning, data gathering and finally to analysis, verifying and reporting (Kvale & Brinkmann, 2009). Some ethical consideration such as While ethical considerations have been touch upon all through the methodological chapter, in focus further is the formal ethical considerations such as: authorization and how data is stored and handled; informed consent, voluntary participation and anonymity; and researching sensitive topics.

4.5.1 Authorization

Norwegian Social Science Data Service (NSD) has approved the research project. All information stored is systematically coded and sensitive personal data and information given by the participants are kept separate (Widerberg, 2005). In the process of transcribing all information from the participants were anonymized, leaving out all personal names of individual people and places. The final report contains no personal data and all participants cited are given a pseudonym.

4.5.2 Informed consent and voluntary participation

A sponsor was always the one to initiated first contact. The reason for this was to secure the informants anonymity until they decided whether or not they would like to participate. Through the sponsors an information letter[11] was emailed to all participants in front of the interview. The information letter informed about the focus of the interview, their right to withdraw from the research project all through the process, that all information would be kept confidential and their anonymity would be kept all through the process. After agreeing to take part in the interview, the sponsors contacted me with the contact information needed to set up a time for the interview.

Each interview started with a short introduction to the research process, informing them about: the focus and objectives of the research; their rights; the duration of the research process; confidentiality and anonymity; and that all participation was voluntary and that they had the possibility opt out of the research process at any time, all information that they contribute with would then be deleted and not used. After making sure that the informants

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[11] See appendix 1 for the Information letter (In Norwegian)

were given the information needed to give their informed consent the informants were asked to sign an informed consent agreement[12].

In parents reflection of parent-practitioner collaboration third parties, represented by practitioner and children, are mentioned. These individuals have not been asked for informed consent in order to give information about them, thus increased sensitivity have been found necessary to secure the third party's anonymity.

All interviews were conducted by utilizing a tape recorder. However before introducing the tape recorder, all informants were asked if they agreed to record the conversation. All participants agreed to the use of the recorder after being informed that the audiotape would be kept confidential and that using the recorder would help me to focus on our conversation instead of writing notes.

### 4.5.3 Researching sensitive topics

As already stated, ethical strategy in relation to interviewing parents about experiences in regards to their children was reflected upon at an early stage in the research process. Because the parents are asked to share their experience, they are sharing personal information and in some occasion revolving intimate aspects of their lives (Corbin & Morse, 2003). Releasing my limitations as a novice interviewer without therapeutically background I had no intentions of going in-depth in strong emotional experiences and the tactic of changing topic when the conversation moved in a strong emotional direction was used in some of the interviews. Moreover, informants were informed of the topics that would be brought up and that they could retain from answering questions. I also found it important to end the interview when the conversation revolved around a none-sensitive topics or when they shared pleasant experiences. After the interview, parents expressed that it was nice to be able to talk with someone who was genuinely interested in their experience of the process.

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[12] See appendix 2 for the Informed consent agreement. (In Norwegian)

# CHAPTER FIVE

## PARENTS' EXPERIENCES WITH COMMUNICATION IN PARENT-PRACTITIONER COLLABORATION

This chapter is the first of two analytical chapters. The centre of attention is how parents' experience the possibility to participate in information sharing in different platforms of communication between home and day-care institutions. This chapter represent experiences from both parents with and without children categorized as 'with special needs'.

The majority of parents with children between the age of one and five share the responsibility of childcare with professionals working in different day-care institutions (Statistisk Norway, 2011b). High enrolment statistics makes contemporary ECEC unique and the number of families utilizing day-care institutions is still increasing (Statistisk Norway, 2011b). By exploring parent-practitioner collaboration with a parental perspective, this thesis is not only exploring parents' experiences with the collaborative process, but also their experiences with the overall pedagogical ideology that exist within the ECEC system, including the politics, culture and practices that follows. Parent-practitioner collaboration is in the Norwegian context is constructed by shared responsibility between state, institutions and family. Thus, the platforms of communication and collaborations are not only spaces for interpersonal meetings; it is also a space where the ideology and perspectives from the three different spheres are represented (Gars, 2002). Consequently, day-care institutions with its institutional practices, rules and conduct are both constructed as well as constructive in its function (Alasuutari & Markström, 2011; Markström, 2005) and the everyday collaboration represents different aspects of institutionalized day-care practice.

Practitioners are responsible for initial communication that makes collaboration possible (Ministry of Education, 2009b). Parents on the other hand are expected to contribute in the information exchange and to initiate contact with the personnel if additional information is needed. Markström (2009) argues that the unclear and undefined boarders between the practitioners and parents responsibility create a process of collaboration with room for consensus and collaboration, but also conflicting perspectives and dissensus. As found in earlier surveys focused on measuring parental satisfaction (Bjørngaard, 1995; Nordahl & Skilbrei, 2002; Ministry of Education, 2009b), parents taking part of this research project

likewise evaluates the overall parent-practitioner collaboration to be generally satisfactory. Nevertheless, without critically analysing and going in-depth in parents' experiences, we are in danger of viewing parent-practitioner collaboration as unproblematic. Though they generally satisfied, parents taking part of this study express discrepancies between the amount of information that they would like to give to and retrieve from the practitioners within this collaboration. Furthermore, exploring different situations of parent-practitioner collaboration from the perspectives of parents, both with and without children categorized as with special needs, indicates constructions of complex relations sensitive to differences in agenda and power.

This chapter is further on divided in four sections. 1) The first section focuses on platforms of communication mentioned as most important by the parents and explores the communicative interchange of information that arise in the different platforms. 2) The second section explores the exchange of guidance and advice between parents and practitioners that arise in the collaboration. 3) The third section focuses on the network of surveillance that is constructed in parent-practitioner collaboration and how parents utilize different forms of information sources to retrieve information about their children's everyday life in day-care. 4) This chapter then ends with a brief summary of parents' experience with the communication in parent-practitioners collaboration.

## 5.1 Platforms of communication

Parents taking part of this study had their children enrolled in different day-care institutions and most of them had changed day-care institutions during the years their children were in day-care. Thus, most of the participants in this study have experiences with parent-practitioner collaboration from two or more day-care institutions. While parents have accumulated a various experiences from the different day-care institutions, they also emphasis the differences that existed between practitioners working at the particular day-care institution. As highlighted by Lundeby (2008), parents experience with the health services and educational system is constructed through interaction with the individual personnel at the centres and it is through this interaction that their perspectives of the overall system is constructed. That the parent have experiences from several institutions is represented in their statements by comparison between different day-care institutions as well as different practitioners working with the day-care institution.

<u>5.1.1 Information boards, letter and pictures</u>

Information through letters, pictures and information boards, the situation of 'bringing and fetching' the child and the parental conversations[13] were mentioned by the parents as the most important platforms of communication and sharing information between home and the day-care institution. Information letter and boards represent channels of communication that allows practitioners at the day-care institution to inform parents about particular events at the institution, to ask parents to bring clean cloths and other forms of daily necessities in relation to the everyday practices at the day-care institutions (Markström, 2005). These platforms of communication are based on one-way communication and the information shared is often information sent out to the parents as a group, rather than personal information about the individual child. Utilizing these channels is timesaving and allows practitioners to give out information to the entire group of parents at the same time. Several of these information letters can be interpreted as encouragement and guidance to parents, so that they will be able to for fill their parental responsibilities (Markström, 2005). Sylvia and Lila's reflections underneath brings out how guidance introduced in information letters were important in the beginning:

> Sylvia:    On my part it was the practical things "bring that, we need that". And I thought that was, it was ok information for me to get, at least in the beginning…
>
> Lila:    Yes, it was very good to have in the beginning. I didn't even know what was supposed to be at the day-care institution before I got the note "You are missing:" and then they had ticked of (the things that were missing). But that is very good. (Focus Group, VN95: 9)

It takes time for new parents to understand the specific code of conduct expected of parents and to know the specific equipment and clothing needed at all times. Through these platforms of communication the practitioners are the once with the responsibility to pass on the necessary information, while parents responsibilities are limited to deliver the child in the proper manner represented by institution's expectations and norms (Mayall, 1996; Markström, 2009). Parents initial introduction to the everyday life in day-care institutions and the practices that follows, represent a movement into a new society with strong cultural norms and expectations. To become well functioning member of the society parents needs to learn the unwritten rules and expectations, and letters and information boards are ways in which parents are trained in how to behave within the institution. Structuring information sharing

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[13] In Norwegian Foreldresamtale

through these channels of communication does not allow for any collaboration or negotiation of perceptions of children and childhood or their needs. As emphasized by Markström (2009), parental knowledge or ideas about the best for their child is not necessarily considered as important in this process. Rather, it is the personnel that give out individual information to parents if there is a problem or if parents do not follow the practitioners' expectations. These tools for guidance and written forms of unspoken responsibilities construct the frame of parental accountability and become tools for surveillance (Crozier, 1998). By marking the limitations of 'normal, expected and wanted' behaviour of parents and reacting to behaviour that does not follow the norm, information letter and notes becomes processes in which the institution can surveillance and control parental behaviour and construct the idea of the proper 'day-care parent' (Foucault, 1995) or what Crozier (1998) refers to as the 'good' parent. As highlighted by Vincent and Tomlinson (1997), parent-practitioner collaboration no longer just constitutes structures based on collaboration between parents and practitioners, but possibilities for regulating parental behaviour.

5.1.2 Bring and fetch

The structure of communication constructed in 'bring and fetch' situations is to a larger degree based on two-way communication allowing open dialog between parents and practitioners (Markström, 2005). These are also the collaborative situations that constitute the majority of the overall collaboration between parents and practitioners (Druglie, 2008; Gars, 2002). Among the parents taking part of this study the responsibility of bringing and fetching the child at the day-care institution was shared by both parents, and whether or not it was the mother or father's responsibility at a particular day was based on a negotiation of the family's time scheduled. Parents explain bringing and fetching as situations that allows for daily conversations between themselves and practitioners. These collaborative situations are moreover regarded as a space with the possibility for building a relationship between the home and the institution (Markström, 2009). One parent explained the importance in bring and fetch situations as: "*I think that the most important is the daily collaboration that – that they have time to welcome you when you arrive, and tell … just what they have done and what – has happened – if there has been something special – That is important (Elin, VN89: 4)*". Elin's statement above represents a common perception among the parents. Parents express that the most important in situations of bringing the child to the day-care are: that their child is welcomed by the practitioners; that they have the impression that their child will be taken good care of while they are at work; that the practitioners will feed and change her or his

diaper when needed; that they make sure that she or he plays with other children; and in general that they contribute to their child's enjoyment of their stay at the institution. In situation of fetching their child they want to be told shortly how the day of their child have been and what they have been doing at the day-care institution that day. While parents were generally pleased with the overall collaboration between home and day-care, parents often found themselves wanting more personal information about their child than what the practitioners were able to give. In their conversation underneath, Sylvia, Lila and Andrea discuss their experiences of fetching and bringing their children at the day-care.

| | |
|---|---|
| Sylvia: | Letters home and documents that are put up on the board that shows what they have done that day, are mostly there… because often I feel that they are ready to go home. So then, it is not time for the same communication. "What have you done today?" "Well, we have written part of it on the board". And, sometimes they tell, absolutely. But most of time we are directed to the board. |
| Lila: | I think it is very nice if they would have time to tell me what Tony have done, you know, not what the entire group have done, but what he in particular have done. And, but they do not always have time for this, but our day-care institutions closes later than yours. |
| Sylvia: | But I had children in the same day-care institution as Andrea before and there…I actually told them once, that I felt that they were too stressed when I came there to fetch. |
| Lila: | Yes |
| Sylvia: | After this they were very attentive to sit down (small laughter), but there it was someone that was very good in telling what Jerry had done. But when I fetch at the day-care now, is it more what the entire group have done. But it is a large section with 30 children. And often, the person that is there when I fetch is not the one that was responsible for that age group. |
| Lila: | It is like that for us also. |
| Andrea: | Yes, because it often is like you ask the person standing there with your child when you fetch, and that person have actually not been there that they, but they sort of came at the end. |
| Lila: | Yes, or they came from another section. (Focus Group, VN95: 1) |

Bring and fetch situations constitute the arena where the child is delivered from one sphere to another and becomes an arena for transition of control and supervision. Understanding these collaborative situations as transitions emphasize the platform as where the private and the public meet and overlap (Markström, 2005). By enrolling children in day-care parents are delegating part of the responsibility of childcare and upbringing of their child away to the institution. Accompanied with shared responsibility of childcare are the shifts of control and

governance from the familial to the institutional. Large part of their children's everyday life are no longer in their range of control and supervision and by handing over a part of the responsibility parents express a need for being ensured that they child is being taken good care of. Parents want to know what their child have been doing in day-care so that they take part in their child life and talk about it with their child at home. They also want to be able to tell the practitioners what their child have been doing over the weekend so that the practitioners knows what is going on with the child when she or he is not in day-care.

As argued by Qvortrup (2002), the situation where a majority of children at the age of one, or even younger, is institutionalization outside the family is a relatively new characteristic of childhood in Norway. In his analysis of the process of institutionalization Qvortrup (2002) emphasize how children become both institutionalized and individualized by their participation in institutions such as day-care institutions and school. Children's everyday life at the day-care institution differs from their everyday life at home. Thus, children can no longer be seen as just a member of the family but an active social agent in which represents themselves and participates outside the familial sphere. The parents recognize this process of individualization. Bring and fetch situations are platforms of communication that allows parents to attempt to connect the two spheres in the child's life. The information shared by the practitioners serves two particular purposes for the parents. As expressed by Sara: "*As a parent, I really appreciate feedback. /...[14]/ You understand what your child have been doing, but at the same time you understand that the adults have been attentive (Sara, VN88: 24)*". As shown by Sara's statement and Sylvia, Lila, Andreas conversation above, parents not only highlight the informative purpose of the information sharing, but they also emphasize how it reflects to which degree the personnel have seen their individual child. The notion of seeing their child is important for parents. The child needs to be recognized as not just a child in a large group of children, but the parents highlights how she or he needs to be recognized as part of a family outside the day-care institution and with his own individual needs. In their talk of a practitioner in which they refer to as 'the perfect day-care practitioner' Sylvia and Andrea reflects around the importance of both recognizing the child as a part of a family as well as an individual social agent at the day-care.

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[14] /.../ - this is an indication that part of the statement is taken out. This is done in attempt to reproduce a citation that reads better.

Sylvia:     Yes he is. The thing that is very rare with him is that he talks about the children as if they were his colleges. He sort of talks about them in a more grownup fashion. It is hard to explain. But it just works really well. It becomes…he sort of becomes more sincere in /…/ he has sort of a completely unique way of talking about the children. He is also the person that I felt had a little bit of knowledge about whom the children were at home. So, when we were on our way home, it was like "It is Friday now. Yes are you going home and cuddle up in the sofa with some candy?" or… It could be very general, but he he makes it very personal. In a way that we parents: "Oh, how nice". Well, that you give that extra little something. Instead of just saying "Goodbye". That you follow up a little bit by talking about what is going to happen or what has happened.

Andrea:    You feel that he has seen your child. I think it is that. He knows Victor and Jerry when he went there. I feel this strongly. He is sort of like Victor's buddy. (Focus Group, VN95: 7).


Bring and fetch situations are often argued as a platform for informal communication between parents and practitioners (Markström, 2005). However by the parents' expression we can see that this is also a platform where parents and practitioners get familiar with each other. It is a space if interchange of information that creates a relational bond between the two parts. This bond is what helps parents as well as practitioners to combine information about the child to construct a complementarily knowledge across the two spheres. In her analysis Markström (2005) call attention to how these situations are dominated by a space in which is constructed by meetings and departures and a space in which the individual child transfers from a family group based child to a child in day-care and the other way around in the afternoon. Parents ambivalence this transfer can be seen in their emphasis on the importance of the completeness of the child, understood as seeing the child as both a child within a family and a child in day-care.


*Perceived boundaries of information sharing:*
Some parents in this study express resisting their urge to give information about their child to the practitioners in fear of taking up to much time or being a perceived as nagging. Parental fear of nagging was also found by other scholars Druglie (2008). Bring and fetch situations are not only a place for interaction between parent and practitioners, but also with other parents and their children. By observing other parents and practitioners, parents are actively making sence of what is expected of them in the interchange of information. In Lila's statement underneath we can see how the context of fetching the child at the day-care institution is constructed not only by the physical space of the day-care institution, rather, her experience is constructed by the combination between the physical context, and the people

that interact in the situation and the particular situation created that constitutes the context (Markstrøm, 2005).

> In the beginning I felt like. I feel that there is not that many parents who ask any questions. Because when we come to fetch (her son), they just pick up their child and leaves. /…/ -  I like to be informed, but I feel a bit lika a hen sometimes. It is sort of like "has he coughed anything today?" "Has he …". - Or if he has been coughing at home and has had the flue. (Lila, VN95: 5).

In the situation depictured by Lila, her conflicting feelings are constructed by the physical space of the dressing room, other parents present and her feelings of limited possibility for communicating with practitioners. By Lila's citation we can see how she struggles between her desire for information and to be informed about her sons activities at the day-care institution and her fear of being perceived as a over protective parent represented by the word 'hen' or in norwegian *hønemor*. Lila bases her description of her self as a 'hen' on her comparison of her own practice of asking the practitioners many question when she fetch the child with her own observations of other parents. Similar experience is expressed by Kathrin. She also reflects around how her search for information might affect ways in which practitioners perceive her child:

> I think that they looked at me a bit like a pain in the ass (small laughter). Because I asked many questions about things. Then after a while, you get afraid of this also, because you get afraid that…-If you nag to much they will start looking at – that they do not like your child because you ask to many questions, or – yes, that it start to affect your child (Kathrin, VN93: 5).

The examples show how parent-practitioner and parent-parent interaction creates norms as well as boundaries for collaboration. By looking at others habits of bringing and fetching they constructs ideas of what is normal behaviour in parent-practitioner collaboration. This norm of behaviour becomes tools in which parents use to control and evaluate their own practice. Kathrin moreover articulets a concern that her actions and questioning might effect how the child is treated at the day-care institution.  Statements such as these indicates strong unspoken boundaries limiting parents perception of their possibility to collaborate and share information with the practitioners in bring and fecth situations.

*Information sharing in relation to children with special needs*

Parent often expressed that information shared in bring and fetch situation were increasingly important when their child was categorized with special needs. Parents with children with and without the label of 'with special needs' stated that they collaborated more with the day-care institutions regarding their child with special needs then what they found necessary with the other child 'without special needs'. These platforms of communication were in particular mentioned as important in regards to consistency in feedback and reaction to children's behaviour, to make up for limitations in the child's communicational ability as well as observation in regards to the child's health and behaviour situation.

> I have actually thought of how important it was for me to tell (them) at least how Jane – How she had slept – not slept well the night before and – Because I was worried that there were something (illness) on the way, you know. So I probably gave – tried to give more information then. /…/ <…John: We were listen to…>[15] Yes, we were heard – but I experienced that – Yes, I experienced maybe that I were not – You are very vulnerable and very – I sort of did not experience that they understood what I was worried about…But we were listen to. (Bailey, VN91: 9).

From the day Jane was born until she was approximatly 4 years old, she suffered from a severe medical condition that resulted in long stay hospital visits. The severety of the situation contributed to an increased importance given to information sharing between Jane's parents and the practitioners at the day-care institution. Through the interview Bailey and John emphasize that they experienced that many practitioners lacked experience and knowledge of the large specter of emotion that parents of children with special needs experienced. It was not that they did not listen, but that they did not recognize the amount of stress that they as parents were in and that the practitioners did not understand the severety of the situation. A distinction between parent-child relations and practitioner-child relation is the emotional envolvement (Nilsen & Jensen, 2010). Parents are often more emotional envolved in the child's life than practitioner. If the difference it not recogniced by both parts it can affect their collaboration (Nilsen & Jensen, 2010). Bailey furthermore reflected how limiting the amount information shared in bring and fetch situations was important to protect the child from being perceived as different than other children:

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[15] <…x…> These signs indicates a statement from another participant in the interview or a statement made by me.

There might be other parents there that deliver, and then there are other grownups, and then there are the children, and … It becomes- at least I am, I want to protect Jane and us also. But I also did not want to ask if there is someone I could talk to  - sort of like "can you come over her for a minute"- everyday. Because, then there would become something very special with Jane. I thought it was enough that was special about her. (Bailey, VN91: 10)

Withholding the amount of information was also important in 'normalizing' Jane and themselves as much as possible. The communication shared within the dressing room at the day-care institution is often a public space, where their interaction and communication are open to scrutiny by other parents, practitioners as well as children. Because of her illness Jane spent large part of her early years in and out of the hospital. Jane's days at the day-care institution is described by Bailey as a sanctuary, a place where Jane could play with 'healthy children' and forget her illness for a while. In this situation, collaboration with the day-care institution became a balance between given enough information to make sure that she was taken care of and not sharing too much information in fear of strengthening her 'differentness'. Thus, by not initiating conversation and information sharing 'everyday', Bailey and her husband John were protecting themselves and their child from being perceived as different compared to parents and other children at the day-care institution. The notion of 'withholding information as an instrument for creating normality' is elaborated on further in the section focusing on 'social stigma'.

5.1.3 Parental conversations

The number of parental conversations that the parents participated in on a yearly basis differed. Parents reports taking part in all from none to three parental conversation in a year depending on the information given in front of the parental conversation and whether or not it was found needed to arrange more conversations in regards to the diagnostic process of the child. In front of these meetings practictioners have observed the individual child and noted down in structured schemes how the child behave within a set of development areas in different social settings. These are used to identify the child's strengths and any development problems that the child might have. The information is then passed on to parents in the parental conversations (Alasuutari, 2010). The overall parental knowledge of the preliminary observation process in which the development-conversations are based on was limited among the parents taking part if this study. However, Ella's explaination based on her own experiences working as a assistant practitioner at a local day-care institution depictures part of

the preliminary work conducted infront of parental conversations at that particular day-care institution.

> We sit together, and then I sort of have written down a list for each of the children (which she was responsible for), and then we contribute with information or take away certain things if one uf us think OK, yes, maybe he is pretty good at the gross motor skills even though… Then we sit and compare in relation to others. Thus we sit and discuss a lot. And then we write it down the things that…So I see it – They use – In school they do not use this form, but at the day-care institution they do. (Ella, VN90: 26).

As also found by Markström (2005) in her observation of the preliminary phases of the development-conversations, Ella describes the preliminary observation process as a group efford based on discussion among the practitioners about their experiences of the child in different situations. In this discussion they try to come up with a picture of the child based on a consensus within the group of practitioners. Even though parents were given limited information about how the preliminary observations were conducted, the parents interviewed acknowledge the considerable amount of time spent on observing their child. Parental conversations were moreover perceived to be a platform of communication where parents could get valuable personal information of their individual child's development and everyday life in day-care.

> I was very pleased with the conversation I had with them. And then they had that thing were you saw where he was (in the development). That one had brought in all the intellegences, music and movement and matematics and all of those. <…Sylvia: Language…> Yes, language, yes so it was very fun to look at everything they have written down. (Lila, Focus Group, VN95: 4)

In sharing their experience parents express being very satisfied with the amount of information that they are given about their child. The focus of observation is expressed as the child's different forms of intelligence and  social skills in different situations. Thus, parents experiences indicate that the day-care institutions utilize different criteries for observing the child prior to the parental conversation. However, all of them are based on comparing the individual child's accumulation of certain skills that she or he is expected to have developed according her or his age. At the day-care institutions whereas Ella works they have constructed their own observation forms. She explains it as: *It is something that we have constructed ourself. One point could be for example: Does the child have fine motor and gross motor skills? Does the child play alone or together with others? And so on. So that we*

*easier can remember (Ella, VN90: 26)".* Parents in this study were not included in the preliminary observation phase. Thus, the observation of the child have been conducted within the institutions, describing the day-care child. Consequently, the child behaviour within the family were not considered in the preliminary observation of mapping out whether or not the child have 'special needs'. Parents knowledge of the process of preliminary observation moreover draws a picture of their inclution in the process. As also emphasized by Markström (2009) the way that the platforms of communication is structured constructs parent-practitioner relations in which, within parental conversations, the professionals has the power of controlling the rules of how children are to be interpreted and analyzed.

In respons to their talk about their experience with parental conversation, the three women particpating in the focus group interview where asked whether or not the conversation revolved around information given from the practioners at the day-care institution or if they also shared experiences with the practitioners.

| | |
|---|---|
| Andrea: | Just from the day-care institution |
| Lila: | Yes, its more that I have told them that "yes, he does that at home also" or something like that, but it is not like that they ask you how he is at home. It is more like I am the one to tell. |
| Sylvia: | And I almost have the feeling that I need to force them to listen once and awhile. It is like that at the day-care institution also. This provokes me a bit. Because I feel that I, that I am like a cloth around their neck trying to force information on them, but sometimes I feel that I want to tell what J. did during the weekend or what he has done. |
| Lila: | Yes |
| Sylvia: | …so that they understand what he talks about afterwards. But then, it is like nothing. They just "aaaa hmmm", they do not show any interest. And I think that, that makes me a bit grrr. One thing is that they do not need to respond to all, but they need to be a bit open, to be a bit accommodating. (Agreement is shown by unison 'hmmm' around the table). And I sometimes feel that they are not as good in doing that. (Focus Group, VN95: 7) |

In the three womens statements above we can see that they feel limited by the communication that arises in parental conversations. Information sharing were often experienced to be largly one-way in the parental conversation, and the agenda and process of information was dominated by the practitioners observation and perception of the child. Parents contributions were often limited to their own initiative to supplement their own experience of their child at home. Thus, as also found by Alasuutari (2009), the processe of parental conversation

constructed an asymmetry of power in sharing knowledge. As Sylvia's expressions show, to push the boundaries of these limited space for information sharing was felt as forcing information on the practitioners.

## 5.2 Guiding parents' in proper childrearing

Parents' expertise and knowledge of their own child are often associated with practices within the private sphere and the everyday life within the home. Through parent-practitioner collaboration this parental expertise and knowledge is exposed to practitioners' evaluation and commentary (Gars, 2002). Supporting earlier research (Gars, 2002), with the aim of assisting home with the care and upbringing of their children (Ministry of Education, 2006a) parents often experienced being given tips and general guidance in parental child-rearing practices by practitioners. Practitioners working at the day-care institutions are not supposed to take over the function of a family, but they are regarded as complementary agents in the upbringing of the child (Ministry of Education, 2006a). Parents have experienced being given tips and guidance in relation to caring for their children with and without 'special needs. Reflecting on the collaboration parents' mentions several forms of guidance, such as: information letters and board information; comments and tips from the practitioners about how they do it at day-care institution; and possible ways of improving the child's behaviour at home by implementing certain rules or directions.

### 5.2.1 Guidance in modifying children's behaviour

When children enrol in day-care, not only children but also parents are expected to adapt to new situations and to learn from practitioners. Parental conversations are often used as platforms for given advice in childcare practices to parents. One of the parents working at as an assistant at a local day-care institution shared her experience of utilizes her own knowledge of having a child with special needs to guide and help parents in similar situations. *" ...we told them that they needed to be consequent. A no is a no. When you have said no to biscuit, it means no. Even though he might cry…" (Ella, VN90: 23).* As earlier chapter shows, practitioners' observation of children's behaviour is the main topics in the agenda in parental conversation and is the topic that is given most space. It is through processes such as these conversations that perception of the child is constructed and normalized (Popkewitz & Brennan, 1998). By focusing on children's growth and abilities compared to other children parents often express being confronted with information and perspectives on their child that them themselves have not thought about.

> We have gotten some small tips about what to do in regards to that Veronica is very fond of sitting on the lap. And then they sat beside her or they sat on the floor and had Veronica beside them. And then they told us in a nice way that we have now started to try this, you can also try this (at home). Small tips and things like walking. That we can try with textile shoes. (Andrea, Focus Group, VN95: 8).

One of the things brought up at the parental conversation between Andrea and the practitioners was her daughter's tendency to sit on practitioners lap at the day-care institution. This can be interpret as an signal from the practitioners that Veronica is to dependent on the practitioners and that an indication is made that it time to try to make her more independent of adults. Veronica did not experience this as a problem at home, but she acknowledged the advices given from the practitioners. Another example is one described Lila:

> The day-care institutions do not tell you what to do, but I feel that the day-care institution down there is very good at, "we do it like this at the day-care institutions". So when Tony has been a bit, especially when he was hitting the younger children (at the day-care institution), then we knew what they had done to prevent him from hitting. I took that more as an advice, than… (Lila, Focus Group, VN95: 6).

Both Andrea and Lila express being given small tips and guidance on how to take measures in modifying their child's behaviour at home. The two cases share some resemblance in that the behaviour perceived to need modification where based on how the child behaved at the day-care institutions and not how parents experienced the child at home. Mayall (1996) argues that collaboration becomes ways in which practitioner intervene in private lives to regulate childcare practices within the private sphere. As shown by Andrea and Lila statements, parents seldom articulate guidance from practitioners as problematic, but rather as a natural part of the collaboration between home and day-care. Even though they did not recognize the practitioner's perception of the child, they acknowledge the practitioners power to define the child's problem and to give advice in how to solve it.

5.2.2 Nutrition

While sharing their experiences of guidance and direction given by practitioners, food often came up as a theme in their examples. The Ministry of Health and Care Services has since 1995 given out directives in regards to nutrition in day-care institution. The last directives were given in 2007 (Ministry of Health and Care Service, 2012). Based on representative sampling of day-care institutions in Norway, the Norwegian Ministry of Health and Care Service presented a report focusing on importance of healthy food in day-institution in 2012. (Ministry of Health and Care Service, 2012). This report maps out day-care institutions food

practices and compares progress with a report introduced in 2005. The report of 2005 highlighted the importance that day-care institution where equipped with tools in which to use in their communication of nutrition and dietary with parents (Ministry of Health and Care Service, 2012). The report of 2012 moreover, draws picture of a governmental ministry that is active in promoting healthy dietary in Norwegian day-care institutions, utilizing seminars, guiding documents and not at least surveillance of progress as tools in their promotion. This normative expectation directed at the day-care institution from the government becomes important in understanding parents experience with food in collaborating with the day-care institutions. Practitioners are expected to utilize the knowledge that they have accumulated through seminars and documents to change the practice of food at the day-care institution and furthermore to teach and guide parents to improve their dietary behaviour at home

Interestingly these governmental directions were also visible in parents experience in their collaboration with the day-care institutions. Several parents taking part in the interview reports that day-care institutions have encourage them to bring healthy breakfast and lunch to day-care. As an encouragement one day-care institution were also found to give out free books with healthy recipes to parents.

> No they say that it has to be parents' responsibility to…but there are always parents at the parental meeting that ask about that. If they can bring slices with nugatti (chocolate spread)…They say that parents can decide what they want their children to bring. We large have healthy lunch boxes, but they do not say anything. He is very fond of a slice with nugatti this one, but he does not complain if he does not get it at the day-care institution, even though some other children have it. We send with him fruit also. Some days when they have their outings it happens that we send with him a biscuit or bun, but in regards to birthdays they are very clear on that they do not want cake. I have send with him some small lollipop or there is someone that have arranged with a fruit salad. They are very creative that way. But that is ok. There are many birthday celebrations so there would have been a lot of cake. But they encourage bringing healthy lunch boxes and they have delivered out several books with healthy recipes. (Maria, VN94: 5-6).

By her experience Maria understand the question of what food to bring to the day-care institutions as the individual parent's responsibility. Though the encouragement of healthy food is not presented as a specific rule at the individual day-care institution, Maria follows the norm of a healthy lunch box. The collaboration in giving children a healthy dietary is promoted by involvement, commitment and responsibility. Encouragement through books and hired lecturers at the local day-care institution becomes ways in which practitioners are

actively enforcing empowerment of parents and implicitly controlling their child-care practice. It moreover indicates how the construction of ECEC system and the practices that follows becomes means in surveillancing both public health and childcare practices. In this sense empowerment of parents are understood as providing parents with the knowledge, skills and resources in which they can utilize in everyday life at home (Dempsey & Dunst, 2004 cited in Lundeby & Tøssebro, 2008).

Ella also got advice from the day-care institutions regarding her son's eating habits. Her son was in the initial phase of observation/mapping of ADHD, nutrition was perceived by the practitioners as a possible explanation for his behaviour:

> "Does the child get much sugar?" and like I say "He doesn't get to much sugar. He eats bread with liver spread". That is what he likes very much, you know, and what he has eaten all the time. And bacon cheese, and then he has gotten some yoghurt from time to time, so that he gets something else. So he eats. And also fruits and. So that, but they thought it (his behaviour) had something to do with his diet, so they recommended us to go to a nutritionist…. But I haven't done anything about it. (Ella, VN90: 17)

When confronted with the statement, Ella felt that she needed to defend her childcare practice and which food she provides her daughter. As shown by the example above, when sharing responsibility of child care with day-care institutions parents risk being seen as responsible for their child's behaviour (Lundeby & Tøssebro, 2008).

5.2.3 Guidance from external institutions

In the situations were the practitioners perceived knowledge within the day-care institution insufficient, parents were directed towards other sources of professionalized childcare service. Parents mentioned several forms of external professional service being offered. Examples are; the day-care institution engaging lecturer whereby parents are invited to participate and have discussion groups afterwards; day-care institutions were found to direct the parents to read books or attend seminars sponsored and arranged by the municipality called 'The Incredible Years', pedagogically based on ideas introduced by Carolyn Webster-Stratton[16]; and in relations to the diagnostic process of children with special needs, parents were often directed

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[16] The Incredible Years programs are sponsored by the municipality and free for parents to attend. The Incredible Years is introduced as a parent training intervention based on a series of programs focused on strengthening parental competencies (monitoring, positive discipline, confidence). The Incredible Years programs also focuses on fostering parents' involvement in children's school experiences with the conviction that this promotes children's academic, social and emotional competencies and reduce behaviour problems (The Incredible Years, 2012).

to other institutions with specialized knowledge such as PPT and BUP which gave seminars and further directions.

Through her collaboration with different institution in the diagnostic process, Sara and her husband have been given guidance from practitioner presenting how the deal with Benjamin's behaviour at home. Sara was first given a letter from the day-care institution when the initial concern of her son having special needs. This letter consisted of recommendation in relation to childcare practices at home. *"...it was sort of very general things really…But it was things (...)that we had thought of ourselves, such as the importance of established routines. Here everything is determined by the clock, both dinner and supper, even if it is weekends or weekdays" (Sara, VN89: 15).* The information letter was seen as surplus. Sara and her husband thought they have implemented what was explained in the letter. Another option for parental guidance where mentioned by a practitioner in the parental conversations.

> It (the information) has been mostly from us – before they have given it the other way. I don't know if they go out directly at people. But I got – at the end it was – I got – the last conversation with the pedagogical leader – she has quit now, but – but she mentioned it: "Yes, you know there is a very nice – et very nice seminar/course in these – The incredible years", "Yes, yes I have heard of that, great". And then … later on: "By the way, did I mention that seminar/course 'The incredible years'?" <…Yes…> Yes (Both the interviewer and the interviewee is laughing). And than, you know: "I am sure that it is possible to get hold of the book!". That's a bit like… and then you think: "its enough now – I got it now" (Laughter)… But… No, you know – they just mean well by it, you know, so I don't take any offence by it in any way. I have bought the book and I don't get him (the father) with me to take the seminar/course – therefore, I bought the book. (Sara, VN88: 20)

Parental guidance is believed to be an important tool to use in behaviour modification of children with ADHD (DuPaul & Kern, 2011). Several seminars are now developing as a response to the increase number of children given the diagnosis. One these seminars that have specialized in guiding parents in proper childrearing in regards to children with special needs are 'the Incredible Years' seminar. This seminar was mention by three parents taking part of this study.

**5.3 Network of surveillance**

Through the procedures of parental and professional collaboration Holt (2004) argues that we are no longer just talking about the socially constructed idea of a 'normal child', but also construction of the idea of 'proper parenting'. Special pedagogy, parents meeting and 'early intervention' can also be used as device for 'surveillance' (Foucault, 1995; Crozier, 1998). As

discussed earlier in this chapter, different platforms of communication and collaborations are processes in which implicitly help parents to adapt to the practices and values at the day-care institutions regarding what it means to be a proper 'day-care parent' and in some situations they become platforms of 'professional' guidance of childcare practices. However, Surveillance is not one-way, parents meeting and parent-practitioners collaboration also opens up for parents observing and evaluating staff and the day-care as a whole (Crozier, 1998).

### 5.3.1 How diapers and lunch boxes tell stories of everyday life in day-care

Young children spend large part of they time awake in day-care and for many parents, this is a part of their children's life that they have very limited information about and control over.

> And then I feel "yes, what have he…have you eaten somethings today?". Because they don't have a lunch box. Before I could see if he had taken anything from the lunch box. But we cannot see it now because they have all the food at the day-care institution - And that is great, but then I have to dig for information "how much has he slept" (Lila, VN95: 5).

To share the responsibility of childrearing with others is expressed as being tough for many parents. The need for assurance that their child will be cared for and be safe is expressed by all parents taking part of the study. Lila's case, presented above, represent a situation where she as a parent feels that she no longer has control over her sons eating habits. When the responsibility of providing lunch for the children was transferred from parents to the day-care institution Lila lost some of the tools that she used to overlook and get a glance into her sons everyday life at day-care. She recognized the lunch arrangement as beneficial for her son in that he was provided with warm lunch and fruits everyday. However, when this information source was taken away and not replaced with additional information from the practitioners working at the day-care institution she experienced losing control over her sons daily activities.

As shown by Lila's statement, to be able to acquire knowledge of their children's day at the day-care institution parents utilizes several surveillance tools in gathering information. Kathrin is a day-care practitioner and has three children one of whom had some difficulty with language development. Her statements presented underneath gives insight into the importance of different sources of information. By her work and family situation she represents both the parental and the practitioners' side of parent-practitioner collaboration.

In relation to feedback to parents, in relation to follow-up of plans, what is going to happen – because I think that is one way to – I think that I am especially interested in that. But – but they are together with my child 7-8 hours everyday. I want to know what they are doing, and it is I that – and I think that it is to underestimate parents interest in their own children to think that it is not important for them to know – I see at our day-care institution, everybody gets – we use the our webpage, everybody gets email about what is happing. We are close to them, sort of. We shall have a set number of pictures that are shown in the dressing room every week. It is many things – they have many opportunities to look at how the everyday life is, and they (the practitioners) are supposed to talk about children's experiences everyday. (Kathrin, VN93: 3)

To get a glimpse of children's everyday life in day-care, parents actively use different tools that tell stories about the children's day. This could be lunch boxes as represented by Lila, or it can be other information sources such as pictures hanging on the walls, clothes and diapers. Each information source tells its own side of a story: lunch boxes tell stories about eating behaviour: clothes tell stories of spaces of play, if the child as played outside or inside; and diapers tell stories of care practices. As much as they pictures children's life in day-care they also becomes important tools of parental surveillance and evaluation of practitioners' childcare practice. As represented by Kathrin's statement above, through her expertise and education Kathrin know how a good platform of parent-practitioner collaboration should be. However, her experiences as a parent were quite different. Through her statements underneath she reflects around how diapers and lunch boxes became important tools in surveillance of the everyday life in day-care that she did not get access to through practitioners' information.

It was like – they said that they were going to give feedback on what they had done and how my child had been, and then we were not given the things that they promised us. And that – that made me very – I was very sceptical then – I wondered: do they not see what my child does? Or is that they just don't have time? ... Why do you promise something that you cannot keep? Yes.. So- and then we experience – in the beginning – in the beginning when the youngest still was in diapers, that he had defecate, and he came home and was – the diaper was so full of faeces (and the diaper had) not been changed, so then I had to moisten him in a bathing tub, because I could not wash him, it was completely – Because he had been walking around with it for many hours. And things like that, if you do not cover the primary needs, then I do not… -yes- then I do not trust you. /…/ It was like, I brought breakfast or lunch and it was not even touched. And I did not get – it was no message about it at all, and that is one of those primary things – even though we tried to bring it up and nothing – It changed a bit and then – it did not get better over time. (Kathrin, VN93: 3-4)

Parental satisfaction is to a large degree based on trust and being certain that the child is being taken care of (Lundeby & Tøssebro, 2008). However, as expressed by Kathrin, when parents experience lack of care by practitioners in several occasions, the trust between parents and practitioner is broken. Unchanged diapers and uneaten lunch became proof of practitioners' lack of ability in basic childcare. With the impression that the practitioners no longer were able to take care of her son's basic need, she and some of the other parents talked about it together and brought the problem up with the practitioners at the day-care institution. This attempt to influence everyday practices at the day-care institution resulted in a temporary change, but the effect of parents critique wore off after a while.

## 5.3.2 Surveillance within the group of parents

Parent-practitioner interaction as well as parent-parent interaction is constructed and framed by the over all structures of institutionalized ECEC. By analyzing surveillance among parents in day-care institution by utilizing Foucault's (1995) ideas on panopticism it becomes possible to bring into light how parents are themselves reproducing the normative power relations that exist within the institution. Bailey and Johns' experience presented underneath indicates how surveillance within the field of ECEC also extends to parents' surveillance and evaluation of each other.

As mentioned in an earlier example, Bailey and John's daughter Jane was diagnosed with a severe medical condition at birth. One of the side effects of Jane's illness was that she lost her appetite. Her condition had led her to become malnourished and her illness dictated that she needed to digest an increased amount of lactic acid bacteria.

> We were told by the hospital that it was, as an example, important that Jane eat yoghurt, and… lactic acid bacteria that you will find in 'cultura' and similar (food). And we – she became very fond of it, so we just let her eat a lot of it. And it became a balancing factor because of the amount of sugar, which is very central just now, you know, with nutrition and day-care and school and things like this. Then came – I never felt that it was a dilemma for me, for me it was like: She needs it – So I brought with her two yoghurts to the day-care institution, and I was told a couple of times that, it might be enough with *one* yoghurt. <Oh yes> But for me it was *so* important – hello Jane has – it is important for her. And the situation of being understood and heard as a mother in relation to Jane's history, this we had to explain *a lot*. And then it was other parents, you know, that reacted on it: "Oh, Jane has *two* yoghurts". Those small things became *so* important. <John: yes> But this is something that might have made her intestines and stomach function as well as they do today. The doctors' said, "Just give her a lot of culture". And yoghurt… (Bailey & John, VN91: 5)

Bailey and John's experience highlights how they struggle with what they refers to as 'small things'. Their ambivalence comes as a result of their own acknowledgement of the importance of limiting the amount of sugar in children's nutrition, however, in the special situation of their child they felt that it was necessary to give her as much as possible. Exploring the structures of surveillance through the Bailey and John's example reveals a complex network of surveillance and evaluation. Foucault (1995:176-77) argues:

> "…for although surveillance rests on individuals, its functioning is that of a network of relations from top to bottom, but also to a certain extent from bottom and laterally; this network 'holds' the whole together and traverses it in its entirety with effects of power that derive from one another: supervisors, perpetually supervised. ".

The structure of surveillance that is constructed within the platforms of communication are not only top-down or bottom-up, but extents to a system of surveillance that function within the group of parents. Parents that have adapted to the perspectives and norms that governs within the subculture at the particular day-care institutions, as much as them themselves are being supervised, becomes supervisors that enfore certain parental behaviour.

## 5.4 Parents' experiences summarized

This chapter has explored how parents experience the possibility to participate in information sharing in different platforms of communication between home and day-care institutions. The analysis of the different platforms of communication shows that the collaboration encompass a variety of functions, are deployed in different ways and experienced and perceived differently by parents. Participants taking part of this study expressed a high level of reflexivity regarding their expectation of and experiences with parent-practitioner collaboration. Families and children have different needs and parents have different experience and perspectives with parent-practitioner collaboration independent of the categories 'with or without special needs'.

Young children spend a large part of everyday in day-care. Parents express that it was important to create a link between the child life at home and life in day-care. In daily collaboration this link was constructed in bring and fetch situation. In their experienced they expressed several limitations in creating this link through collaboration. Factors affecting the amount for information shared within the platforms were; parents and practitioners lack of

time for communication in bring and fetch; fear of being perceived as nagging or over protective parent; the presence of other children and parents; and that practitioners in charge of their children's section have left for home when parents came to fetch there children.

Thus in the situations where limited information was shared between the parents and practitioners, parents used other information sources to get a glance at their child's life in day-care, but also to surveillance and evaluate practitioners childcare practices. Both Ella and Kathrin reflect on how lunch boxes, diapers and clothes tell their own story.

Parental conversations was seen by parents as a platform of communication where they could get valuable personal information about the child. Day-care institutions' specific rules of conduct together with the construction of environment produces and facilitiates a particular understanding of child and a idea of normality (Alasuutari & Markström, 2011). These ideas of the child and child development are found to be reconstructed and negotiated or sometimes challenged and deconstructed in relation of parent-practitioner collaboration. Parents, independet of 'special needs', were generally pleased with these conversation. However, the construction of the child in this conversation was based on practitioners observation and perception of the child in day-care. Practitioners also used these conversations as a platform to guide parents in possible childcare practices at home. Thus, collaboration and communication in parental conversations was to a large degree governed by practitioners perception on how they understood the child and her behaviour, and practitioners perception on how parents themselves should behave (Gars, 2002).

Most parents taking part of this study report the feeling of not being recognized. The notion of not being recognized is never explicitly but is traced a common topic in the parents narratives throughout the interview. However, it is important to emphasize that these experiences was often with individual practitioners or at certain day-care institution, all parents' experiences with collaborating with several practitioner and more then one day-care institution. Thus, the notion of not being recognized do not reflect their overall experience of parent-practitioner collaboration, which they were satisfied with. Nevertheless not being recognized was presented by parents as feelings of: not given time and place to express their view in the collaboration process; parents and their children not being welcomed and seen in the morning; and that their situation was not being understood. Some of the parents moreover mentioned

shortcomings in the everyday childcare at the day-care institutions and in the individual initiative implemented for their child with special needs.

By entering into the sphere of day-care institutions parents are introduced to the governing pedagogical discourse within ECEC. By learning rules and routines through social relations between the different agents within ECEC parents are guided into taking on a certain day-care parent role. This role is constructed by relationship between control and freedom, responsibilities and rights, and between the individual and the group. Processes of guidance mentioned where through information letters, everyday talk in bring and fetch and advice given through formal parental conversations. Furthermore, the 'talk of food' calls attentions how governmental policies and focus affect everyday life in day-care institutions. Through information campaign and by measuring progress they give strong direction to the individual day-care institution to follow their advice (Ministry of Health and Care Service, 2012). This is also reflected in parents experience with guidance of healthy food habits, both at the day-care institution and at home.

# CHAPTER SIX

## PARENTS' COLLABORATION IN THE DIAGNOSTIC PROCESS OF 'CHILDREN WITH SPECIAL NEEDS'

In the preceding chapter I have discussed the context and platforms of which the parent-practitioner collaboration take place. This chapter analysis and discuss parents' collaboration in the diagnostic process of mapping out children's 'special needs'. The main focuses are 1) how parents' experience the process, 2) how they were able to contribute to the process and 3) how they experienced that their perspectives and knowledge have been taken into consideration throughout the process. Building on the preceding chapter, the collaboration process is analysed as a meeting between parental knowledge and the institutional professional knowledge represented by the practitioners.

This chapter will introduce 1) the construction of worry zone in parent-practitioner collaboration. 2) In the second and 3) third section, the discussion moves on to focus on parental participation and experience of the diagnostic process from the initial message of worry to the final diagnosis, intervention and medicalization. 4) Fourthly, the analysis and discussion concerns parental fear of their children being stigmatized by their 'difference' and how the diagnosis becomes important tools in securing equality and normality for their child. 5) Finally a brief summary is introduced covering the salient findings.

### 6.1 Construction of a 'worry zone'

'Normal' is a size that is hard to conceptualize and it cannot be given an explicit definition. It exists in an indissoluble relationship with the abnormal, and the first cannot be understood without the other (Solvang, 2006). Concern in relation to children's development is often brought on by the construction of normality/abnormality and ability/disability and the absence of a clear-cut line between the two. Hence, parents and practitioners concerns about children's normality creates an existence of an 'in between'. This zone of 'in between' can be referred to as a 'danger zone' or 'worry zone' (Gjems, 2010:176). It is a zone where the child who does not quite act and behave as 'normal children', or does not have the skills that is expected of a child at that certain age, who becomes the 'object' of adult worry. Not yet defined as 'deviant' or with special needs, the concern is that, even though the child's deviating behaviour or lack of skill is not dangerous or problematic now, it might become problematic without proper professional intervention. By analyzing parents', with and without children categorized as

with special needs, reflections of their concerns gives insight of how the 'worry zone' is constructed in information sharing about the child between parents and practitioners.

Children and their parents are in contact with several institutions with special interest in child health and development throughout children's early childhood (Markström, 2009). Through their encounter with these institutions parents are guided on what to expect of their children at a certain age. By their guidance, institutions give tools in which parents can use to comprehend the ideas of 'the child in development' and the process of a 'normal development'. Thus, all parents are automatically drawn into discourses related to children's 'normal development' and the distinction between normal/abnormal, deviancy and difference as introduced by professional in the educational and health systems. How parents use these perspectives to make sense of children growth are presented by their focus on children's development. Concerns about whether or not their children developed according to 'normal development' is expressed by all parents taking part of the study. In the focus group parents were talking about the many milestones that they were concerned about.

> "There is language of course. After walking you have language and motor skills. There are many things that are there. When you start to think about it. But it hasn't been a concern, not after walking. It is more like things have progressed on its own. There is a lot that is to be developed you know" (Sylvia, Focus Group, VN95: 9).

In her statement, Sylvia utilizes a developmental understanding of the many milestones that her child needs to develop, such as learning to walk and talk. Children without special needs are expected to follow 'normal development' within a certain amount of time without any special intervention. Thus, as highlighted by Jenks (1982) developmental discourse of children's growth is based on the idea that children are expected to grow naturally into more mature children and later on adults. The 'worry zone' can be said to arise when the child growth does not follow what Prout and James (1990: 10) highlights as the governing themes of the developmental discourse of children and childhood; "rationality, naturalness and universality". The governing rationality in perspectives on childhood led us to believe that childhood can be viewed as an apprenticeship where children move from a dependent presocial state of being to a full human status as represented by adulthood (Prout & James, 1990). This process of 'human in the making' is presented as a universal journey in which all children travel naturally (Jenks, 1982; Prout and James, 1990). Moreover, by normalizing this process of development, it constructs limits for normal and in the process creates measurements for deviancy (Foucault, 1995).

The major focus of observation by practitioner in front of the parental conversations is in fact this process of the individual child's developmental process. And questions are raised on how far the child have come and whether or not the child is within the limits of normality or in the danger of falling behind. Both parents and practitioners acknowledge that the certain amount of time needed for a child to reach these milestones is individual, however the concern that some might never develop properly without intervention and concerns about future challenges constructs limits to how long they are willing to wait. The question is *when* is it necessary to start structured forms of mapping out possible 'special needs'? And *who* decides when to start the process?

All families have different backgrounds and different perception of special needs resulting in the families adapting a variety of strategies in tackling their child's situation. For four of the five parents that were diagnosed in early childhood, practitioners working at day-care institutions raised the initial message of concern. Moreover, parents without children categorized as special needs also experience that practitioner at the day-care centre initate concerns about their child development or behaviour at the day-care centre. While in three cases it was the parents who were the once raise their concerns to the day-care institution or to other institutions with professional knowledge of child development such as BUP[17] if they felt that they were not listen to. Thus in the analysis of families' collaboration in and experiences with the initial message of concern a distinction is made between the initial process as being powered by the day-care or parents themselves.

6.1.1 Initial concern raised by the day-care institution

Concerns presented by the practitioners in the parental conversations were; speech and language development; development of social skills and children's interaction with other children in play; and anxiety and adult dependence. Message of concern raised by the practitioners were not necessarily an indication that the child might need to be mapped out for special needs, but a small notice to parents about the child's ability compared to others. Andrea is a mother that got the message of concern in her last parental conversation before the interview. Her daughter Victoria is one-and-half -year-old and the major milestone and object of observation is her child's ability to walk. *"I am there right now. Not stressed out, but now I start seeing people that are born after Victoria that have started walking. You sort of get like 'ooooh'" (Andrea, Focus Group, VN95: 9).* Made aware of the situation, Andrea is

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[17] Psychiatrical Institution for Children and Youth

now actively observing other children's development to evaluate and comparing her own child with other children at the day-care institution. She moreover highlights: *"Especially when they are pushing on this at the day-care institution also. 'Have we done enough?' You get a bit like this (worried)" (Andrea, Focus Group, VN95: 9).* To help the child in her development, the practitioner gave Andrea some tips about different things that they could try out at home to encourage Victoria to try walking at home. Worrying about children's normality is a very common concern for practitioners working with young children and similar experiences where presented by many parents in my study. For some it was only necessary with some 'adjustments' and encouragement both for parents and children, while for others this initial message of concern lead to a longer process of diagnosis.

*Diagnostic process initiated by the day-care institution*

In this study, four families had experience with the ADHD diagnostic process, while another family had experienced a diagnostic process of mapping out possible hearing impairment and dyslexia. Two of the four families with children diagnosed with ADHD were also in the process of mapping out possible ADHD diagnosis with their second child at the time of the interview. With exception of Ella and her daughter Anna, the day-care institutions raised the initial concern. In the case of Sara and her son Benjamin, the initial process of diagnosis started when Benjamin was four years old and the practitioner raised the initial concern in a parental conversation.

> They – it sort of started with the small normal things, you know, that they mentioned (in the beginning), without worrying (us) sort of. But when it sort of continued, and they had followed the development, then they felt that they might not have the expertise required. And if it was ok for us, that they contacted PPT to be able to help *them* better to understand what was going on and things like that. (Sara, VN88: 6).

Through the parental conversation, the practitioner highlighted that they had been observing the child over a period of time. By including a 'time factor' structuring their concerns practitioners construct a time frame of the 'worry zone'. Constructing a 'worry zone' is here justified by practitioners 'seriation' and 'capitalization' of children's development according to time (Foucault, 1995). The seriousness of the situation where moreover highlighted by indicating their limited knowledge of this deviance and the need to contact other institutions with specialized professional knowledge. When introduced to practitioners' evaluation and observation about their son's developmental progress, Sara and her husband decided that it was in the best interest of their child to follow up on the practitioners concerns and agreed to

that the day-care institution could contact PPT for further observation. However reflecting on the diagnostic process, Sara express being more reluctant than her husband to start the progress.

> I have been a bit more reluctant (to start the process of observation) because – yes – it has to do with – yes, I think more like – well boys are boys. I have – we have – I have been restless – a bit restless kid my self and I have nephews that was very – active and full of life, you know, so I you know – I saw them in my children, in a way. And I am more like: Oh, this is ok! But the only thing that I was worried about was the anxiety – that – just to support them in and …And just show them that they were safe, I thought, you know, and then – then they would get more self-esteem and things like that. But when they started to talk more about it at the day-care institution, then – then I was in on it at once, you know, it was nothing – rather observe to much that to little, I thought <…yes?...> For I thought that was important in that they – the experts/the competent thought it would be fruitful to observe further. <…Yes…> So that – no you know – but my husband, he was (laughing) often – sort of felt that – But he is from the opposite side again – they are sort of a very calm family and not – (laughing) – So there is a different there. And then I got to know that it is 80 percent hereditary, ADHD, so then – not to wonder where *that* came from! (Laughter). Guilty! But, – that's that. <…I didn't know that it was 80 percent hereditary…> 80 percent. That is pretty much. So it is – But we never really talked about it, it is nobody in my family that have had that diagnosis, in any way. Sort of, kids are kids, sort of, and – well, we don't take it that seriously, sort of, so – more old school in that area, sort of. (Sara, VN88: 9)

Sara's talk of her son's activity level and restlessness reflects the process of professionalization and medicalization that constitute contemporary discourse of children's development. As Sara emphasize, she had observed that her son was 'active and full of life', however when compared with other family relation there was nothing deviant with this behaviour, both herself and her nephews were themselves active children. Sara's statement show how increased diagnostization, seen in a generational setting, might mean that what parents have experience as normal in their own childhood is now perceived to be abnormal among their children and in need of monitoring, active behaviour modifications and intervention (Glogowska & Campbell, 2004). Regardless of her own experience and reflection of her son's behaviour, she quickly agreed to start a process of observation when the day-care institution brought it up. Sara further on explains that the reason for her agreement to map out her son's possible special needs was her perception that professionals at the day-care and at other institutions were in the possession of certain analytical tools that she herself did not possess.

The initial process of observation followed a similar process in the case of Karen and her son Aaron. The process of observation started when Aaron was 4 years old and came as a result of Aaron's struggles with interacting with other children at the day-care institutions.

> We noticed that he was very active, so we thought – okay – active child. But then we started to get feedback from the day-care institution, that he was interrupting others play – yes, it evolved into fighting, and he just went straight into the game and destroyed the other children's play. /.../ And it had in fact been almost one and a half year <…yes…> So – yes – In the beginning we did not get much information - about the child. "Yes ok, he is active" (imitating the practitioner), he *is* active, but so what? And then at the end when the director at the day-care institution – at the time it was very few teachers at the day-care institution – she (the director) had to step in and work because they lacked people. Then she noticed, and we just like – yes – got those messages that made us think wow – what is going on? <…Yes…> Then the pedagogical leader at the section came back, and she also, of course, observed that there was something that wasn't completely OK. <…Yes…> Then we decided to bring him to BUP to be observed (Karen, 92:2-3)

With increased focus on medical explanations of what create difference among children professions educated to monitor and 'treat' difference such as doctors and special pedagogues are given more acknowledgement in relation to childcare practices. With increased focus on early intervention practitioners at the day-care are obligated to observe the children's behaviour in different situation and to take action if the child is observed to deviate from what they regards as normal behaviour (Ministry of Education, 2006a). By including observation and evaluation of children's behaviour and development in the job description of practitioners working in day-care institutions, preschool teacher and pedagogues become a part of the governmental system in which functions as judges of 'normality'.

The two situations described by Sara and Karen are examples of how children's activity level becomes pathologized and perceived as problematic by the practitioners. As also experienced by Sara, Karen and her husband were aware of their child being an 'active child', but it was not until the day-care institution approached them with their worries that the possibility of a diagnostic process had been thought of. In the cases where the initial concern was raised by the day-care institution the process of defining the child's problem were governed by practitioners' perspectives and experiences of the child. Lundeby and Tøssebro (2008) found that a usual experience of 'not being listened to' occurred in this initial process of defining the problem. However, though parents express not participating much in process of discovering the concern and in the initial phase of identifying the problem, they seldom articulated that

their voices were not heard in this process. Rather, their reaction to the news were of concern for their child and the whish to make sure that every action needed would be set in motion so that the 'problem' would be identified and intervention could be planned. Even Sara, who was reluctant to the idea that her son's behaviour needed do be mapped out, agreed to start the process when the day-care institution raised their concern.

### 6.1.2 Initial concern raised by parents

Parents were also found to share their concerns about their child's development with practitioners at the day-care institutions. In the accounts of parents whom initiated contact with institutions with expertise it was the parents' that revealed patterns of behaviour of their children that prompted their concerns, making them contact professional help. As parents care for their children they actively use different sources for information to evaluate whether or not the behaviour and development that they observe are within the limits of normal. Interestingly, whereas the practitioners often use their educational knowledge of child development and their earlier experience with other children at the day-care institutions within the same age group as frame of reference when they observed children's behaviour, parents often used close family connections as frame of reference in regards to their own child. Thus, as also found by Glogowska & Campbell, (2004) it was the comparison between the child and siblings or other family members that was used by parents to understand their child's behaviour. As with Sara, her earlier experience within the family with similar behaviour was a source of relief explaining the behaviour observed, while for others it initiated parents concerns.

Some concerns raised by parents where late weaning of diapers, language development and pronunciation, and social interaction, not having friends and deviant behaviour patterns. However, the practitioners were not sharing the parent's concern, and parents' express being met with statements such as: "*No, that will come by it self. Don't you think about that"(VN94: 4)* or *"She might have some problems sitting down quietly /.../ but besides that she is completely normal" (VN90: 3)*. The response can be interpreted as different expectation directed towards the child between parents and the practitioner. For some parents this difference in expectation was accepted and experienced as a relief. They had raised their concerns, been heard and reassured that their concerns were unnecessary and that their child behaviour was normal or would developed normally by just being given time to do so. However, as discussed underneath in the case where the child's behaviour did not improve

after a certain amount of time, the different perspectives of parents and practitioners were experienced as a struggle of being listened to.

*Parental initial in the diagnostic process: 'The struggle of being listen to'*

Ella is a mother of a young girl whom was diagnosed with ADHD in the age of 6 years old. However, she and her husband had been working on getting their daughter Anna mapped out for special needs since she was three years old. In the case of Ella the pattern of behaviour displayed by her daughter was one that she recognized as worrying by comparing her daughter's behaviour with the behaviour of her brother diagnosed with ADHD. Ella started to be concerned when her daughter Anna stared to show some of the similar tendencies of aggression that her brother had at that age. "*She started to throw toys and slam the doors and – really – First I thought that yes, yes, that is the way it is, sort of. This is a just a period*" *(Ella, VN90: 3).* Ella's reference to her child's behaviour as 'just a period' can be traced back to a Piagetian model of the natural developing child (Prout and James, 1990). Understanding children's growth as something that will naturally develop is also presented by Sara and her belief that her son's problems will disappear when he mature. These examples show how influential and dominant the developmental psychology model is in everyday life explanation of children's behaviour (Prout and James, 1990). However Anna's behaviour did not change and Ella's worries continued. After consulting with her parents Ella decided to share her concerns with the practitioner as the day-care institution.

> And then we asked the day-care institution how *they* felt that she was. There she was a normal child, like everyone else. "She had maybe some problems sitting down quietly in gatherings and things like that, but besides that she is completely normal". Then I thought: " yes, then it is probably just home that she shouts and tries to bend the rules and does not want to listen". Then we left – And I didn't think that much about it anymore – going further with it. And we talked about it… at the parental conversation, and then I asked them if they could observe, if they could take those test TRAS and – I cannot remember the names now…But the different tests, so that they would test for things like that. So they were going to do that. And then they started to see a little bit, but it was still – "everybody was like that and" – So, yes, yes, all right. But I were true to my beliefs, sort of, there is something that is not as it's suppose to be here. I do not feel – I see the difference when we are together with other children. (Ella, VN90: 3).

Ella's concerns were not acknowledge the first time she raised them at the day-care institution. After consulting with the practitioners Ella settle down with the thought that Anna's behaviour were just problematic at home. However when the behaviour continued she raised the concerns again and asked the practitioner's to utilize test such as TRAS and 'Alle

med' to evaluate Anna's language proficiency and social behaviour. They agreed to do so, but after their assessment they still argued that there where no reason to be concerned. Consequently, Ella's understanding of her daughter's behaviour problem was refused.

The different structured tools of observation such as 'TRAS' and 'Alle med' are constructed in a way that the practitioners themselves are the once to evaluate which information to fill out within the different categories and to assess the child's behaviour based on the different variables presented in the observation tool. Thus the tools used in assessment are to a large degree based on subjective individual and group evaluation. To get the child diagnosed with the help of day-care institutions, parents are dependent on practitioners sharing their concerns about the child's development (Lundeby & Tøssebro, 2008). Ella kept communicating her concerns with the practitioners: *"... and they were like: no, she is completely normal, she is completely normal. So, really, we felt that we were not believed" (Ella, VN90:15).* Ella expresses strong emotional distress by the lack of recognition from the day-care institution. When practitioners' evaluated Anna's behaviour to be normal, the collaboration with the day-care institution was put on hold and Ella decided to take the matter into her own hands. She participated in a 'The Incredible Years' seminar and through her participation she came in contact with several parents in the same situation. Ella brought her experiences and accumulated knowledge back to the day-care institution. Even though Anna's behaviour where found to improve greatly with the introduction of the pedagogy that Ella learned through the 'The Incredible Years' seminar, she considered it necessary to map out Anna's behaviour additionally. Thus after three years with the experience 'of not being believed or listen to', Sara brought Anna to be tested at BUP the summer vacation before she started school.

> "And then BUP came to observe at school. And the one that was there to observer said: "Poor girl!" She could feel her pain – because Anna could get up from her chairs and walk around, without the ability to sit still. She saw that she struggled with reading and that she could not concentrate" (Ella, VN90: 4).

Anna was diagnosed with ADHD and started on medicine the same year. Finally being recognized was expressed by Ella as:*"...to be that person that has said that there is something wrong all the way, but not been believed. To get that diagnosis… That is such a relief, that you actually were right, and that you knew, and you have been sure of what you know…" (Ella, VN90: 22).* That Anna's difficulties was not recognized before she started school might be the result of the changes in environment that take place in the transfer from

day-care institution and school. While Anna's restlessness and activity level was not recognized as problematic in day-care, her difficulties to sit still and concentrate become more visible, and thus recognized as problematic, in the structured everyday life at school. Ella's experiences bring about important questions of the rights to define children's needs. As Huges and Mac Naughton (2000: 256) highlight "In dissensus concerning children, whose norms and values should prevail?". Ella's experiences have left her with a critical perspective on professional knowledge. As she empahizes: *"...you have to push – dare to push them, and be honest. I think that is important. They do not know everything even though they are professionals…You have to be true to your opion, in a way (Ella, VN90: 15)."*

### 6.1.3 Day-care practitioners as gatekeepers

Ella's case is an example of how parents and their knowledge of their child's exceeds the amount of knowledge that practitioners can get by only observing the child at day-care. As articulated by Ella (VN90: 38): *"they have not shown any interest – No, she was like everyone else – And when you then gets the ADHD diagnosis… That you might have gotten earlier if you were given a helping hand from the day-care institution and started off faster".* To get children mapped out for possible special needs through the day-care institution parents need to convince the practitioners to take their perspectives of their children's problems. Thus, in early intervention practitioners at the day-care institution moreover serves as gatekeepers that can open or block access (Nilsen & Rogers, 2005) to other institutions with the expertise to assess and diagnose children with special needs (Lundeby & Tøssebro, 2008). In situation where perspectives represented by day-care practitioners and parents, such as in Ella's case, the professional role as a gatekeeper can act as a hindrance towards parental agency (Lundeby & Tøssebro, 2008). By not being recognized as competent agent in defining her child's ability and needs by the day-care institution, Ella found it necessary to utilize other institutions such as parental seminars organized by the Incredible Years and assessment through BUP.

## 6.2 Parental involvement in the process

This section start with contextualizing parents experience with the diagnostic process by presenting particular statements from parents that represents parents' experience of limited possibility to participate in the process. Parents overall participation is further on discussed underneath in the sub sections. The diagnostic process is often time-consuming and many institutions are involved. The process is further on explained by Kathrin based on her experience as a practitioner:

> It takes a *very* long time; it takes to much time…It can take almost a year. /…/ First we start to reflect around it together with the parents, observer – Then we have a consultation, and then we have to write a referral, and then we write a pedagogical description. And then it is the collaboration with parents, and then it is sent in, and they should come and observer. And then there is an expert[18] evaluation from PPT. Then – then we have to apply… for funding from the municipality… Then we have to hire personnel /…/ and then there is no more money within that budget year. (Kathrin, VN93: 14).

In the situations where the diagnosis started while the children were enrolled in day-care institutions, the disclosure of diagnostic were based a series of tests conducted at the day-care institution and at other institutions such as PPT and BUP. The exceptions were the two cases where the child was diagnosed at birth, based on physical impartment. As discussed in the preceding sections focusing on platforms of communication, parents' participation in the initial phase of observation at the day-care institution consist to a large degree of being a recipient of the practitioner perspectives of their child in day-care, while their contribution to this initial phase limited to supplementing their experience of the child at home. However, when practitioners from PPT were introduced in the process, parents as well as practitioners were expected to fill out structured mapping tools at the day-care institution and at home. This is conducted with the aim of constructing an overall perspective of the child's behaviour both at home and when he is at the day-care institution.

> It was a lot of waiting. That was really it – the year that is was so much waiting, and they – they sort of did their work. So we were not so much apart of that in any way, we… Yes, the day-care institution got one of those question – they had one of those questionnaires with one of those charts – or sort of to fill in (information) – we should fill out different forms of statements about Benjamin, sort of, and then they filled out where on the charts he ended up, sort of. And then we saw that he ended up sort of…by him selves (small laughter) (Sara, VN88: 15-16).

Describing the diagnostic process, as 'the year that is was so much waiting' highlights the degree to which Sara and husband participated in the process of mapping out their son's special needs. Parents with children diagnosed with ADHD were all given a structured questionnaire to use in their observation of their children at home. This questionnaire consisted of different statements relating to their child's behaviour and the parents were asked to grade to what degree they observed the specific behaviour at home. These questionnaires are designed to obtain parents' reports of their children's competencies and possible problems. Thus, standardized behaviour rating scales was ways in which parents were

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[18] In Norwegian: Sakkyndig vurdering

expected to participate in identifying potential special needs. Example of a standardized behaviour rating scales used by PPT in assessing behavioural problems is the Achenbach System of Empirically Based Assessment (ASEBA)[19]. Standardized rating scales such as these is argued to provide important information about the "the degree in which children's symptomatic behaviours deviate from behaviours of peers of the same age and gender" (DuPaul & Kern, 2011: 28). Sara was one of the parents that expressed scepticism towards the procedure.

> "But you start to…when they are going to map out a 4…4 1/5 year old, not even 5 – it was like "does he sit calmly at the dinner table? " "Are there any 4 years olds that does that?" That's what I think sort of. You think that this is of no use. "Does he acknowledge that he could have hurt someone". – Or – you know" (Sara, VN88: 16)

The statements in the questionnaires draws specifics conclusion on how a child is expected to behave and what they are supposed to know. The way that the questionnaires are structured reduces the description of the child to already existing statements and the parents are asked to check of whether or not the statements are correct, not correct or partly correct. The questionnaires give little possibility to expand on the information that is filled out. When conducting the evaluation of her son based on the charts, Sara got the feeling that the charts where meant for much older children. Some mapping tools are often based on age cohorts such as ASEBA, which for preschool children is for 1 1/5 – 5 year olds, whereby the final results are plotted into a statistical program that lets the practitioner compare the individual child's results with what is regards as within the normal development of children that age. As stated by Foucault (1987: 12) "it is doubtful whether any illness is separable from the methods of diagnosis, the procedures of isolation, and the therapeutic tools with which medical practice surrounds it". When confronted with final results of the tests Sara explains how she felt unsettle: *"I was shocked, that I have to admit. Not that he should be diagnosed, that was sort ok. I thought, "Huff, ok! I doubt that he gets that diagnosis. /.../ I didn't feel that it (his behaviour) was that bad. /.../ so I was surprised when we got the diagnosis" (Sara, VN88: 10).* Following the mapping tools was conversations with practitioners from PPT. Together with the observation and rating at the day-care institutions, this served as the background for referring her son to BUP where additional tests and observation were conducted.

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[19] For an example of a questionnaire used in assessment of children's behaviour patterns see:  http://www.r-bup.no/cms/cmspublish.nsf/$all/C0B88CD039DA49BEC1257068002D97F8

Elin experiences another situation were the possibility to participate was limited. In her reflections, Elin talks about the process of developing an individual adjusted educational plan for her daughter. Elin's daughter Susanne has some difficulties with language development. In the process of mapping out Susanne's difficulties the focus have been to understand how the problem manifests itself. In their search for an explanation, with the collaboration of several institutions, a diagnostic explanation has not been found. However, even though there was no diagnosis that corresponded with her problem, Susanne was given the right for an individual adjusted educational plan[20] (IOP). When asked if she participated in developing the Elin answers:

> Not in that one – you got an IOP and then write – put your initials here! <…Yes…> That is the way it works, you know. <…Yes, how did you feel that was?...> No, well it was – It was ok. But they could have asked me more, I think. Well, the collaboration could have been better there. But… Yes, I think so. Because I think that we could … We could have contributed with a bit… a bit more. <…Yes…> Because we know Susanne better, in that matter. /…/ It felt sort of like: "Here is the IOP, sign here. But that is the way… it is (small laughter). It is not nice to say, but that is the way it is". (Elin, VN90: 13).

The individual adjusted educational plan is often constructed in the collaboration between the day-care practitioners and parents. Practitioners from other institution can also participate in the construction of the adjusted educational plan if it is found needed. Through Elin's statements it becomes clear that her possibility to participate in the constructed of further educational aims for her daughter were limited. Parents have valuable information and knowledge of their own child. No other persons know as much about the child's history and behaviour in different situation as them.

## 6.2.1 Power relation in defining deviancy

In relation to children with special needs the power imbalance in parent-practitioner collaboration becomes notable with the questions of who is qualified to speak of the child with special needs? Or more precisely: "Who derives from it his own special quality, his prestiges and from whom, in return, does he receive if not the assurance, at least the presumption that what he says is true?" (Foucault, 2002:55). The diagnostic process is in itself a classification process that justifies classification of others (Søndergaard, 2004). The right and power to classify is closely connected to the right and power to define. When experts have the right to classify they also have the right to define the child deviancy and to

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[20] IOP (Individuell Opplæringsplan) is an individual adjusted educational plan for children given the right to special education.

plan intervention with the aim of helping the child to become as normal as possible. By interviewing parents that had experienced 'not being listen to' in the process of diagnosing their child, Lundeby and Tøssebro (2008) found that parents found it problematic when they were not given the possibility of defining their child's problem. The notion of defining the child's problems becomes important to understand the power relationship that exists in the diagnostics process.

As found by Alasuutari (2010), practitioners are associated with professional knowledge and expertise in early education as well as expertise about their child and child development in general. This educational knowledge is to large degree based best on the individual tragedy or medical model in defining deviancy (Lundeby, 2008). By mapping out children's needs practitioner can refer parents to other institutions that are specialized searching for medical explanations in assessing the child's problems (Holt, 2004). Interestingly, the educational legitimacy of practitioners is acknowledge by most parents participating in this study. Parents express professional knowledge as more 'objective' than the knowledge they themselves are able to acquired about their own child. It is this 'objectivity' and 'greater possibility to compare' their child's behaviour with other children that is perceived to put them in a better position to evaluate whether or not to start a diagnostic process.

Most parents express a varity of experiences with the collaboration with day-care institutions; PPT and BUP. Reflecting on their experiences parents have more positive things to say about the collaborative process than negative. The follow-up by day-care institutions after the child were given a diagnosis is expressed as expecially positive by parents. However, in regards to participation in the process parents express having little influence of setting the agenda. In the cases where diagnostic process started at the day-care institution, the agenda for observation and meetings was first defined by the day-care institutions, then by the PPT and eventually BUP. This leaves little room for parents agency in the process. Sara highlights that she participated in the diagnostic process by utilizing the questionnaire given to her from PPT. It can be argued that parents, by utilizing these questionnaires, collaborate in the process of diagnosis. However, by utilizing already standardized behaviour rating scales parents are not allowed to participate in defining the problem, they merely serve as tools to be used in surveillancing the child's behaviour in the private sphere. Even though meetings were held with the different parties involved in the diagnostic process, parents voice were largely silenced by the governing professionals' perception of their child.

6.2.2 Resistance against practitioners' discourse of the deviant child

Sara's struggle is another example from the one represented by Ella. Sara struggles can be interpreted as a struggle against the dominant discourse of children's development and the way the deviant child is constructed within it. She does not agree to the fact that her son Benjamin's behaviour could be explained simply by a diagnosis. Benjamin was diagnosed with ADHD the last year enrolled at the day-care institution. Sara expressed ambivalent feelings to the entire process of diagnosis. Benjamin was enrolled in first grade at public elementary school at the time of the interview. Reflecting on the process Sara recognized that her son's everyday life and behaviour had improved, however she does not see it as a result of the diagnosis. *"For me it has nothing to do with the process of mapping out his special needs, it is just him" (VN88: 17).* She recognizes that her son have been somewhat late in learning the social rules of interacting with other children and that his concentration span has been limited in special situation, however, rather than a result of the diagnosis she sees it as a part of his personality. An interpretation of Ella's struggle is the struggle against the idea that her son's behaviour can be explained only by his 'failure' to develop naturally. In her reflection we can see how Sara sees Benjamin's behaviour, his activity level and restlessness, as part of who he is, who is Sara herself is and not based on any impairment. She moreover reflects that: *"One thing could be that he…has gotten some extra attention by the adults at school- and also at the day-care institution. And that he has gotten a bit more guidance by adults than other children. That can of course have helped out a bit"(VN88: 17).* However she further on emphasizes that all children benefit from increased attention, follow up and recourses. Sara's description of her son's behaviour as both a result of his personality and the structures and practice directed at him indicates that her perspectives of her son can be seen as more in line with the relational model of understanding difference (Lundeby, 2008).

Early intervention in day-care institution are based on the idea that in order to secure equality among children we have to make sure that all children are on equal footing when they start school. Equality is to a large dependent on intervention and modification of the individual child and by categorising the child with a diagnosis the problem is defined as individual and physiological rather than social and structural (Moss, Dillon & Statham, 2000). Thus, in the search for problems located within the individual child, the structures and educational practice are left out of the equation.

Another aspect of the network of power of becomes visible by recognizing how children's development discourse is incorporated in state investment in children and youth. State and local municipalities have invested much in early intervention and the early diagnostic of children with special needs. Where the main focus was directed at children in public elementary school it has now been extended to children enrolled in day-care institutions. Through analyzing parents experience and perspectives power relation between the lay person knowledge and the professional knowledge becomes visible, however, Sara's experience and perspectives brings up another process of power, that is to say: Diagnosis release resources. Recognizing the fact that process of diagnosis puts in motion and make available extra resources Sara is grateful for the help that she and her son has gotten even though she does not agree to the fact that her son necessarily has the diagnose ADHD.

**6.3 Fear of the child being stigmatized**

A dominating reason for the decision to map out their child's special needs was the fear of their children being the targets of negative stereotyping. Parents express fear of their children being stigmatized because of their behaviour, that they spoke differently, but also the special treatment that they were the recipients of after being categorized as with special needs. Thus, parents often feared that their child would be stigmatized by the behaviour, the handicap that it represents and the diagnosis that they were given.

The parents' initiate' different responses to prevent stigmatization of their child. In the case represented by Sara and Anna, the transition from not having a diagnosis to being given the diagnosis was immense. As also found by Graungaard & Skov (2006), parents' perception of their children is to a large degree influenced by the diagnosis. For many parents the diagnosis became the cause and explanation for the child's behaviour. In some cases the description of the child was governed by description of the diagnosis and increased knowledge of the characteristics of the diagnosis were understood as increased knowledge of the child.

After being given the diagnosis Sara felt great guilt over ways in which she had communicated with her child in different situation. As expressed by Sara (VN90: 7):"…*before the diagnosis – it was so much fighting and yelling. And when you then get the diagnosis, you feel so guilty because you responded with yelling, because she didn't mean it, you know, and she couldn't /.../ have done anything"*. The diagnosis also became an

important instrument to make sure that other parent and practitioners acknowledge that Anna's behaviour was a result of her diagnosis and not merely that she was a troublesome child.

> "…when she is visiting others, she is active, you know. And if people, if she didn't have the diagnosis people think – because that is the way that I thought…in relation to her friend (also diagnosed with ADHD) – before she got the diagnosis – when she visited us she was in the lockers and climbed and she talked about everything and didn't do as we said and – It was sort of like: "Oh my God, no, I do not have the energy to have her over! /…/ But as soon as she got the diagnosis then: "OK. It is not her misdemeanour". It is this that I want other parents to think, that OK, if she has ADHD then she has an excuse for what she does, and the way she is ". (Sara, VN90: 30)

Sara strongly believes that increased knowledge of the diagnosis creates greater acceptance from other people. Her perception is not that the diagnosis necessarily helps her child to be normalized or to become 'like other children', but that increase knowledge of Anna's situation would result in an acceptance of her differentness.

However, all parents have different experiences with their child being diagnosed. The story of Karen and her son Aaron is an example of the complicated relationship between striving for normalcy through diagnosis and the differentness that follows the diagnosis. Before Aaron was diagnosed he had difficultes understanding the rules of play and would often respond to small disagreement with violent behaviour. In some situation the practitioners found it necessary to carry him out of the unwanted situations and hold him thight until he calmed down. To prevent negative stereotyping of Aaron, Karen and her husband asked if practitioners from BUP could come and talk to practitioners and parents about Aarons situation.

However the situation changed after Aaron's diagnosis where determined and Aaron was introduced to medication to help him function as normal as possible in everyday life activities. Karen explains how medication was an important tool to correct what she and the day-care institution saw as the objective basis of her son's behaviour problems. The medication is what made it possible for Aaron to function as a 'normal child'. However as much as it made it easier for him to play with other children and behave as expected of a child at his age, the introduction of medication also introduce another form of differentness that was perceived by Karen as making him a target of another form of negative stereotyping. Thus as highlighted by Goffman (1990:19-20) by the attempt to make it easier for the boy to

pass as normal he did not acquire fully 'normal status', but a child that needs medicine to correct the particular impairment responsible for the original differentness.

### 6.3.1 Passing as normal by withholding information

In an attempt of normalizing their children, some parents actively chose to limit the amount of attention given to the child's special needs. Goffman (1990) utilizes the term 'passing' to explain how people attempts to 'pass as normal' by controlling the information given about their differentness. One example of utilizing the methods of passing in normalizing their son is the case of Karen and Aaron. Karen and her husband had thought about informing other parents about Aaron's situation at the introduction meeting when Aaron started school. As stated by Karen (VN92: 11): *"We thought about talking with…with parents at the parental meeting. /…/ But then we decited that it all goes so well now./…/ So then there is no reason to, sort of, start to mark him…It simply works"*. With medication Aaron was able to follow the normal day at school without any special intervention that what mark is differentness. Aaron have been given the right for extra resourses represented by an extra assistant inside the classroom, however, the assistant is used as a resource for the whole class instead of just focusing on Aaron. As highlighted by Goffman (1990) the visibilty of difference determines to which degree individuals have control over the information given out to others. The fact that the medication moderated Aaron's behaviour problems made it possible for Karen to use limitation of information as tool to normalize her son when they he started school.

Similar strategy were also utilized by Bailey and John when their daughter Jane when she was diagnosed as healthy after the last medical procedure. As emphazised in the section focusing on 'bring and fecth'; everyday collaboration between Jane's parents and the day-care practitioner had been governed by a great deal of information to make sure that Jane was superviced and taken care while in day-care. Through the years in and out of the hospital, Bailey and John had become experts in their daughter situation. The seriousness of the situation led them to conduct what Bailey refers to as 'information campains' towards the practitioners to teach them about Jane's diseas. Then when Jane was cured from her diseas while still enrolled in day-care, a process of normalizing their everyday life started. Bailey highlights how they as parents hoped that entering into school would be a 'new start' for Jane and a situation where there was no longer necessary to always be alert and careful. In this normalizing process an important tool was to limit the focus on Jane's earlier diseas. While some caution was needed, Jane could live her life as all other 'healthy children'. For Bailey

and John this also meant that they could do normal things such as taking a trip to the cabin or enjoying a glas of wine in the evening without being concern that they might have to drive to the hospital at any minute.

**6.4 Parents' collaboration in the diagnostic process summarized**

This analytical chapter has focused on how parents with children categorized as 'with special needs' experience being able to contribute and participate in the process of early identification and intervention of their child. Thoroughly analysis of parents' experience with parent-practitioner collaboration in the diagnostic process depictures a variety of situations represented both by conflict and disagreement as well as persuasion and consensus.

The initial phase of observation at the day-care institution is in thesis described as a worry zone (Gjems, 2010). These is characterized by an existence of an in between, where concerns are raised based on children's abilities compared to other children within a particular age group. Most of the parents taking part of this study have been in contact with several service institutions in the process of mapping out the extent of their child's special needs. In the process they have been collaborated with a number of professionals with different specialization ranging from practitioners in early education, special pedagogy, medicine and psychology.

The extent of parents' participation in the initial phase of diagnostic process were shown to be influenced by their perception of the need for their child to be diagnosed; their earlier experience with or knowledge of the process; and whether or not it was themselves or the day-care institution that were the initiator. In the situation where practitioners were the once to initiate the initial concern, parents' participation in defining the situation of their child and her or his need was limited to contributing with supplementary information of how the child behaved at home. However, parents acknowledge practitioners' educational knowledge and perceive the power relation presented in parent-practitioner collaboration as normal. In the situation where the parents were the once to initiate the diagnostic process they were often told not to worry and that the behaviour that the child displayed was 'as normal'. While mostly pleased with the parent-practitioner collaboration, parents also describe struggles of being heard, understood and believed.

# CHAPTER SEVEN

## CONCLUSION

The Norwegian history of institutionalized ECEC pictures how professional knowledge of children's development and normal behaviour patterns moved from within the family and their knowledge of the child, towards professional knowledge represented by pedagogues, doctors and psychologies. Through governmental documents it is clearly stated how ECEC is a tool used to prepare children for the challenges that they will meet in school, in which teaching, observation and supervision are techniques to secure their success in the future (Ministry of Education, 2009b). The aim of 'early intervention' was formally introduced in ECEC with the pre-school reform of 2005/2006 (Østrem, 2007). Even though the construction of these political ideology and legislations take place far from the private sphere of the family it has implications for ways in which parents think and feel about their children and their thoughts about future interventions (Gars, 2002). This study aimed to better understand how parents 'with and without children categorized as with special needs', experience the process of collaboration and communication between home and day-care institutions. Furthermore, special attention has been given to parents', with children categorized as with special needs, experience of collaborating with day-care institution throughout the diagnostic process.

The high level  of parental satisfactory is often brought up in governmental documents (Ministry of Education, 2009b). Druglie (2008) emphasises that parental satisfaction can be explained by parents' relatively low expectations to the parent-practitioner collaboration. Lundeby and Tøssebro (2008) moreover argue that as long as parents have the impression that their children are well taken care of by professionals working at the institution, they seldom question professionals' traditional authority. The parents taking part of this study also indicate similar experience. However, parents also express the desire to collaborate more with the practitioners working at the day-care institution in everyday life, yet many parents did not experience the agency to do so. As articulated by Kathrin earlier on: *"…it is to underestimate parents interest in their own children to think that it is not important for them to know" (Kathrin, VN93: 3).* In fear of being perceived as nagging, parents were found to utilize other sources of information to get a glance at their child's everyday life at day-care. In their narratives we can see how clothes, lunch boxes and diapers become important means in

observing, surveillancing and evaluating everyday practices and practitioner ability to take care of their child.

Parents' statements reflect different ways in which power operates through language, communication and practices that exist within the process of exchange of knowledge and collaboration between home and the day-care institution. One example is the 'talk of children's development' in parental conversation. Parental conversations serves, as argued by Alasuutari & Markström (2011), as institutionalized platforms of communication that opens up for a negotiation of concepts such as children and childhood between parents and practitioners. Nevertheless, the amount of negotiating depends on the structures of communication that arises in these meetings. The parental conversations that the parents decribes taking part of this study is constructed in away that practitioners are attributed most space to rais their opinion and perspectives on the child in focus. To be able to negotiate ways in which their child is to be perceived in day-care, parents must be able to share their views and expertice of their own child. Moreover, negotiation also depends on to which degree parents are included in the process of defining and planning intervention in regards to their children's needs (Lundeby & Tøssebro, 2008).

Through the parents experiences of the process of diagnosis it becomes clear how perception of children and childhood are constructions constituted in power relations and within dominant discursive regimes. Discourses, in the way that it is naturalized into regimes of truth, structure our ideas, behaviour and way of understanding the world (Moss, Dillon & Statham, 2000). Through the process of naturalization, perception of what it means to be 'normal' has socially and historically been constructed as biological fact rather than social constructions. Professionals and their knowledge on children's development in general, by their educational background and recognition within the governmental educational- and childcare institutions results in a hierarchical subordination of parental knowledge and experience of their own child. The hierarchic structures of knowledge existing in practices of diagnosis is constructed and reconstructed by insisting on professional knowledge of children's developmental processes (Bevir, 1999). When parents internalize the perceptive of hierarchical sub ordinance of parental knowledge it often results in parents leaving the question of diagnosis of their children in the hands of professionals (Fylling and Sandvin, 1999). Moreover, the power imbalance of professionalization of knowledge often leads to parents relying on the information and knowledge that is presented by the professionals

working at the day-care institutions. The strength of this institutionalization and professionalization of ECEC can be argued to make it hard for parents comprehend alternatives ways of understanding their child's 'difference' (Moss, Dillon, & Stathman, 2000). As emphasized by Prout and James (1990) the developmental perspectives of children and childhood is so grounded in educational practice and thinking in western societies, that it is hard to comprehend the child outside it. This reflects the paradoxes presented by Qvortrup (2002: 44): "ideologically, parents are assigned the major responsibility for their children, but in modern society parents' conditions for fulfilling this role have become more difficult".

The asymmetric power relationship is intensified by the structures and practice of diagnostication. By their close collaboration with other institutions such as PPT, day-care institution serves as gatekeepers for initiating a diagnostic process. This is not to say that parents' do not have the possibility to initiate contact with other institutions. Parents have the possibility to make an appointment with their doctor and ask for a referral to BUP, however in order to do this they need to be aware of this possibility. Moreover, another side of day-care institutions role as a gatekeeper is their ability to apply for funding from the municipalities in regards to children with special needs enrolled at their day-care institution. As presented in the narratives told by Sara, even though practitioner and herself differed in their understanding of her son and his needs, recognizing the fact that the diagnosis would give him rights for extra attention and resources, she were pleased with the results of the intervention.

It has not been my purpose to argue against early intervention or the aim of discovering children's special needs as early as possible. All parents with children categorized as with special needs taking part of my study recognized the fact that the child have benifited from the extra resources that were released. However, as Moss, Dillon and Statham (2000) argue, the aim has been to take a step back and critically analyze and question its meaning, its goals and its conditioning for parent-practitioner collaboration. To reduce day-care practice to place and process of preparing children for future challenges is to disregard the contemporary value of children. Østrem (2007) argue that a problem with the futuristic perspectives is that it limits the possibility to perceive children as social agents. As highlighted by Nutbrown (2006) early intervention in an education setting is to a large degree based on the idea that implementing proper intervention early might make a difference in children's later educational achievement. Moreover, it is also important to recognize the fact that the aim of

early intervention implicitly strengthens the surveillance of children's behaviour and development and to some degree parents. Focusing on age dependent developmental problems by mapping out the interior of the child and parental childcare practices makes both the child and their parents objects for governing and intervention (Popkewitz, 2003).

Since this thesis focuses on parental perceptions and experiences of the process, information about how the particular observations and tests are conducted at the day-care institutions is limited to parents knowledge of the situation. While it would be interesting to combine and compare the experiences between the three parties (children, parents and practitioners), the knowledge produced in this thesis draws a picture of parents inclution in the process from their own perspectives.

Thus, an arena suggested for further inquiry is, in relation to the diagnostic process of children with special needs, to take into consideration all three parties that are involved in parent-practitioner collaboration in day-care institutions, namely parents, practitioners and the child in focus. The focus on perspectives from all three parties would give valuable information on how the political aim of early intervention constructs certain ways of conceptualizing differentness.

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## Appendix 1 - Information letter

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August 18, 2011

**Samarbeid og kommunikasjon mellom hjem og barnehagen**
Er du en mor eller far som har hatt barn i barnehage mer enn et år? Kan du dele din erfaring og kunnskap om foreldresamarbeid mellom hjem og barnehagen?

Hjem og barnehage er for mange barn de to viktigste arenaene innen tidlig barndom. Dette prosjektet ønsker å utforske foreldres erfaringer med kommunikasjonen og samarbeid mellom hjem og barnehage, samt foreldres møte med barnehagens pedagogikk og praksis.

Prosjektet gjøres som en del av mitt masteroppgave innen barneforskning ved Norges teknisk-naturvitenskaplige universitet (NTNU) i Trondheim og er dermed uavhengig av instanser som skole, barnehage og lignende. Dette masterprosjektet gjennomføres videre som en del av et forskningsprosjekt ved Norsk senter for barneforskning (NOSEB). Som en del av dette prosjektet er jeg på utkikk etter foreldre som har eller har hatt barn i barnehagen. Deltagerne vil ta del i ett individuelt intervju med en varighet på ca en time. Dette vil være en uformell samtale med meg og stedet for intervjuet bestemmes etter avtale og deres ønske.

All deltagelse er frivillig og du har dermed mulighet til å trekke deg fra deltagelsen underveis i hele prosjektet eller velge a la være å svare på spørsmål som blir tatt opp. All personidentifiserbart informasjon som blir gitt vil bli behandlet konfidensielt og anonymiseres. Med deres bidrag, kunnskap og erfaringer vil den endelig oppgaven belyse foreldres perspektiver på forholdet mellom hjem - barnehage samarbeid. I den endelige oppgaven vil ingen navn eller individuell karakteristikk nevnes for å forsikre deres konfidensialitet.

Din deltagelse vil være til stor hjelp for økt forståelse av foreldres erfaring med samarbeid med barnehagen. Hvis du ønsker flere opplysninger og/eller har mulighet til å stille til et intervju ta kontakt via telefon (46768938) eller e-post (terese_wilhelmsen@hotmail.com).


Med Vennlig Hilsen

Terese Wilhelmsen
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Veileder:
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NTNU

## Appendix 2 – Informed consent

**Foreldreperspektiv på samarbeid - og kommunikasjonsprosesser i barnhagen**

Denne masteroppgaven skrives som en del av forskningsprosjektet *'Barn med nedsatt funksjonsevne. Praksiser og verdier i barnehagen'* ved norsk senter for barneforskning (NOSEB) ved universitet i Trondheim (NTNU). Formålet med oppgaven er å utforske foreldres perspektiv på samarbeid mellom hjem og barnehage. Prosjektet vil ha en varighet på 10 måneder og vil avsluttes i slutten av Juni 2012. All skriftlig notater eller intervju materiell vil ved prosjektets ende makuleres. Prosjektet vil resultere i en skriftlig masteroppgave som veiledes av Randi Dyblie Nilsen, professor ved NOSEB.

Som deltager i et forskningsprosjekt har du rett til å trekke deg underveis i hele prosjektet. Hvis det dukker opp spørsmål under intervjuet som du ikke ønsker å svare har du rett til å la være å svare. Dine svar og deltagelse vil bli holdt konfidensielt og ingen informasjon vil bli formidlet videre uten at den er anonymisert. Dette vil si at ingen informasjon vil kunne bli knyttet tilbake til enkeltpersoner.


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**Informert samtykke**
Jeg er blitt informert om prosjektets formål og varighet, hvordan konfidensialitet og anonymisering gjennomføres og mine rettigheter som deltaker. Med dette ønsker jeg å delta i dette forskningsprosjektet.


Sted/dato                                         Underskrift

………………………                    …………………………………………..

## Appendix 3 – Semi-structured interview guide, individuell interviews.

| Hovedspørsmål | Tilleggsspørsmål | Klargjørende spørsmål |
|---|---|---|
| Kan du/dere fortelle meg litt om …(navnet på barnet)… situasjon? | | |
| Kan dere fortelle litt om barnehagen som … har gått i? | -------------------------------------- ---→<br><br>Hvorfor valgte dere denne barnehagen?<br><br>Hvilke forventninger hadde dere til barnehagen før … begynte? | Hvor mange år i barnehagen?<br>Samme barnehage alle årene?<br>Heltid/Deltid?<br>Har dere noen barn i barnehagen nå? |
| **Trivsel** | | |
| Hvordan trivdes … barnehagen? | Hvordan lekte … med andre barn i barnehagen? | |
| Var det noen forandring i … trivsel ettersom ulike prosesser ble satt i gang? | Evt.<br>Forandring i utvikling? | |
| Merket dere noe forandring hjemme? | Evt. hvilken forandring<br>Hvorfor tror du/dere dette skjedde? | |
| Hva tror du det er viktig at barnehage ansatte skal fokusere på i samarbeid med foreldre som er i lignende situasjon som deg? | Med tanke på deres erfaringer, er det noe dere syntes burde ha blitt gjort annerledes? | Kan du utdype litt om dette? |
| **Mulige metoder som benyttes i samarbeid med barnehagen --- Kommunikasjon** | | |
| Det er mange samarbeids muligheter mellom foreldre og barnehagen, kan dere fortelle meg litt om hvilke metoder som ble viktigst for dere når det gjaldt å samarbeide og dele erfaringer og informasjon? | Hvor skjer det meste av informasjonen?<br>(bringe hente, pr telefon, møter)<br>-------------------------------------- ----→<br>Hvilke andre kommunikasjonsmetoder var viktig?<br><br>Hva er deres erfaring med disse? | Kan dere fortelle litt mer om deres erfaringer og følelser knyttet til de ulike kommunikasjonsmetodene? |
| Kan du fortelle litt om din erfaring med foreldresamtaler i barnehagen?<br><br>Hvordan er deres opplevelse av foreldresamtalene som ble gjennomført i barnehagen? | - Hva ble tatt opp under disse samtalene?<br>- Hvordan var det med på å bidra med informasjon i disse samtalene? | |
| Hvilke forventninger hadde barnehagen til dere som foreldre? | Var det vanskelig å leve opp til disse forventningene? | |
| Har samarbeidet vært kontinuerlig eller har det noe som har oppstått periodevis? | | |
| **Samarbeidsprosesser** | | |
| *Rammeplan: Barnehagen skal gi barn under opplæringspliktig alder gode utviklings- og aktivitetsmuligheter i nær forståelse og samarbeid med barnas hjem. (**Barnehageloven § 1 Formål**)* | | Hva gikk egentlig samarbeidet ut på?<br>Hvordan var deres opplevelse av dette samarbeidet? |

| | | Evt.<br><br>Hvordan fungerte dette samarbeidet? |
|---|---|---|
| Kan fortelle litt om deres erfaring med samarbeid med barnehagen? | | |
| … er diagnostisert med ADHD/eventuelt andre… når startet denne prosessen? | Kan dere fortelle litt om hva som skjedde på denne tiden? | |
| For å få en større forståelse av situasjonen ønsker jeg å fokusere litt på samarbeidet de ulike årene som … gikk i barnehagen.<br><br>… gikk i barnehagen X år, hvordan fungerte samarbeidsprosessene det første året? | Hvilke prosesser var dette?<br>Hvorfor ble disse prosessene satt i gang?<br>Hvilke følelser satt dere igjen med, med tanke på samarbeid om … hverdag i barnehagen? | |
| Kan dere utdype videre hvordan samarbeidet fungerte videre? | 2. året<br>3. året<br>4. året | Hva følte du/dere som foreldre i denne (disse ulike) prosessen(e)? |
| **Pedagogikken som barnet møter i barnehagen** | | |
| Tilrettelagt pedagogikk<br>… hvordan er deres erfaring og synspunkter på pedagogikken som ble gjennomført? | Hva betydde denne endringen for deres familien? | |
| I hvilken grad fikk dere være med på å bestemme tiltakene som … møtte i barnehagen? | | Kan dere utdype litt om hvordan denne prosessen foregikk? |
| Hvordan var denne individuelle tilretteleggelsen (tiltakene rettet mot …) med på å påvirke … deltagelse i barnehagen? | | |
| I barnehagens rammeplan legges det vekt på at barnehagen skal bistå hjemmene i omsorg og oppdragelses rollen, og en av rollene til barnehage personelle er å observere barnets utvikling.<br><br>Har dere som foreldre noen gang følt dere vurdert eller evaluert av barnehagen? | | Hva skjedde da? Kan dere fortelle litt mer om en slik episode? |
| **Samarbeid med andre instanser?** | | |
| *Rammeplan: For at barn og foreldre skal få et mest mulig helhetlig tilbud til beste for barns oppvekst og utvikling, kreves det at barnehagen samarbeider med andre tjenester og institusjoner i kommunen.*<br><br>I løpet av den tiden … var i barnehagen, har dere vært i kontakt med andre instanser som har vært trukket inn i samarbeidet? | --------------------------------------- ---→<br><br>Kan dere fortelle meg litt om hvordan dette samarbeidet fungerte?<br><br>Er det blitt dannet et individuell læringsplan eller en individuell opplæringsplan for …? | Hvilke instanser? |
| Dokumentasjon av barns læring og utvikling er et viktig ledd som barnehager ofte benytter seg av for å kartlegge barnas kapasitet og hverdag i barnehagen. | --------------------------------------- --→<br><br>Hvordan ble disse testene benyttet i det videre arbeidet rettet mot …? | Hvilke tester ble benyttet?<br><br>Var det ulike tester eller |

| | | |
|---|---|---|
| Benyttet barnehage personellet noen kunnskaps- eller utviklingstester i arbeidet deres rettet mot …? | I hvilken grad tok dere del i testene som ble gjennomført? ------------------→<br><br>Hvordan ble dere informert om resultatene av testene?<br>Hvordan er deres erfaring med testene?<br><br>----------------------------------------→ | observasjoner dere skulle gjøre hjemme?<br><br>Hva følte dere når barnehagen ønsket<br>å snakke med dere om resultatet? |
| **Sammenlignet med tidligere/ nyere erfaringer** | | |
| Dere har i dag også … som går i barnehagen, kan dere fortelle meg litt erfaring samarbeid med barnehagen når det gjelder …? | | |
| **Avslutning:** | | |
| Avslutningsvis, er det noe dere ønsker å kommentere som ikke er blitt tatt underveis i intervjuet? | Utvikle tilleggs spørsmål med basis i hva som tidligere er kommet frem i intervjuet… | |

**Appendix 4 – Semi-structured interview guide, focus group**
**FOKUSGRUPPE INTERVJUE - INTERVJUGUIDE**

1. Når dere tenker på det kommunikasjonen mellom barnehagen og dere som foreldre, hva syntes dere er det viktigste for at det skal være god kommunikasjon og samarbeid med barnehagen?

2. I hvilke situasjoner skjer det meste av kommunikasjonen og samarbeidet med barnehagen?

3. Kan dere fortelle litt kommunikasjonen som oppstår i bring og hent situasjoner?
    a. Føler dere at det finnes begrensinger på hvilken informasjon eller hva dere kan si til barnehage personalet i bring/hent situasjoner?

4. Kan dere fortelle meg litt om i hvilken grad dere er fornøyd med informasjonen som blir gitt om hva som skjer rundt deres barn i barnehagen, sånn som hendelser i barnehagen, barnets utvikling i forhold til andre etc?

5. Jeg ønsker nå å fokusere på i hvilken grad dere får ta del i hva som skjer rundt eget barn i barnehagen
    a. I hvilken grad føler dere selv at dere har mulighet til å ta del i det som skjer i barnehagen?
    b. Kan dere gi noen eksempler på at deres ønsker og meninger og det du har fortalt om ditt barn og om familien har vært med på å påvirke hva som skjer rundt deres barn i barnehagen?
    c. Kan dere gi noen eksempler på en situasjon der dere har delt deres ønsker og meninger og at det dere har fortalt om deres barn og om familien ikke har hatt ønsket innvirkning på hva som skjer rundt deres barn i barnehagen? I følge deres erfaring med ulike barnehager, hva trenger personalet å jobbe med når det kommer til samarbeid og kommunikasjon med foreldre?

6. Kan dere fortelle litt om hendelser der barnehagen har vært med på å veilede dere som foreldre eventuelt kommet med innspill om hvordan ting gjøres i hjemmet, hva som bør være med i sekken til barnet etc?

7. Kan dere fortelle eksempler på situasjoner der dere følt at foreldre-ferdighetene deres er blitt vurdert av barnehagen?

8. Ulike barnehager gjennomføre ulike observasjoner/tester av barnet for å følge med i barnets utvikling. Har barnehagen noen gang gjennomført ulike tester på deres barn, slik som språktester eller utviklingstester?

9. Hvordan og i hvilken grad fikk dere informasjon om hvordan disse testene ble gjennomført og resultatene av testene?

10. Jeg ønsker å fokusere spesielt på foreldresamtaler. Foreldresamtaler er ofte et forum for foreldre og barnehagepersonell der en snakker i barnets plass I barnehagen og hvor de kan ta opp ulike oppfordringer som oppstår rundt barnet
    a. Hva tas opp på disse møtene?
    b. I hvilken grad er det lagt til rette for at dere kan bidra med deres kunnskap om eget barn?
    c. Kan dere fortelle meg litt om deres erfaringer med disse samtalene?

11. Er det noe spesielt dere vil trekke frem som betydningsfullt i forbindelse med kommunikasjon og samarbeid med barnehagen – av det vi har vært inne på eller andre ting som ikke har blitt snakket om?