Children at 'risk' – at risk children?

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General Presentation

The symposium will present a planning of a project. Thus there are still no data or results to be presented.

Transitions and socialization in early childhood, learning, shaping of identity and quality of life are affected by children's background, experiences, the content and quality of teaching, the psychosocial environment and socio-emotional development. 'Risk' may be at stake in all these elements. Within international childhood studies, there is a great attention to how ideas of 'risk' shape the activities in childhood institutions and the organization of children's everyday lives (Christensen & Mikkelsen, 2008; Gill, 2007; Guldberg, 2009; Kelley, Hood & Mayall, 1998; Little 2012; Little & Wyver, 2008; Malone, 2007).

This project aims at contributing to innovation processes in early childhood education and care (ECEC) by exploring the notion of 'risk' in a broad context of ECEC. There is a need for knowledge about how cooperation within and across ECEC institutions, parents and children works. Likewise it is of importance to explore forms of collaboration across other professional partners relating to ECEC, like child welfare services and/or health care systems. 'Risk' is not only negotiated internally in ECEC institutions. ECEC also takes part in continuous exchanges of ideas and practices connected to early childhood.

Modern children live in a society were health knowledge is constructed as certain and static, and are well versed in what some choose to call 'healthism' (Crawford, 1980) discourses. One key discursive theme on children`s health is the twin positioning of children as "at risk" of a range of health-inhibiting substances and behaviours, but also as "risky" because of their tendency to indulge in those very practices (Burrows & Wright 2007). Such contemporary discourses crosses the organisation of everyday life of children, and are presented through

political documents/white papers, by several professional knowledge bases, by general cultural discourses and by parents and the children themselves.

However, different settings of arguments prove relevant and convincing for different categories of actors being bound to different frameworks of interest and rationalities (Lang & Garrelts 2007). Within a broader project our interest is to understand more about how and in what ways concepts of health as 'risk' are constructed and presented for children in the context of kindergarten.

Our aim is threefold:

1. To explore the discursive fields of 'risk' construction and handling in political documents, academic literature and professional guidelines.
2. To study how conceptions of 'risk' are mediated to the children through the choice and organisation of kindergarten activities and through talk: explanations, motivation, justification, information, etc.
3. To investigate how ideas of 'risk' are formed and circulated among the kindergarten staff, among other professionals dealing with children and families, among parents, and among children.

The project will be organized in three work packages.

Methodology: The work packages will collaborate in the production of data and will mainly recruit a joint sample of kindergartens, ECEC professionals, parents and children. In addition, one work package will also actively recruit and follow some focus children who are seen as individually 'at risk', and diagnosed into a risk status.

The empirical data will consist of qualitative interviews with parents and professionals as well as with children, field observations of the daily activities and handling routines of young children in the home contexts, in the kindergartens, in baby health clinics and relevant special healthcare/child welfare institutions and in maternity groups.

Children at 'risk' – at risk children? A discussion of theoretical framework

Liv Mette Gulbransen

In this symposium we want to introduce and discuss a planned research project (Greve, et al. 2015). Today we will give you a short presentation of the overarching idea of the main project as well as some looks into ongoing affiliated projects, which will contribute to the explorations planned in the main project. Of special interest for today's symposium, is that the study is planned as a partly comparative one, also involving a French strand, led by Professor Pascale Garnier and Sylvie Rayna.
One point that could be discussed on this international occasion thus is fruitful options when it comes to designing and conducting comparative, qualitative studies. *How to prepare for and do qualitative, comparative analyses when (as often will be the case) the settings to be compared at the outset are differently organized, understood and lived?*

The planned project take as its point of entry the fact that 'risk' discourses have become central in late modern negotiations of children and childhood. The notions of the 'child at risk' (Burrows & Wright, 2004) – as well as defining and managing 'risk factors' - have today be-come central elements in policy documents, curricula, didactic tools and pedagogical theories in pre-school and school-based education (Biesta, 2014; Leahy & Harrison, 2004). Diverse discursive constructions, defining and constituting fragmented areas of 'risk', clearly repre-sent challenge to the Nordic program for early childhood education and care, emphasizing the whole child (Karila, 2012). This model of early childhood education and care (ECEC) as expressed in policy documents, as well as the practices of primary health care institutions, has helped define important arenas in early childhood for health promotion in a lifelong perspective. Owing to the emergence of risk discourses, several fields of professional practice involving early childhood education and care are today much involved in continuous exchanges of ideas and approaches connected to early childhood risk negotiations. These developments raise the question: *How are constructions of 'risk' handled and negotiated within ECEC as well as across early childhood arenas and professions?*

In the project proposed here, we have chosen **food practices** and **physical activities as strategic points of entry** into the discursive fields of 'risk' connected to ECEC. Food practices and physical activities serve as *cases* of late modern 'risk' discourses and negotiations. Both cases are health and body related. Political documents often emphasize causal connections between healthy food and physical activity on the one hand and future states of health on the other. Such ideas help frame an understanding of health as an individual responsibility, passed on to professionals, parents and children (Kirk & Colquhoun, 1989). Health knowledge is constructed as certain and static, and represent what some choose to call discourses of 'healthism' (Cheek, 2008).

The Norwegian Parliament has drawn up guidelines for future ECEC through its processing of White Paper 24 (2012-2013). This document emphasizes the importance of developing and strengthening the best possible cooperation among professions and institutions working for the benefit of children (chapter 10.4). A wide range of health/welfare institutions and professionals are involved in the welfare state's services to small children and their families. In White paper 26 (2014-15), the need for collaboration between health, welfare and pedagogic professionals is clearly expressed. Nearly all infants and young children in Norway visit the **public health clinics** for health controls, vaccination and parental counseling. The regime of control and counseling constitute a discursive field where ideas of normality, age appropriate growth, physical ability and psychological development are embedded. The health clinics safeguard various screening tasks and thus play an active part in allocating children to different categories of 'risk'. Worries about the well being or adequate development of an infant may lead to referrals to a physiotherapist, to a special needs pedagogue or to the child welfare services (Nasjonal faglig retningslinje for oppfølging av for tidlig fødte barn, 2007).

ECEC institutions comprise important arenas for carrying out tasks involving prevention and inclusion while aiming to provide all children a possibility for an equal start regardless of background and needs. This requires ECEC professionals to attend to each and every child and to explore what s/he brings into the ECEC setting and how her/his cultural baggage and personal capacities can be made relevant in relation to the activities to be organized there. Kindergarten as understood in relation to a framing informed by the writings of Beck (1992) and Giddens (1999) is a place where discourses of risk and risk prevention are put into play and nurtured from various sources. Policy documents/white papers, professional knowledge bases, general cultural discourses as well as parents and children themselves all take part in these negotiations. These everyday

negotiations may highlight class, ethnicity, gender and generation as categories of analytic relevance calling for an intersectional perspective (Phoenix, 2006).

Risk constructions always involve temporal dimensions bringing the tensions between the future and the present into play. Within international childhood studies, much attention is focused on how ideas of future 'risk' shape the activities/practices in childhood institutions and the organization of children's everyday lives. Jens Qvortrup (2009) also points to the idea of social investment forwarded by Esping Andersen, Giddens and others. Qvortrup argues that children should "have the right to or a claim on societal resources, independently of their profitability and outcome".

In earlier research studies, our research group has focused on ideas and performances of physical activities and bodily abilities as well as transactions with material environments. We have also addressed children's transitions between social contexts, both micro transitions throughout the day and institutional transitions throughout childhood. Several of these studies have indicated that professionals gave little attention both to the *variety of contexts* where children conduct their everyday lives as well as to the connections *between* children's everyday life contexts.

The concept of everyday life will be an important one even in the planned project. The Norwegian anthropologist Marianne Gullestad (1989) characterized everyday life as a somewhat diffuse concept. She prioritized two dimensions of the concept: the daily organization of tasks and activities, and everyday life as experience and 'life world' (1989:18). According to her, it is the experiential dimension of living that connects everyday life with culture—in the sense that culture is understood as interpreted reality, where she points both to actions and the making of meaning. Actions are not seen as isolated behavior, but as organized activities. In this approach, the experiential dimension is seen as based in collective systems of meaning, which in turn is underpinned by a shared understanding, not only of the particular activities, but also of how they are connected. An everyday life approach in this sense implies that both the dimension of daily organization of tasks and activities and the dimension of experience are involved in methods of investigation as well as in the analyses of the produced empirical material. Accordingly, knowledge of the specific child's everyday life and how she/he makes sense of it are inseparable qualities.

Little interest in the varieties of participatory settings in the everyday lives of small children also seems to be mirrored in little interest in inter-professional collaboration across contexts such as ECEC and health and social welfare institutions. Professionals working with children often narrow their field of interests to fit the aims of their own professional practices even if the child is receiving services from other professional groups as well (Gulbrandsen, 2014; Ulvik & Gulbrandsen, 2015; Øien, Fallang & Østensjø, 2015). Therefore, a major goal for the proposed project is to explore how professionals in the kindergarten as well as at public health services and social welfare agencies understand 'risk'. This is particularly true in relation to their knowledge of children's everyday lives, and in their practices directed at young children defined as being 'at risk', and in processes where 'risk' is negotiated in and between different arenas.

The concept of negotiation is first and foremost an analytical concept here. It will **include** explicit discussions or exchanging of opinions between professionals, parents, children, the public sphere etc., but it will also comprise the doings, the interactions, the moves people (adults as well as children) make that can be **interpreted as negotiations** about proper knowledge, cultural understandings, personal positions, professional competencies etc. In modern ECEC contexts children, parents and a range of professionals are supposed to participate in the construction of everyday life practices, which calls for an analytic concept of participation.

The project will employ a research design drawing on a variety of data sources and methodological approaches. In exploring policy documents, institutional governing documents, textbooks,

didactical texts and instructions, we will use critical discourse analyses (a la Fairclough (1992)) as well as rhetorical analyses viewing texts and meaning construction as strategic rhetorical work done by stakeholders for political and ideological purposes, for the purpose of the sale of didactical tools or by modern academic capital interest. Positioning theory will be utilized in the project to supplement discourse theory and provide tools for analyzing everyday negotiations of 'risks'. Another theoretical source for the project is sociocultural theory highlighting children's participation in social practices across contexts. We also draw on theoretical insights and concepts developed by international childhood studies. Gender theory and intersectional approaches will also serve as perspectives for analyzing the dynamic interplay between categories such as gender, age, generations, social class, ethnicity and professions in the everyday negotiations of 'risk' in ECEC. Cross culturally, we will explore how risk is conceived, expressed and negotiated in ECEC institutions in Norway and France within their respective societal and political contexts. The project will follow a polyphonic ethnographic method (Brougère, Rayna, Guenif-Soulamas, 2008; Garnier, Rayna, Brougère & Rupin, in press). Food practices and physical activity can only be properly understood as embedded in the stream of everyday life practices both inside and outside the kindergarten. We will study this in various locations: i) Academic and policy documents, and ii) Everyday practices involving children, teachers, parents, and external professionals.

The project is organized in *three work packages* related to the main research question.

Work package A): The aim of this work package is to explore how research, professional education, institutional texts and public policy documents constitute fields of 'risk' in ECEC and how these may impact on professional practice. Research questions:

—How is 'risk' expressed, manufactured and negotiated in influential academic publications, policy documents and institutional texts?

—Which conflicts of interests may exist and which consequences may 'risk' manufacturing and management have in ECEC concerning physical activity and food practices?

Work package B): This WP is the main site for the comparative analyses between Norway and France. The aim of this work package is to explore how everyday life **in** kindergarten is interwoven with risk knowledge about "body, movement and health" (Rammeplanen, 2011, p.24). Research questions:

—How is 'risk' expressed, manufactured and negotiated in ECEC institutions in relation to policy and academic documents, professional knowledge and local traditions?

—How are health and 'risk' understood and practiced in ECEC institutions?

—How are physical activities organized and performed?

—How are food and meals organized and performed?

—How are these practices negotiated and talked about among professionals,
parents and children?

- What didactical tools and professional practices are chosen, governed and implemented in ECEC institutions in relation to 'risk' discourses?

Work package C): The aim of work package C is to explore how 'risk' and 'risk'reducing practices are negotiated in a field involving ECEC, other professional services for children and their families, and the families and children themselves. Research questions:

—How are present and future 'risks' involving development and learning, health and wellbeing constructed and negotiated among various groups of parents and staffs of early childhood institutions?

—How are 'risk' ideas and 'risk' reducing practices negotiated among these different actors?

—How do professionals in various institutional settings interact with children and parents in negotiations of 'risk' in children perceived at risk?
By observing children's moves throughout their daily life, interviewing children, parents, kindergarten professionals, other professionals dealing with children and parents, reading policy documents and institutional frameworks, the ambition is to encircle processes whereby ideas of 'risk' in ECEC are constructed, challenged or reinforced.
The next two papers will present two of the pre-projects affiliated with the main project.

Risk' and physical activity in ECEC

Anne Greve & Lillian Pedersen

Widespread concerns about 'risk' and 'risk prevention' have found their ways into ECEC institutions in such forms as plans and policy documents, discursive practices of everyday life, mapping tools and procedures of 'early intervention'. In Europe there has been a considerable shift in the political understanding of early childhood education and care during the last 20 years, from a consideration for childcare for the child in the 1990's, we now see a concern for education and care for early childhood. Mathias Urban (2015) links this transformation to the economic crisis in Europe, and the European Union's structural challenges like poverty, inequality and social exclusion. The European platform for Investing in Children informs politicians how to tackle child poverty and social exclusion through measures such as family support and benefits, quality child care and early childhood education. The belief that education, in a narrow sense of the word, is the solution for these problems seems to be widespread. Activities adapted to optimizing learning outcomes, are emphasized in the curricula. This may lead to a situation where the time for free play is put under pressure. Thus, one of the main issues of our large project is to learn more about how early intervention, health and 'risk' are understood and done by teachers and children in ECEC institutions during play. In this presentation, however, we will focus on play and physical activities in kindergarten.

Research questions: What characterizes children's physical activity in kindergarten? What bodily abilities are the physical activities in kindergarten facilitated for? What bodily abilities do it seems like the children can develop in physical activity in kindergarten?

Methods: focus interviews of two groups of preschool staff. Main purpose: to get insight in what the practitioners emphasize as important activities according to children's physical activity inside, outside and outside the kindergarten. The staff takes pictures from places, situations, etc that are considered to be important for five year old children's physical activity in kindergarten. One of the pictures serves as starting point for the conversations/interviews.

The preliminary analyses find that physical activity can be understood within two different discourses: health and nature. These findings lead to question the Norwegian kindergartens pedagogical work with physical activity and children who in some way are at 'risk'. It can be children who do not understand the kindergartens everyday life according to physical activity; it can be children with physical disabilities, children who do not have the necessary cultural

capital/physical capital to understand physical activity in kindergarten and so on. Other questions are related to whether the opportunities for physical activity are equal for children at different ages, for both boys and girls and so on.

'At risk' and 'risk-reducing practices'. How are professionals and parents involved in early childhood risk negotiations?

Bjørg Fallang and Ingvil Øien

Within the purpose of promoting health for children, several professional practices are involved in continuous exchanges of ideas and approaches connected to early childhood risk negotiations. Bjørg Fallang and Ingvil Øien, associate professors, physical therapists,T use examples of risk negotiations when professionals and parent are involved.
The professional approaches to risk and risk reducing practices need to adopt an awareness of the different categories of actors at play in childhood risk negotiations. These actors are influenced by different frameworks of interest and rationalities, in our presentation at least three categories of actors are involved: The National policy authorities (1) through their produced documents of recommendations and guidelines. The family and child (2) with their everyday life experiences. Actually, everyday life in the family is often the appointed arena for risk, and risk reducing practices. And third, the professionals, who follow up policy documents and use their scientific knowledge and experience when communicating risk concerns and interventions with the family. Collaboration across professional fields, is required in order to support continuity for families.



Primary health clinics: general health promotion and prevention. Involving children and youths 0-20 years, collaboration between professional and professional – family

In Norway, primary Health Clinics is involved in general health promotion and prevention by law, for all children and youths from 0 to 20 years of age. The primary health clinic is a discursive field where ideas of normality, age appropriate growth, physical ability and psychological development are embedded, a place where discourses of risk and risk prevention are put into play in interaction with parents and their child. Professionals may allocate children to different categories of risk.

"At risk" children
Worries about wellbeing or adequate development of an infant or child, may lead to referrals to a PT, special needs pedagogue or to the child welfare services. Children born preterm, like all children, are using the public health clinic for health controls and vaccination. However, since they start life with an immature and more vulnerable nervous system, they belong to a category of children labelled "at risk children", which have an increased risk of developing poorer motor and cognitive performance than children born full-term. National documents recommend extra attention to follow-up, however, professional services and risk prevention may also induce unwanted increased worry in parents with a child "at risk" (Bartlett et al 2008). Thus, how professionals encounter and negotiate "risk" with parents calls for attention.

"Risks" in everyday life care
One risk factor in infancy is sleeping prone and its association to the risk of Sudden Infant Death Syndrome (SIDS). The risk reducing practice has now changed the everyday life childrearing routines through the world wide campaign of «safe supine sleeping». These recommendations for sleeping positions have in turn induced secondary risk concerns of

asymmetry in neck muscles and head shape. When sleeping supine was introduced as a risk reducing practice for SIDS, parents were concerned about using prone position in the waking state too. This seemed to result in less variation in handling routines and postures; little tummy time and an overweight of supine time with one-sided pressure to the head. Around 6 weeks of age, infants often adopt a favourite position of turning the head to one side in supine resulting in more pressure to one side of the head, and more activity in the neck muscle on one side. The outcome of everyday routines in childrearing practices may thus constitute risk promoting actions!

A pilot project: "Everyday life experiences and professional practice"
"How are professionals and parents involved in early childhood risk negotiations"

Infants 2-3 months, referred to physical therapy, with the label "neck asymmetry" as a category of risk.
Methods: Observation during consultation with therapist at the clinic. Interview at home with reference to the observation themes and Life mode interview: using an ordinary day at home as the timeline
Preliminary results: Our observations in the home environment revealed that knowledge transition into daily practice is complex. Designing situated practice in everyday life involve shared knowledge about socio-material artefacts in the home environments (furniture), and also the time agendas of the family members. When coming home from the consultation, the parents need for risk negotiations continued in other social networks: e.g. Skyping with family members, attending maternity groups or church groups, which represent a variety of cultural opinions and understandings about parenthood and childhood, which were difficult to handle for the parents.
Are we about to turn everyday life child rearing practices – into a risky life? Our analysis reveal tensions and dilemmas associated with the negotiation of risk and risk reducing practices in everyday life. Professional guidance may induce worry in parents, indicating that constructions of risk in childhood must be based on thorough knowledge. We must pay attention to risk reducing practice, since new risk factors may emerge from risk reducing practices. According to the theoretical introduction by professor Gulbrandsen and our pilot studies we want to go further into exploration of the different understandings underlying descriptions of risk and decisions for risk reducing practice in policy documents, and in ECEC institutions. To explore how risk is constructed, individually experienced, negotiated and made meaningful among professionals, parents and children. So far, there is a distance between the outlined risk reducing practice in policy documents and the everyday life routines of child and family. The presence of taking-for granted meanings of risk and risk factors, across different actors, as found in the pilot study within the health science, is probably present in the ECEC institutions too.

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