Location, Location, Location: The importance of place in care work with children

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INTRODUCTION

Caring demands a setting, 'a physical space to embody caring tasks' (Peace 1998: 107). In the case of informal care, this is most often a domestic setting, either the care provider's or the care recipient's own home. In the case of formal care services, the situation is more varied and complex. The issue of where care work takes place is fundamental to the policy of community care, which prioritises community-based domestic settings over institutional care for a wide variety of groups including older people, those who are disabled and those who are mentally ill. The significance of location has been less explicitly acknowledged in debates about care, education and welfare services for children. However, the notion of place is becoming increasingly central to many current policy issues concerning children's needs and services. For example, is it preferable to expand nursery provision based in institutions such as schools or children's centres or increase parental leave and allowances, which would promote home-based care for very young children? How can disabled children be included in mainstream rather than specialist settings? Are residential children's homes able to provide a suitable alternative for children who need to be looked after by the state? Should different care, education and welfare services for young children be provided in one place – such as an integrated children's centre – or in separate settings? The development of 'extended schools', providing a base for a range of services such as childcare, parent education and family support as well as children's education, is the most recent reflection of the growing attention being given to location in public policy in developing care and other services for children.

The location of care work is important for a number of reasons. It reflects particular understandings of the nature of children's needs, whether this is for 'substitute' mothering or a complex web of relationships with other people. It has implications for a range of current policy issues, including recruitment and retention of the care workforce, the move towards increasing professionalisation of care work, and helping workers to manage their work and family responsibilities. A consideration of where care work takes place is particularly timely given the shifting and increasingly fluid boundaries between different forms of care and education services for children.

This chapter explores the location of care work with children, drawing on a wide range of recently completed and ongoing research at the Thomas Coram Research Unit. This includes studies of childminding, playgroups, nursery and out-of-school childcare services; family support services such as sponsored childminding, short-break foster care and mentoring projects; and studies of residential care including a cross-cultural comparison of ways of working in children's homes in Europe and a historical study interviewing former residents

of the Thomas Coram Foundling Hospital in London. The chapter considers family (home-based) and institutional (group-based) care in two fields. The first is the care of children while their parents are working – often referred to as 'childcare' (one word). Such care is usually paid for by parents. The second is care provided for children who are 'in need' or 'looked after' – often referred to as child care (two words), and usually funded by the state. In England, these two sets of services tend to be viewed as conceptually distinct, despite the fact that they are both now within the remit of the same government department, the Department for Education and Skills (DfES)[i].

The location of *responsibility* for children's services, at both central and local government level, is an important issue with implications for how the work is understood and for the pay and conditions of workers. There is a trend in most European countries towards integrating 'care' and 'education' services within one department or structure, especially services for young children. The issues that this raises have been well explored elsewhere (e.g. Cohen et al. 2004). In this chapter, we are concerned with another aspect of location: the physical settings where care services are provided. The chapter begins with a brief overview of the historical context and the different settings in which non-parental care for children has been provided in England, and of the research evidence about children's views on their care settings. This is followed by an analysis of current locations for care work with children, and an overview of other dimensions of care that interact with location. We then consider how the place where care work is undertaken both influences and is influenced by understandings of what is best for children, the status and training of childcare workers, and the extent to which the care is subject to regulation. The chapter concludes with a discussion of the blurring of boundaries between institutional and home based care work, and the significance of the location of care work with children for current policy concerns.

SITES OF CARE: CHANGES OVER TIME

Childcare for working parents

In the 19th century, childcare tended to be provided in private homes with a reliance on family, friends, neighbours and childminders for the working class, and on nannies for the middle classes. The Infant Life Protection Act, introduced in 1872, addressed the problem of 'baby farming', a practice whereby women were paid to take children into their homes while their mothers worked, and in some cases to care full-time for the illegitimate babies of middle-class women. Conditions were often crowded and unsanitary (Cameron 2003). With the exception of dame schools (Tizard et al. 1976), childcare was rarely provided in non-domestic settings. Public day nurseries were opened during the Second World War, but this reflected a temporary need to increase women's employment. Once the war was over, most of these nurseries were closed and mothers were expected to care for their children at home unless exceptional circumstances made this impossible (Ministry of Health 1945). This continued to be government policy through the next decades. For example, a circular from the Ministry of Health in 1968 reiterated the government's opposition to childcare, except to support lone mothers or those with medical needs: 'Wherever possible, the younger pre-

school child should be at home with his mother and the needs of older pre-school children should be met by part-time attendance at nursery schools and classes' (Ministry of Health 1968).

The introduction of the National Childcare Strategy in 1998 heralded the beginning of substantially increased government involvement in developing childcare services, with the aim of achieving 'quality, affordable childcare for children aged 0 to 14 in every neighbourhood' (DfEE 1998). Part-time nursery education is now available for all 3 and 4 year olds whose parents want it, and is beginning to be developed for 2 year olds. There has been a particular emphasis on centre-based care, reflected in initiatives to support Early Excellence Centres and Neighbourhood Nurseries, and more recently in government plans to establish 3500 Children's Centres in disadvantaged neighbourhoods by 2008. These will bring together childcare with early years education, family support and health services, and act as a 'service hub' within the community for parents and other providers of childcare services (Cabinet Office Strategy Unit 2002).

Care for children in need and looked after

The location of services for children who need more targeted support, and in particular those who are unable to live with their parents, has developed in a somewhat different pattern to that of services caring for children while their parents work. In the 19th century institutional care predominated, with homes set up by children's charities like Barnado's to 'rescue' children from poverty and give them a better life. The Foundling Hospital established in 1741 by Captain Thomas Coram was one of the first such institutions. It took in babies abandoned on the streets of London or those left by unmarried mothers and provided them with care and education until the age of 14 (Oliver, 2003). Few of the large 19th century charities worked with families in their own homes: the National Society for the Prevention of Cruelty to Children (NSPCC) was unusual in doing so rather than setting up childcare institutions (Gardner, 2002). In the mid twentieth century, however, a growing awareness of the negative effects of institutionalization led to a move away from institutions towards more individualized care and a preference for family settings. The Foundling Hospital, for example, began to phase out residential care for older as well as younger children in the few years before the Children Act 1948 (which brought voluntary childcare charities like the Foundling Hospital within a regulatory framework for the first time), and replaced it with a combination of foster care and day school, to which children from outside the care home were admitted (Oliver 2003). Elsewhere, the 'grouped cottage' system (where children lived in separate units on a large 'campus') found favour (Parker 2003). This was seen to provide more personalized family settings, although children could still remain cut off from the wider community.

Current government policy on children in need, as expressed in the Children Act 1989, is to provide support to enable them to remain within their own families wherever possible. Where children need to be looked after away from home, foster care is regarded as preferable to residential care, especially for children under the age of ten. A few local authorities have

attempted to phase out residential care for children altogether, but research suggests that both types of care need to be available (Berridge 1994). There has in any case been a significant change in the nature and size of children's homes in recent decades. Most now care for small numbers of children and operate from 'ordinary' houses within the community – although the experience of children looked after in such settings may still be significantly different from care within a domestic setting, as we discuss later in this chapter.

SITES OF CARE: CHILDREN'S PERSPECTIVES

There is relatively little UK research that has specifically sought children's views about where they would prefer to be cared for when not being looked after by their parents. This is particularly the case for young children receiving childcare while their parents work. One study found no difference between why children thought they were attending out-of-home care and what they said they enjoyed in four different types of early childhood setting, including nursery classes and day nurseries (Dupree et al. 2001). Reviews of the literature of children's views on the quality of childcare provision found that the following features were consistently identified as important: opportunities to be with friends, having a range of interesting activities available to them, staff who are responsive to their needs, and space and facilities conducive to play and relaxation (Clark et al. 2003, Mooney and Blackburn 2003). This suggests that whatever the setting, it is important that it is able to provide a range of social opportunities including the chance to interact with other children.

Other studies have explored the views of children and young people who are placed in foster or residential care (e.g. Edmond 2003; Sinclair et al. 2004; Smith et al. 2004). Some of these young people do not want a replacement family and prefer the peer dynamics and wider social networks of a residential setting, reinforcing the need for choice between a range of different locations (Berridge 1994). Research on short-break foster care (Aldgate and Bradley, 1999) has suggested that there may sometimes be a tension between children's and parents' needs in terms of where they would prefer to be looked after. This study found that children would often prefer to stay within their own home, even though they generally liked their part-time foster carer and could see that it gave their parents a much needed break. Overall, however, the views of children and young people about where they are cared for remain under-researched.

THE CURRENT LOCATIONS OF CARE WORK WITH CHILDREN

Care work with children in the UK spans a wide range of locations. Childcare, in particular, consists of a patchwork of different services provided in a variety of settings. Many parents use a combination of services to meet their childcare needs – perhaps a childminder in the early morning, followed by a half-day session in a nursery class and then a playgroup in the afternoon. It is not unusual for a child to experience several different locations within a single day. As well as the potential disruption and lack of continuity for the child, this places a heavy burden on parents to coordinate arrangements and to transport children between services, especially if they have more than one child needing care (Skinner 2003).

Table 5.1 provides examples of care services for children, both those providing childcare whilst parents work and those providing care and support to children in need, classified according to the location of the care. Their key characteristics are outlined briefly below, before considering how the location of these services affects the experience of children and the ways in which the work is understood.

[Insert Table 5.1 around here]

Own home care

Parents who want their child to be cared for within their own home may choose nannies or au pairs, who are not (at the time of writing) required to be registered or inspected by government agencies. Nannies and au pairs are employed by parents, who are responsible for their terms and conditions of employment. Some nannies care for the children of two families in the home of one of them, thus bridging the divide between care in the child's own or another's home. Parents may also use a registered childcare provider called a 'home carer'. This category of carer was introduced by the government in April 2003 and was seen as a way of extending eligibility for childcare tax credit to parents who wanted their child to be cared for at home, particularly those working non-standards hours or who had a disabled child. However, take-up of the scheme by childcare providers has so far been very low (Vevers 2003).

In-home services are also available to support 'children in need', provided or commissioned by local authorities to meet their duty under the Children Act 1989 to provide support to children whose health or development would be significantly impaired without it (Department of Health 1991). This includes childcare services, care provided by family support workers who visit families at home to provide help with parenting and other difficulties; and home visiting schemes like HomeStart, where volunteers befriend and support families with young children who are experiencing significant difficulties in their lives (Frost et al. 1996).

Care in another's home

Childminders, also known as family day care providers, are registered to look after other people's children in their own homes. They offer the most popular form of non-parental care used by working parents, after informal care by relatives and friends (Woodland et al. 2002). Childminders can care for up to six children (including no more than three under fives) at any one time, and they may provide care before and after school and in the school holidays as well as during the working day for pre-school children. However, numbers of registered childminders have been falling in recent years (Mooney et al. 2001), and concerns have been expressed about the viability of this form of home-based care to survive in a changing world (Moss 2003).

Services offered by local authorities to promote the welfare of 'children in need' can also involve care in another family's home. Sponsored childminders (sometimes known as community or specialist childminders) are paid by public authorities such as social services departments to care for a child as a form of support for families at a time of crisis (Statham et al. 2001). Such care is usually offered for several half days a week, until the family is judged able to cope again without such help. Short-break or 'support' foster care offers a similar respite service, but often for older children and including overnight stays – typically, a weekend every fortnight or month with a 'support care' family for a period of up to six months (Greenfields and Statham 2004). Both these forms of care are time-limited, and children remain the responsibility of their parents. Full-time foster care, on the other hand, aims to offer a replacement home for children whose parents are unable to care adequately for them. Full-time foster carers may have another job outside the home, but the essence of their foster care work is that they are providing 24-hour care to a child within their own home. Private fostering (see Chapter 8) falls somewhere between childminding and foster care organised by the state. It is a private arrangement between parent and carer, but the child lives full-time in another's home.

Care in a non-domestic setting

Centre-based care services include private day nurseries offering full-day care for children from birth to five years old, and playgroups providing mainly part-time provision for two- to four-year old children. The latter are usually run by non-profit organizations and are often located in premises designed for another purpose, such as village halls, where they need to clear away toys and equipment at the end of each session (Brophy et al. 1992). Care for school-aged children before and after school and in the school holidays is provided by a variety of clubs and schemes, sometimes but not always based in school premises (Petrie et al. 1994). New forms of centre-based provision for children that offer a wide range of services are also being developed, such as Early Excellence Centres and Children's Centres.

For 'children in need' who require support to enable them to remain living with their families, most local authorities still provide some childcare in day nurseries or family centres, which they run either themselves or in partnership with a voluntary organization. As with the allocation of places in home-based care (sponsored childminding), local authorities are increasingly targeting such support at families with a high level of need and using other mechanisms, such as childcare tax credits, to support low-income or lone parent families who need childcare so they can work. When children are unable to live with their parents, residential childcare offers an alternative location to foster care within a family home. It is generally used for older children and those whose needs are judged to be too challenging for most foster carers to meet, as well as sibling groups who would otherwise need to be split between more than one foster family.

Care in a public space

Finally, care can also be provided for children within public settings such as parks. Adventure playgrounds are often located in such settings, and family support workers may take children out to leisure centres or libraries as a way of developing a relationship with the child as well as giving the parents a break from childcare responsibilities. Mentoring is an area of care work that is becoming an important element of government strategy for supporting vulnerable young people (Philip et al. 2004, and see Chapter Seven). Mentors are 'matched' with a young person and meet up with them on a regular basis, sometimes at a mentoring project base but just as often in a public space such as a sports centre, café, library or cinema. As Chapter Seven notes, location can be significant as a way of defusing the intensity of relationships between mentor and mentee. Engaging in activities together in a public place could be a means of creating a non-threatening context for the mentor to offer advice and support.

LOCATION: CROSS-CUTTING DIMENSIONS

A number of other dimensions cut across the classification of care work by location presented in Table 5.1. One is the age of the child being cared for: as we show later, home-based childcare is generally seen as more appropriate than centre-based care for very young children, and children under the age of 8 are very rarely placed in residential children's homes. Another cross-cutting dimension is the time that care is needed, both the duration and the time of day. Duration may be daily, as in childcare for working parents; intermittently, as in respite or short-break care for vulnerable children; or continuously, as in foster and residential care.

The time of day when care is required can also influence views on the most appropriate location. A study of barriers to developing childcare services to meet the needs of parents working atypical hours found that childcare providers were often reluctant to offer care in the late evening, overnight or at weekends; not only because of the potential impact on their own families, but also because there was a general feeling that children should be at home with their parents or a close relative at these times (Statham and Mooney 2003). If children did need to be cared for outside of the family at such times, the domestic setting offered by childminders was generally preferred.

A third dimension that interacts with location to influence attitudes towards care is who chooses or pays for the service, and the employment status of the care provider. The system of direct payments or 'cash for care' has enabled disabled people take control of the money that would have been used by the local or health authority to purchase their care and personal support. According to service users, this represents a significant shift of power that introduces a different dynamic to the receipt of care services, especially those provided in the cared-for person's own home (Morris 1993; Macfarlane 1993). In the case of childcare, there may be a complex relationship between who pays for care, where it is located and how it is perceived, as illustrated by the reluctance of some parents to accept a free place for their child with a childminder paid by the local authority (see below).

A fourth dimension which cuts across location is the extent to which the care service is subject to registration and inspection. As we discuss care provided in a child's own home appears to be the least regulated, and domestic settings are generally less regulated than institutional ones. But there is a growing trend towards increased regulation of all types of care services for children, including those provided in private domestic settings.

Having outlined the main locations of care work with children and some of the factors that interact with this, we turn now to a number of issues related to where care work takes place. This analysis draws in particular on the following TCRU studies: research on family day care (referred to as the 'Childminding in the 1990s' study, Mooney et al. 2001); a study of care purchased by local authorities for children in need (the 'Sponsored Daycare' study, Statham et al. 2001); a study of pedagogical[ii] approaches to residential care in Europe (the 'Social Pedagogy' study, Petrie et al. forthcoming) and a study interviewing former residents of one of the earliest children's homes in England (the 'Foundling Hospital' study, Oliver 2003).

UNDERSTANDINGS OF CARE: WHAT DO CHILDREN NEED?

At one level, the many different locations where care work with children can take place offers diversity and choice: a variety of settings to meet different needs. But location also constructs and reflects different ways of being with and caring for children. Views about where children should be looked after when away from their families, either temporarily (while their parents work) or on a longer-term basis (if they cannot be cared for by their own family) reflect particular understandings about the needs of children and the ability of different types of care to meet these needs.

For example, there is a strong presumption, in some European countries at least, that young children are best cared for in their own homes by their mother. Singer (1992) has described the idea that mother care is needed for secure development and that, in its absence, non-maternal care needs to be based on a dyadic mother-child relationship as 'attachment pedagogy'. Such ideas have had a strong influence on views about where young children should receive their care, as shown in a number of TCRU studies of early years care and education. Mothers choose playgroups, for example, when their children are aged two or three so that they can mix with other children and begin to socialise outside the home (Brophy et al. 1992). Whilst some would prefer nursery education, others felt that school was not the best place for children at this age. One mother said: 'I prefer playgroup because the mothers join in and the children are too young to be off your hands completely' (Brophy et al. 1992: 67).

In the case of very young children, care by childminders is often parents' first choice if care by relatives is unavailable (Woodland et al. 2002). Parents in the Childminding in the 1990s study (Mooney et al. 2001) said they chose this form of care because of the individual attention it provided for their child and the home setting. Childminders as well as parents viewed the location of care as significant. Three quarters of childminders surveyed in this study thought it 'very important' that they provided children with a 'home away from home'.

Many conceptualised the care they provided as substitute mothering, describing themselves as 'second mums' and the children they cared for as 'like my own'. They were aware that there was a difference - as one said, 'it feels like having your own child, but you give him away at the end of the day and you get paid for it'. But the identification of this form of home-based care with mothering was strong.

One consequence was that parents in the Sponsored Daycare study (Statham et al. 2001) were often reluctant to accept support in the form of a place for their child in home-based care. Since sponsored places were offered not to parents who needed childcare so they could work, but to parents who needed support at a time of crisis, accepting such care could be interpreted as failing as a parent. One mother described how she 'felt I'd given up on him [her son]. I felt bad because I wasn't coping. I managed the others [her older children] without help'. Another mother said she would have preferred a nursery place because 'I felt that whatever she [childminder] could do, I could do'. A third felt that home based care was less able than other types of care to meet children's educational needs: 'If you leave a child at home with a childminder she has activities: cooking, cleaning, ironing. She does not have time to teach the children'.

Social workers in this study, however, strongly favoured the use childminders when arranging a childcare placement for a child aged under two. This was partly because relatively few places were available in nurseries for this age group, but it also reflected a perception that very young children are best cared for in a one-to-one relationship in a home-based setting. As an officer responsible for organising sponsored placements in one of the local authorities explained:

> With younger children, our professional instincts are to steer towards childminders … I think it is a much more normal experience and meets the needs of the child for attachment to a limited number of adults.

If a child was still entitled to a sponsored placement when they reached the age of two or three, they would often be transferred to a group setting (in particular a playgroup) or moved into education services such as a nursery or reception class at school. Such policies reflect normative views of what young children need (Moss et al. 2000). The 'normal' young child is assumed to develop naturally if in the family, without the need for external experiences or relationships, and to then benefit from part-time (rather than full-time) care and education in a group setting for a couple of years before starting full-time schooling. This contrasts with the situation in other countries, for example the early childhood centres in Reggio Emilia in Italy, where group care is seen as a desirable way of introducing even very young children to the values of collectivity and inclusion (Dahlberg 2000).

The perception that family-based care is needed for young children can also be seen in views about the appropriate location for care of children who cannot live with their parents. The Foundling Hospital study interviewed former pupils of the Coram Foundling Hospital (Oliver 2003). The hospital took in illegitimate children as babies, and placed them with foster

families in rural areas surrounding London where they remained until the age of five. As soon as the children reached school age, however, they were separated from their foster families and suffered an abrupt transition to institutional living, with little contact with the 'outside world' until they left to enter military or domestic service at the age of 14. Their experience of growing up in an institutional setting strongly influenced their identity and their sense of belonging to wider society. The transition from familial to institutional care represented a change from individual attention to a regimented routine. Although the health care and education the Coram residents received was probably superior to that of many poor children living in the community, their accounts reflected a lack of emotional warmth or sense of feeling 'special'. As one former resident explained, 'it wasn't the care we had at home [the foster home]. It was military style. It was "here is a job I've got to do, get on with it"'. For this respondent, care without love was equated with duty.

The former residents of the Foundling Hospital were marked out in many ways as living in an institutional setting. On entry to the home they were given new names, identical haircuts and a uniform. Since then children's homes have become less regimented, but even as late as the 1970s, homes typically accommodated large numbers of children (fifty or more), often in dormitory-style bedrooms and with communal eating arrangements. This could make it difficult to provide individual attention, with basic care routines organized to suit the institution rather than the child, and visible symbols of children's difference such as travelling in the home's minibus rather than by car or on public transport (Elliott 2003). In the last twenty years there have been further changes in the nature of children's homes. They have become much smaller and many now have more staff than resident children (Berridge and Brodie 1997). Larger homes accommodating 13 or more children account for less than ten percent of all homes (DfES 2001), and some are extremely small, accommodating no more than three children. This may constitute fewer children than are placed with a single foster family. Yet the children's experiences may still differ depending on the location of their care. In the early 1990s Colton compared the practices of residential care staff and specialist foster carers who were looking after similarly challenging children. The care practice in the special foster homes was found to be significantly more child-oriented than that in the children's homes (Colton 1992). This was not accounted for simply by differences in the number of children cared for (most homes were fairly small), or even by the attitudes of staff – if anything, the staff in the children's homes were found to hold *more* child-centred attitudes. Instead, it appeared to be the setting or location that made the difference. As the study author put it, 'the actual performance of the special foster parents and residential caregivers was strongly influenced by the contrasting realities of family and residential living' (Colton 1992: 35). The children's homes were more bureaucratic, and this was reflected in the large amount of time residential caregivers were observed to spend in 'the office' engaged in administrative type duties.

Decreasing size of homes has been accompanied by a significant increase in the volume of paperwork needed for looked after children, and in the regulations and standards that children's homes in the UK are required to meet. This suggests that residential care is likely to continue to offer a different kind of experience to care within a foster family. But is this

necessarily so? The Social Pedagogy study (Petrie et al. forthcoming) explored European models of residential care, looking at the different settings in which such care took place and the training and values that underpinned the work. Whilst the number of children cared for in children's homes has been steadily falling in the UK, the opposite trend is occurring in countries like Germany, where 60% of looked after children are in residential care compared to 35% in England, and the number in residential care rose by 18,000 (27%) between 1990 and 1999. In Sweden too, there has been an increase in the number of children placed in residential children's homes, mostly in the private sector, and a decrease in foster placements (Sallnäs et al. 2004).

German social workers interviewed in the Social Pedagogy study commented that residential care provided by professionally trained staff could have advantages over placement with an unqualified foster family, especially for children with multiple problems. In contrast to the 'last resort' view of children's homes in England (Packman and Hall 1998), residential care in some North European countries has been conceptualised as a positive alternative to care in the family, with a focus on holistic child development rather than simply child protection. Unlike the 'maintaining' role predominant in English children's homes, residential care is concerned with 'upbringing' in a much broader and more holistic sense (see Chapter Six).

A related development is the diversification of institutional provision in countries such as Germany, Denmark, Sweden and the Netherlands, and the development of new locations for care which combine elements of both foster and residential care. These 'mini-homes' are regulated and funded by the state, but have some of the characteristics of foster care. In Germany, for example, the *kinderhaus* is a family home where the children's carer (a social pedagogue) lives together with a group of children that she or he is paid to look after. A number of additional staff work on a rota basis to help out and provide the main carer with time off. Sweden and Denmark have both seen the rise of small institutions, frequently run by pedagogues, who care for young people in their own home as a living. They have often previously worked in a residential setting and have decided to change to home-based care in order to be able to work more intensively with young people. Those placed with them tend to have a high level of needs, as local authorities are reluctant to pay large fees for children with fewer difficulties.

Compared to the English small residential homes in the Social Pedagogy study , these European small institutions were reported to be operating more like a family, with carers living with children around the clock supported by a limited number of 'off site' staff (Wigfall, p.c). In children's homes in England, even small ones, staff worked shifts and sleep-in rotas, taking it in turn to provide care. For the children, the home was the 'private' place where they lived. But for the staff, it was the 'public' place where they worked, and this was reflected in features that would be unlikely to be found in a private family home, such as a staff office (often with locked doors) and posters about HIV/AIDS prevention (Petrie et al., forthcoming). Interestingly, a recent review of fostering and residential care in Wales (Clough et al. 2004) expressed concerns about the increasing use being made of 'single-occupancy units', often consisting of a rented house in a rural location, where one young

person is cared for by a succession of mostly agency staff. This is likely to provide an alienating and bizarre experience for the individual young person, isolated from any peer group or other non-professional contact, let alone from parents and siblings.

HOME BASED CARE – IS IT 'PROPER' WORK?

The setting in which care work takes place does not only influence the experience of the children being cared for. Location also has an impact on how the work is perceived, the training that is deemed necessary and the extent to which it is seen as a 'proper job'. This is a particular issue in relation to home-based care work with children, for example the care provided by childminders or by foster carers.

All types of care work in the UK tend to be poorly paid and of low status, with far lower levels of qualification required than in many other European countries (Van Ewijk et al. 2002, and see chapter 4). But care work undertaken within the home is particularly poorly rewarded in terms of pay and status. It has been argued that one of the reasons for this is its close alignment with mothering, because of the merging of paid and unpaid care in a single setting. There is a lack of physical separation between private and public work spaces, and no temporal separation either: a carer might put in the family's laundry or prepare the family dinner while keeping an eye on non-resident children (Nelson 1994).

Caring for someone else's child in one's own home, as childminders and foster carers do, creates a number of tensions and dilemmas. These were illustrated by the findings of the Childminding in the 1990s study. On the one hand, the decision to work from home was often a positive choice, allowing childminders to combine care of their own children with paid work. Around two fifths had taken up childminding because it was convenient while their own children were young. Yet the majority - nearly two thirds – did not regard childminding as their chosen career. As one explained:

> I suppose it is a career in a way. I don't know. You don't really look at it – when you're doing it, you're just doing it. It's just something you do. I suppose it's like – you know, a mother at home, bringing up their children.

Because they were caring for children in their own home, it appeared harder for childminders to view what they did as a 'proper job'. Another said: 'I don't really treat it as work, as such, to me. It's just they're part of the family unit when they're here. And I just treat them as part of the family'.

This understanding of care work within the home as an extension of mothering had implications in terms of attitudes towards training and qualifications and the value attached to the work. Although two thirds of childminders wanted to be viewed as professional childcare workers, the need for training and qualifications was less strongly felt, with some seeing personal experience of motherhood as the most important requirement. One new childminder

said ‘childminding is like – it just needs me being a mother. And I don’t really know what sort of qualification you really need’.

The home base of childminders also created tensions between the affective and business aspects of the care work. Although the principle reason for childminding in the Childminding in the 1990s study was wanting to stay at home while at the same time earning an income, at the same time there was strong disapproval of a financial motivation for childminding. ‘Good’ childminders were described by childminders and parents alike as entering the occupation because they liked children and wanted to care for them, and not for financial reasons. This could come into conflict with the need to earn an income from the work. For example one childminder, who had felt justified in charging a reasonable rate for her services, described how she began to have doubts when she became attached to the child. ‘When I got him…he’s so nice, I started feeling guilty’. Others found it difficult to negotiate fee increases, charge for extra services or impose overtime rates. Unlike childcare workers in a centre-based service, these transactions occurred in the childminder’s own home and were not mediated by an institutional context where there would normally be a management structure to deal with any problems. The conflation of ‘love’ and ‘care’, which is heightened by the domestic setting, is similarly reflected in the reluctance of private foster carers to regard their care work as a source of income (see Chapter Eight).

In the case of childminders caring for children placed with them by social workers, a ‘third party’ is involved in the negotiations, and it is the local authority rather than the parent who pays for the care (Statham 2003). But the Sponsored Daycare study found that these childminders also experienced difficulties in drawing boundaries around the work, and often provided more care than they were contracted to do. ‘I delouse and bath children. I take parents to the welfare rights office. I provide secondhand clothing and furniture. I provide coffee and chat and other things, but social workers have never expected it’. As with childminders caring for children while their parents worked, the boundaries between childminder and mother; and between home, family and clients, can be difficult to determine and maintain.

One obvious question is whether the low status and poor pay of home-based care work is an inevitable consequence of its location. We would suggest not. In the European examples of home-based care for looked after children described above, the workers were clear that caring for children in their own home was a ‘proper job’. The conditions in which the work was carried out (good support, three year qualification as a social pedagogue, reasonable pay) both reflected and reinforced this. Among childminders, there are also possibilities for developing a more professional pedagogical approach, where home based care of children is viewed neither as ‘substitute mothering’, nor as an inferior version of group care in a centre-based setting. This would involve childminders engaging in reflective practice, and working together in more collaborative relationships (for example through childminding networks) in order to determine what is distinctive about the kind of care they provide. This is beginning to happen in a number of countries, perhaps most strongly in New Zealand where family day

care has been brought within a comprehensive system of public funding (Everiss and Dalli 2003).

LOCATION AND REGULATION

The extent to which a care service is regulated is at least in part related to its location. . Several other factors besides location also come into play: the amount of care provided is one such factor. Childminders or playgroups that care for children for less than two hours a day are exempt from the need to be registered. Providers of short-break foster care, where children can be accommodated for no more than 28 consecutive days, may be expected to meet different standards by some local authorities (for example, in terms of medical fitness or number of spare bedrooms) than those providing care on a longer-term basis (Greenfields and Statham 2004). The child's age is another factor affecting regulation: childcare for children aged eight or over, for example, does not have to be registered and inspected, and higher adult/child ratios apply for the care of children under the age of two. It also matters whether the care is undertaken for financial reward or not. Childminders are not subject to regulation if they are caring for children to whom they are related, or are providing unpaid care for friends.

But alongside these factors, location exerts its own influence. Different settings for care work with children are subject to different regulatory requirements. Generally, care provided in the child's own home is the least regulated, reflecting a predominant ideology of not interfering in 'private' lives and the notion of privacy and rights within one's own home. The government can offer advice, for example on food hygiene or fire safety (and, increasingly, on parenting) but the home when used as a place of informal care for family members is not a regulated setting. This includes paid care provided for a child in their own home by a nanny or au pair, although at the time of writing the government was consulting on the development of a system of 'approval' of unregulated settings which would allow parents using these forms of care to access the childcare element of the Working Tax Credit (Sure Start 2004).

Childcare provided in another person's home has become increasingly subject to regulation, from the Infant Life Protection Act 1872 onwards. Childminders are now expected to meet national minimum standards and are subject to annual inspections by Ofsted. There are still some interesting anomalies, however, that indicate an ambivalence about the status of care provided in a domestic setting and the extent to which the government can - or should – set standards. In 2000, the DfEE consulted parents and childminders about whether or not childminders should be allowed to smack children in their care or smoke in their presence within their own homes – practices that were not permitted within group care settings. The National Childminding Association (NCMA) itself wanted a ban on smoking and smacking, but the government decided to leave the choice with parents. At the time, the Minister for Employment and Equal Opportunities justified treating childminders differently from other childcare workers on the basis that 'childminding is a more informal setting [and] the government shouldn't have to regulate on what people can and can't do in their own homes' (DfEE press release, 14 September 2000).

Childminders were also originally excluded from eligibility to receive the nursery grant, through which the government funds providers in both the maintained and independent sectors to offer half-day educational sessions for three- and four-year olds. One reason for this exclusion was concerns about ensuring the educational quality of care provided in individual domestic settings. After representations from the NCMA, this decision was reversed and childminders became eligible to receive the grant, but only if they were members of an approved childminding network. Those who chose to operate as home-based providers outside such support structures remained ineligible.

Turning to the care of children who are unable to live with their parents, a similar pattern can be seen of increasing regulation being applied to domestic as well as to group settings. National Minimum Standards for Foster Care were introduced in 2002 (Department of Health 2002). Small privately run children's homes accommodating fewer than four young people, which used to be exempt from the need to register, were brought within a regulatory framework in the Care Standards Act (2000) and are subject to the National Minimum Standards for Children's Homes (2002).

One consequence of this growing institutionalisation of domestic settings and family homes, with requirements for the installation of safety glass, fire doors and alarms and so on, is an apparent blurring of the boundaries between care work carried out in different locations.

NEW LOCATIONS FOR CARE WORK

This blurring of boundaries between work in institutional and domestic settings is being reinforced by structural changes to the delivery of children's services in England following the government Green Paper 'Every Child Matters' (DfES 2003) and the Children Bill 2004. New ways of delivering services to children are being developed that have the potential to lead to new forms of care. Childminders are increasingly working together in more collaborative relationships, for example through childminding networks (Owen 2003), and may have links to centre-based services such as Children's Centres which mean they are no longer solely home based. Such connections are already well established in other countries such as Sweden, where family day care providers meet regularly to support each other and discuss their practice (Karllson, 2003), and in Hungary, where family day care providers have strong links with the public nurseries where many of them were previously employed (Korintus, 2003). In the case of foster carers, new types of care are emerging such as treatment foster care and foster carers attached to residential children's homes, especially for the most challenging young people who have previously been regarded as too difficult to care for within a family home.

Another important development in terms of the location of services is the extended role envisaged for schools, as sites for all kinds of work with children and their families. All schools are being encouraged to act as a hub for a wide range of services for children, families and other members of the community, including childcare, adult learning, health and

community facilities; and the government plans to have at least one 'full service' extended school in every Local Education Authority in England by 2006 (DfES 2003). Similar developments have been occurring in Scotland since 1997, through the New Community Schools programme. It is argued that this extended role for schools will lead to integration of education, health and social care services around the needs of children (DfES 2003: 29). But concerns have also been raised, for example that it might lead to an increasing 'schoolification' of children's lives (Cohen et al. 2004), or to distortion of the goals of early childhood provision through closer contact with a formal education agenda (OECD 2001).

The extended schools policies will undoubtedly lead to additional services being provided on school sites, and may reduce some of the barriers hindering children and parents from accessing family support and other services that are usually located on physically separate sites. But the proposals may not achieve a more integrated way of working with children and families unless there are also parallel changes in the cultures and training of different professions. Whilst co-location of services may be a good precursor to new ways of working with children, by itself it is no guarantee that this will happen. The physical setting of services is important, but this needs to be accompanied by reflection on what kind of experience is being sought for children. For this reason, some have argued that the term 'children's services' should be replaced with the concept of 'children's spaces', with the latter concept implying not just a physical space 'but also a social space, a cultural space and a discursive space' (Moss and Petrie 2002).

CONCLUSIONS

In this chapter, we have explored how location can produce particular ways of working and understandings of care work. We have argued that the home base of family day carers is a significant factor in why they take up the work, and in their beliefs about the kind of care they can offer to children. Similarly, the domestic nature of family life is seen by foster carers as an essential element of the care they provide for looked after children. But the home location of such care also has particular consequences for pay, status and training.

Over time, the preferred location for the care of children has shifted, reflecting economic and political priorities as well as understandings of the needs of children. Different trajectories can be seen for the care of children while parents work and the care of children 'in need'. The former has moved from predominantly home and family based care towards favouring group or centre-based settings, such as developing childcare in schools and through children's centres (although there is still some ambivalence about out-of-home care for very young children). Home-based formal care (childminding) has been declining. The preferred location of care for children who are unable to live with their families has moved in the opposite direction, from an institutional to a home base. But equally important is the growing erosion of boundaries between institutional and home-based care, which offers new challenges and possibilities for care work with children.

Location is an important aspect of care work. It influences and is influenced by beliefs about what is best for children, and it affects how the work is understood and the status and training of the workers. But these links often remains implicit. The connections between where care work takes place and the nature of the care experience need to be made explicit and questioned. For example, the assumption that the needs of very young children are best met by care in their own (or another's) home, rather than by a particular kind of attentive responsiveness that could be achieved in a variety of settings, given a good enough adult/child ratio and appropriate conditions. Or the assumption that foster care within a family is almost always preferable to care in a residential children's home, regardless of how the care is organised and the values that underpin it. European comparisons are often instructive in revealing the ideologies underpinning care work with children. Ziehe (1998) argues that by attempting to mirror the intimacy and 'cosiness' of the domestic home, early childhood institutions risk creating a 'false closeness', and also miss the chance to open up many new opportunities for young children 'through a complex and dense web of relationships…within a vision of the rich child and a co-constructing pedagogy' (Dahlberg et al. 1999: 82).

This chapter has only begun to touch upon some of the issues arising from the location of care work, using examples from a range of TCRU studies of services for children. But even this initial analysis suggests that location interacts in complex ways with other aspects of care work, including who does the work, the training and qualifications required and the extent to which the setting is subject to regulation. It suggests that more critical attention could usefully be paid to the issue of where care work takes place, and to the implications of location for current policy issues. The views of children about how and where they prefer to be cared for would also repay further investigation.

Table 5.1 Examples of differing locations for care work with children

	Care recipient's home	Care worker's home	Non-domestic care setting	Public space
Childcare for working parents	Nanny/au pair Home carer	Childminder Private fostering	Day nursery Playgroup Out-of-school club	Adventure playground
Care for vulnerable children	Family support worker Home visitor	Sponsored childminder Respite carer Foster carer	Children's home Local authority day nursery or family centre	Mentoring project

[i] Responsibility for childcare services was transferred from the Department of Health to the DfES in 1998, and for child welfare (social care) services in 2003.
[ii] Pedagogy refers to a holistic approach to working with children that regards learning, care and daily upbringing as inseparable (Petrie 2003)