Family day care in Europe: comparative data

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Summary

Regulated individual childcare accounts for an important part of childcare in many European countries. Yet, the subject is little studied and not accurately measured by international statistics.

It is a part of the enforceable right to childcare in the Scandinavian countries and in Germany. After 15 years of decline in the United Kingdom, due to the rise of collective care, it has recently started to grow again in popularity. It is the first type of childcare in France.

National policies aiming to strengthen the quality of this type of childcare are being designed in these countries. It is upon this condition that individual childcare can take place in a strategy to meet the Barcelona goals

Introduction

Regulated individual child care exists under various names in most European countries. Providers are called "childminders" in the United Kingdom, "Tagesmutter" in Germany, "accueillantes d'enfants" in French-speaking Belgium, and "assistantes maternelles" in France. The international comparisons that have been conducted refer to "day care" or "family day care." Yet the concept behind these multiple names is similar: regulated individual child care can be defined as care for young children provided by paid professionals, in residential accommodations belonging either to the day care provider or to the children being cared for, with government oversight (qualification and accreditation requirements, inspections, etc.)

While early childhood education and care (ECEC) as a whole has been the focus of extensive studies, statistics, and research over the past twenty years, regulated individual child care has not been widely studied. As early as 1995, a report (European Commission, 1995) drawn up for the European Commission's network on childcare¹ pointed out that the Commission's research up to that point had been much more focused on collective than on individual child care. Since then, the situation has not improved and, in the international statistics, regulated individual child care is still not systematically distinguished from informal child care.

However, this type of child care is widely used in Europe, particularly for the 0 to 2 age group. According to the Eurydice network (European Commission/EACEA/Eurydice/Eurostat, 2014), regulated individual child care makes up a large proportion of available day care in Belgium, Denmark, Germany, France, Finland, and the United Kingdom. Beyond its quantitative coverage of the population a long side collective day care, it comes with a number of specific considerations, including expanding the range of solutions available to parents. Since it requires fewer qualifications than collective day care, it can be a way into the workforce for those with less formal education. Some countries, such as Germany or the United Kingdom, have explicitly included it in their ECEC development strategy.

In 2002, the Barcelona European Council set an objective for formal day care solutions to be made

¹ European Commission Network on Childcare and Other Measures to Reconcile Employment and Family.

available to 33% of children under the age of 3 in all European Union member states. In the academic literature and the public debates, this objective is often reduced to that of developing collective day care. The goal of this article is to correct that bias by analyzing how individual child care can be incorporated into a national development strategy. In particular, it takes a close look at the issue of quality, of how it is measured, and at how this type of day care compares to collective care.

First, we will see that individual child care remains poorly accounted for by the international statistics. Then, we will narrow our focus by analyzing four countries or groups of countries in which individual child care has a history and plays a different role: the Scandinavian countries, where it is an integral part of the enforceable right to child care; the United Kingdom, where this solution had been in decline prior to a recent revival of interest; Germany, where the use of individual child care is increasing as part of a proactive national strategy; and finally France, the only European country where it is the most widely used solution. The third part is devoted to the issue of quality, a major factor in the acceptance of this solution, in how it is measured, and in its levers of growth. Finally, in conclusion, we propose avenues to incorporate individual child care into a national strategy to boast day care availability while not sacrificing quality.

1. A type of day care that is poorly accounted for

1.1. The definitions of this type of day care vary throughout Europe.

Internationally, several definitions of individual child care have been put forward. Within the European Union, several studies conducted by networks of experts with the support of the Commission have been successively used as references: the report "Family Day Care in Europe" (European commission, 1995), drawn up by the European Commission's network on childcare in the 1990s; the 2009 report "The Provision of Childcare Services" by the Commission's Expert group on Gender and Employment (Plantenga, Remery, 2009); the 2014 report "Key Data on Early Childhood Education and Care" by the Eurydice network (European Commission/EACEA/Eurydice/Eurostat, 2014). The Organization for Economic Cooperation and Development (OECD) proposes its own definition in its Quality Matters reports (OECD, 2012 and 2013).

The successive definitions put forward by the European Union do overlap ta some extent. Individual child care is characterized by a combination of three components: the person provides care to children other than his/her owns/he is paid for the work, and the care is provided at his/her own home. A fourth component is added in the Eurydice report, which draws on the EU Statistics on Income and Living Conditions study (EU-SILC): the care must be subject to government regulation, particularly with regards to health, safety, and nutritional standards. Child care provided at the child's home is not counted as individual child care, even though it is subject to regulation in certain countries.

The OECD's definition is broader and includes bath care provided at the professional's home and at the child's home and does not require it to be subject to regulation.

1.2. Individual childcare appears in European statistics as an overlap between the "formal child care" and "informal child care" categories.

The statistical source used to monitor progress toward the Barcelona objectives is the EU-SILC study. The central indicator is the proportion of children using "formal" day care services. This concept refers to all of the following types of child care: preschool, mandatory school enrolment, and after- school care, day care centers or other types of collective child care, and individual child care ("family day care") run or overseen

by a public or private entity. The study also supplies the rates of use of "other arrangements" outside of care provided by the parents themselves. This concept of "informal day care" refers to a wide range of situations: child care provided by a professional at the child's home or at his/her own home, by the child's grandparents, by other family members, or by neighbors or acquaintances.

This means that individual child care can be counted either as formal or as informal day care. Indeed, as from 2008, French "assistantes maternelles" (registered childminders) have been transferred from the informal to the formal category.

The latest description of EU-SILC variables provides the following dividing line between formal and informal individual child care:

- Under the variable "child care at a day-care center" (RL040), Eurostat counts all forms of "care organised/controlled by a structure (public, private)" (care coordinated or overseen by a public or private entity). This category is the only one that counts as formal day care towards compliance with the Barcelona objectives. It covers bath day care centers and individual day care when it is run by an entity and there is no direct relationship between the parents and the day care provider. Eurostat also counts day care providers directly employed by parents when the former are coordinated and overseen by an entity (this is true for "assistantes maternelles" in France). This means that some individual child care is included in formal childcare, but the proportion is unknown as his subcategory is not measured.
- Under the variable "child care by a professional child-minder at child's home or at child-minder's home" (RLOSO), Eurostat counts the other types of individual child care, provided by a paid professional in his/her home or at the parents' home, paid by the parents, without oversight by an outside entity.

The EU-SILC study is not designed to provide a comprehensive overview of individual child care. Indeed, individual child care is only isolated as a subcategory within the types of informal child care. This means that the only statistic that can be gleaned from EU-SILC on regulated individual child care is that subcategory of informal child care (which, moreover, is not available for public access); this does not cover all regulated individual childcare as certain countries consider part of this care to be formal.

Moreover, it is remarkable that the 2014 report from the Eurydice network, which is coordinated by the Commission's Directorate-General for Education and Culture (European Commission/EACEA/Eurydice/Eurostat, 2014) does not use this European statistical source to assess the extent of enrolment in individual child care. It is only based on national statistical sources, which only exist in 12-member States.

Nor does the OECD have a satisfactory indicator of the proportion of individual child care: its database on family policy (OECD Family Database) uses the EU-SILC data² and only calculates an indicator of the rate of access to child care, which covers bath collective child care and individual child care by professional providers.

² Except for Germany (national data) and the Nordic countries (data from NOSOSCO, the Nordic committee on Social Security statistics).

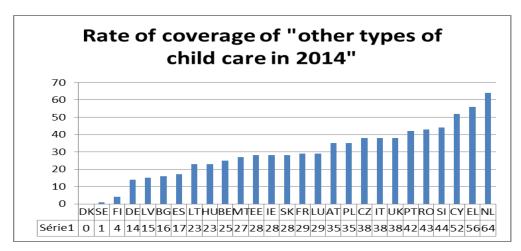
1.3. Through a cross comparison of European and national sources, a rough list can be drawn up of the countries where this type of child care is widespread, but some inconsistencies remain.

The EU-SILC source provides a first glimpse at the extent to which regulated individual child care is used. However, it has numerous flaws.

- The Eurostat website does not distinguish between individual child care provided by professionals and that provided by grandparents or friends and groups everything together under the item "other types of child care."
- As explained above, certain types of individual child care are counted as formal.

However, the advantage of this source is a certain degree of consistency among all European Union member States, along with its historical depth which now goes from 2005 to 2014.

<u>Graph No. 1: Other types of child care for children under the age of 3, in percentage of the population in this age range, 2014 data</u>



Source: EU-SILC study.

These data identify three categories of countries:

- Those in which individual child care constitutes a substantial proportion (greater than or equal to 30%) of available child care: these are the Netherlands, Greece, Cyprus, Slovenia, Romania, Portugal, the United Kingdom³, Italy, the Czech Republic, Poland, and Austria;
- Those in which it constitutes a minority but non-negligible proportion (ranging from 10% to 30%): Luxembourg, France, Slovakia, Ireland, Estonia, Malta, Belgium, Hungary, Lithuania, Spain, Bulgaria, Latvia, and Germany;
- Those in which it is non-existent or negligible: Denmark, Sweden, and Finland. In these Scandinavian countries, where individual child care is far from negligible, the EU-SILC study's very low figures can clearly be explained by most of the available individual care being classified as formal; indeed, individual

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³ EU-SILC data is for the whole United Kingdom.

child care in these countries is closely overseen by the government.

An examination of the national statistics gathered for certain countries by the Eurydice report (summarized in the table below) shows a rather low level of consistency with the European source:

- For certain countries (the French and German communities in Belgium, Denmark, and Finland), the proportion of registered childminders ("assistantes maternelles") is far higher than that indicated by the European source. In some cases, this can be explained by these child care providers being classified under the "formal" child care category.
- Conversely for others, the European source shows a proportion that is higher than the national source: this is true for the United Kingdom, Portugal, and Germany.

Table No. 1: Children under 3 cared for by a home-registered childminder, in percentage of the population in the age range.

	Percentage of children covered	Source
Belgium- French-speaking community (Accueillantes d'enfants)	29.2% of the 0-3 age group	Office de la naissance et de l'enfance (ONE, 2011)
Belgium-Germany-speaking community (Tagesmutter)	31.9% of the 0-3 age group	Dienst für Kind une Familie (DKF), 2011
Belgium- Flemish-speaking community (Onthaalouders)	Nd	
Denmark (<i>Dagpleje</i>)	9.7% of children under the age of 1 39.1% of children aged 1 33.1% of children aged 2	Danmarks Statistik,2012
Germany (Tagespflegepersonen ⁴)	5.6% of children aged 1 5.2% of children aged 2 1.5% of children aged 3	Autorengruppe Bildungsberichterstattung,2012
Estonia (Lapsehoiuttenus)	5% of children aged 3 3% of children aged 4	Estonian Statistical Database (EHIS, 2013)
Ireland (Childminding)	Nd	
France (Assistantes maternelles agréées)	32.9% of children under the age of 3	The National Family Benefits Fund (CNAF)'s national early childhood observatory (Observatoire national de la petite enfance, ONPE), 2015
Italy (Asilo familiar)	nd	
Cyprus (Kat-oikon paidokomoi)	nd	
Hungary (Csaladi napkozi or Csaladi gyermekfelugyelet)	2.9% of children aged 2	Kozponti Statisztikai Hivatal (KSH), 2013
Austria (Tagesmutter)	Nd	
Portugal (Amas)	1% of children under the age 1; 2.2% of children aged 1; 2% of children aged 2	Ministério da Solidariedad, Emprego e Segurança Social,2011
Slovenia (Varstvo predolskih otrok)	0.5% of children aged 2	Ministrstvo za izobrazevanje, znanost in sport (MIZS,2012/2013)

⁴ In Germany, this figure covers under the category of *Tagespflegepersonen* both the *Tagesmutter* (childminders working in their home), who account for more than three quarters of the total, and the *Kinderfrauen* (childminders who work at the child's home).

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Slovakia (Detske jasle)	Nd	
Finland	0.5% of children under the age 1	Terveyden Ja Hyvinvoinnin Laitos
(Perhepaivahoito/familjedagvard)	12% of children aged 1	(THL),2011
	16.7% of children aged	
	2	
	17% of children aged 3	
Sweden (Pedagogisk omsorg)	2.1% of children aged 1	Skolverket, 2013
	3.7% of children aged 2	
	3.6% of children aged 3	
England (Childminders)	5% of children aged 3	Huskinson, T. et. Al., 2013.
	4% of children aged 4	
Iceland (Dagforeldri)	6.6% of children under the age of 1	Hagstofa Islands (Statistics Iceland),
	35.6% of children aged of 1	2011.
	1% of children aged of 2	

Source: European Commission, 2014, National System Information Sheets

Despite these numerous inaccuracies, when the sources are combined they identify a list of countries that are of interest due to the substantial proportion of available child care that is individual. The study focuses on the Scandinavian countries, the United Kingdom, Germany, and France.

2. <u>Major country-to-country differences in the use of individual child care</u>

2.1. The Scandinavian countries (Denmark, Finland, and Sweden): an integral part of the enforceable right to early child care

Finland, Denmark, and Sweden show several strong similarities in how their ECEC system is structured: an integrated system (European Commission/EAŒEA/Eurydice/Eurostat, 2014⁵), a significant financial investment (OECD, 2014), and a legal right to ECEC instituted during the first half of the 1990S (Kautto, 2011). This combination of ingredients explains why young children in these countries have a high enrolment rate in the ECEC system. Indeed, Denmark and Sweden have the highest levels of coverage in the European Union for children under the age of 3 (EU-SILC data for 2014); 70% for Denmark and 56% for Sweden. Moreover, the difference between these two countries can be largely explained by the longer parental leave that is available in Sweden (estimated at 56 weeks of parental leave "with adequate compensation"). Conversely, despite Finland's enforceable right to child care and very generous in-home child care allowance (Ellingsaeter, 2012), coverage in that country only amounts to 34%.

Regarding the proportion of individual child care among available ECEC solutions, a clear distinction can be made between Denmark and Finland on the one hand and Sweden on the other. This distinction is bath qualitative and quantitative in nature. In Denmark and Finland, individual child care plays an integral role in guaranteeing the enforceable right to child care and makes up a substantial proportion of the available solutions. In Sweden, the enforceable right is mostly provided for by preschool-type collective day care centers while individual care is relegated to the sidelines.

In Denmark, local authorities are responsible for satisfying the enforceable right to childcare and provide oversight for all of the child care facilities operating within their boundaries (OECD, 2000a). They are required to offer a day care solution for all children within a 3-month deadline once the parents have

⁵ Denmark combines an integrated and a separate system according to European Commission/EACEA/Eurydice/Eurostat, 2014

submitted their first application. In reality, this coincides with the end of the parental leave period (Children in Scotland, 2010a). Several types of solutions can be offered: individual day care (dagpleje) managed by the local authorities; group day care managed by the local authorities (day care centers (vuggestuer) for ages 0 to 3, kindergarten (børnehave) for ages 3 to 6, integrated facilities (aldersintegrerede institutioner) spanning ages 0 to 6), private individual day care, and private collective day care. Private day care solutions, whether they are individual or collective, must be accredited by the local government authorities and the parents who use them receive subsidies (Children in Scotland, 2010a).

Dagpleje play a substantial role, nearly equivalent to that of collective day care solutions, for children under the age of 3. Indeed, they enroll 39.1% of 1-year-olds and 33.1% of 2-year-olds, compared to 49.6% and 59.8% respectively for collective day care facilities (Danmarks Statistik, 2012). However, from the age of 3, collective facilities (børnehave and aldersintegrerede institutioner) cover over 96% of all children while individual child care takes a marginal role (Danmarks Statistik, 2012). In 2004, a shared set of guidelines was rolled out for all day care, public or private, and applies until each child's 6th birthday.

Finland's legal framework has many similarities to that of Denmark. Indeed, local authorities there have a 4-month deadline to offer a solution for each child once parental leave has ended. This solution can be a group facility (*päiväkoti*) or an individual solution (*perhepäivähoito*) with local oversight: parents can also choose a private solution and receive a subsidy (OECD, 2000b).

Unlike Denmark, where individual child care is mainly used for children ages 1 to 2, enrolment in individual solutions is more evenly spread out among ages 1 to 6 but it is less widespread (8.4% of children ages 1 to 6) (National Institute for Health and Welfare, 2014) and has been in decline since the late 1990s. Similarly to Finland, a set of official national guidelines applicable to all forms of child care was roiled out in 2003 by the national research and development center for health and wellbeing (STAKES) and applies to all types of day care.

The Swedish system is based almost exclusively on the *förskola*, which enrolls all children ages 1 to 6. Access is guaranteed by the local authorities for all children ages 1 and up. The *förskola* covers 49.3% of 1-year-olds, whose parents are often still on parental leave (16 months being the average age of first day care enrolment (Périvier-Timbeau et al., 2011), 88.5% of 2-year-olds and 93.1% of 3-year-olds (Skolverket, 2013).

A system of individual child care known as "educational care" (*pedagogisk omsorg*) does exist and is provided by registered professionals. It is governed by the same legal framework as preschool education (OECD, 1999). However, this system currently only enrolls 3% of children (Statistiska centralbyran, 2014). It has declined sharply since the 1990s as the profession has become less attractive and professionals' average age has risen (Children in Scotland, 2010c).

2.2. United Kingdom: a relative decline compared to the rise of collective childcare

As a liberal welfare state (Esping-Andersen, 1990), the United Kingdom only has a limited tradition of government involvement in ECEC. The first official day care programs began in the 19th century and a significant expansion in "day nurseries" was observed during certain periods of the 20th century - particularly during each of the two world wars - but there has never been enough formal ECEC availability to caver a large swath of the population (Children in Scotland, 2010b). Indeed, day care for young children was viewed as the family's private responsibility (Letablier and Jonsson, 2003).

For these reasons, individual day care provided by private individuals independently from government authorities (childminders) has constituted one of the major day care solutions for young children and has been boosted in particular by its flexibility. Indeed, the number of childminders rose steadily between 1945 and the late 1990s (Fauth et al., 2011) in response to the increasing number of women in paid employment. Childminders became a major supplier of care outside the home for young children (Moss and Penn, 1996), and modeled the available day care solutions for working parents into being essentially private sector-based. No clear-cut national policy to boast formal day care availability for young children was roiled out at that time, nor was any assistance program to help parents in affording day care costs.

However, government authorities do provide regulation and oversight. After World War 2, *childminders* were required to register with their local social services office; this requirement was strengthened by the Children Act of 1989, which requires local authorities to inspect *childminders* each year as they do for the other types of day care for young children (Gambaro, 2012).

The 1990s were a turning point, with government authorities showing renewed interest in ECEC but focusing on collective solutions. In the early 1990s, the increase in women's employment resulted in strong growth for private collective day care centers as promoted by the Conservative government (Gambaro, 2012). When a Labour government took office in 1997, it rolled out an early-childhood strategy based on the Childcare Tax Credit, an entitlement to free preschool, and the Sure Start program. It should be noted that while the Childcare Tax Credit covers all types of child care costs, including a *childminder's* salary, it mainly incentivizes the development of collective day care facilities while the Sure Start program mainly focuses on creating solutions that include a variety of services (parent support, health services, early child care, and tutoring) (Lewis, 2011).

Between 2006 and 2013, this resulted in a sharp decrease in the number of employed *childminders* (-20%) and a strong increase (+41%) in collective day care solutions. In 2013, *childminders* only accounted for 6% of all registered day care slots (DfE, 2014)⁶.

2.3. The case of Germany: a significant, although secondary role, in ECEC development strategy.

Individual day care has historically played a marginal role in Germany, bath in the "old Lander" in the West, where parents were responsible for day care, and in the "new Lander" in the East, where it was provided by collective centers. In West Germany, which followed a conservative welfare state model including traditional gender roles within the family (Esping-Andersen,1990) and, until very recently, women being strongly encouraged to stop working entirely until their child reached the age of three (Fagnani, Math,2007), there were still very few child care facilities in the late 1990s and most of those were not open full-time (Spiess et al. 2003).

Circumstances in East Germany were very different: under the communist regime, employment for women and collective day care for young children were the norm. While the use of collective day care dropped once the Berlin wall came down, enrolment was still near 40% in the mid-1990s (Hank et al., 2001).

In the 1970s, *Tagesmutter* provided individual child care underwent an initial period of growth, mainly in the West, due to two simultaneous trends: the rise in employment for women and the new generations of parents' rejection of the authoritarian style used by existing child care facilities (Schoyerer and

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⁶ For this paragraph, the data is only for England.

Weimann-Sandig, 2015). However, the use of individual child care remained limited to highly educated, high-income families and received no government support. The use of *Tagesmutter* only underwent a real expansion with the groundbreaking Tagesbetreuungsausbaugesetz (TAG) and Kinderforderungsgesetz (KifoG) laws of 2004 and 2008, which marked a turning point in German family policy (Fagnani, Math, 2010) and established an ambitious ECEC development strategy.

Indeed, individual child care is included in Germany's development strategy, even though it is assigned a smaller role than collective care. The Kifog law, which set a target of 35 % of children under 3 being in formal day care in 2013, stipulates that this entitlement can be satisfied either through a slot at a day-care center or by finding an available individual childminder. The federal department for Family reckons that individual day-care could account for 30 % of the new slots; this figure is however non-binding for the Länder.

In addition, the TAG law makes *Tagesmutter* eligible for government subsidies (Rüling, 2010). They come under the same legal framework as collective child care and are assigned the same objectives: educating and providing care to children; contributing to all aspects of the child's development (social, emotional, physical, and intellectual), and guaranteeing compatibility between work and family life.

As a result, the number of children under the age of 3 who are cared for by a *Kindertagespflegepersonen*, a category which includes both the *Tagesmutter* and the *Kinderfrauen* (*cf. supra*), increased significantly over that period, particularly between 2006 and 2012. However, despite that rapid increase, the proportion of individual child care among all available ECEC solutions remains very low. Indeed, *Kindertagespflegepersonen* care for 15% of those children under the age of 3 who are enrolled in formal day care (Schoyerer and Weimann-Sandig,2015). Moreover, Tagesmutter are mostly in the Western Länder, the collective day care tradition remaining strong in the Eastern Länder and being encouraged by the local administrations⁷.

2.4. The case of France: the No.1 day care solution, a French exception

While many countries experienced a boom in individual child care enrolment in the 1960s or 70s, this practice appeared in France at a much earlier date. Private individual child care arrangements go back to the Middle Ages, and the first modern regulation was rolled out in 1974 with the "Roussel Law."

The economic crisis of the 1970s incentivized government authorities to "develop 'above-ground,' affordable day care solutions" (Leprince-Poullard, 1986) through a strategy that gave registered childminders a central role. The law of May 17, 1977, gave them official status and a new name, "assistantes maternelles," created a minimum wage and guaranteed compensation on days children were absent. It assigned "assistantes maternelles" a new role of "assisting parents in their child-rearing duties" and required parents to declare their "assistante maternelle's" wages. A new law adopted in 1992 simplified the accreditation process, raised the minimum wage and made training compulsory.

A number of pro-viability measures were rolled out over the first half of the 1990s. In 1992, a tax break mechanism was created with a ceiling that was subsequently raised in 1994. In 1991, a benefit known as "Afeama" was created for families employing an "assistante maternelle" and covered the employer's social contributions that were due as well as part of the wages. Benefit rates were increased several times (Béthouart and Steck, 2012). Then, in 2004, the early childcare benefit (Prestation d'accueil du jeune enfant/ PAJE) was rolled out along with a free choice of childcare supplement (Complément de mode

⁷ Note of the social affairs counselor at French Embassy in Germany, in answer to a questionnaire about the profession of childminder and the control of its quality in Germany.

de garde). These programs resulted bath in a growing number of "nannies" applying for accreditation (Drees, 2003), a higher rate of "assistantes maternelles" being declared by their employers and a consequential drop in informal employment (Fourcade, 2004). This progress has been beneficial to all involved: to "assistantes maternelles" who enter the system and thereby become entitled to social security coverage, supportive training, and even assistance in outfitting their home; to parents, as the "assistantes maternelles" they hire are better qualified and better able to guarantee quality and safety for the children they care for, and to government authorities, who are better able to regulate, monitor, and characterize this type of employment.

As a result, the number of "assistantes maternelles" grew considerably over that period. The number of families receiving a benefit for employing an "assistante maternelle" quadrupled between 1992 and 2012 (National early childhood observatory (ONPE, 2013)). A year and a half after the PAJE early childcare benefit was created, a significant increase in the use of an accredited "assistante maternelle" was observed (amounting to +10% among families with one or two children) (Nicolas, 2008). This is by far France's leading child care solution, twice as prevalent as enrolment in a collective day care center. According to data from the National early childhood observatory (ONPE, 2015) "assistantes maternelles" provided 32.9% of available day care for children under the age of 3 (theoretical capacity) in 2014, compared to 16.6% for day care centers, 4% for preschools and 1.7% for care provided in the child's home.

Finally, it should be noted that France, unlike the other countries that were studied, has not set up a shared legal framework for all types of child care. Indeed, "assistantes maternelles" come under the social programs' and families' code while day care centers come under the public health code and preschools come under the education code. This means that there are no official national guidelines.

- 3. Countries interested in developing the use of accredited childminders are increasingly focusing on quality.
 - 3.1. Comparing the quality of individual and collective child care is complex.

The quality of individual child care can be assessed in three ways: according to the day care provider's qualification level, based on the parents' observations, or through the use of protocols ta evaluate the interactions between the day care provider and the child. Depending on which method is used, the quality of individual day care and that of collective care cannot be compared using the same terms.

If the focus is on the level of formal qualifications, the quality of individual child care is generally lower than that of collective day care. Very few European countries require professional day care providers to have a minimum level of education (Scotland, Sweden, Denmark, Norway and Slovenia). Most require a specific training program, which can range from 40 hours in Hungary to 160 hours in Germany and Poland. Some countries, such as Spain, Italy, Greece or the Czech Republic, do not have any requirements (European Commission/EACEA/Eurydice/Eurostat, 2014).

In terms of quality as observed by the child's parents, however, individual child care has results that are equal to or better than those of collective day care. Indeed, in Germany, a survey conducted by the federal government showed a satisfaction rate of 97% for individual child care and 90% for collective day care⁸. In France (Damon et al., 2003), as in the United Kingdom (Harper Browne, 2009), qualitative studies

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⁸ Data supplied by the social affairs advisor of the French embassy in Germany

show that parents associate certain specific benefits with individual day care: a convenient location, flexibility, well-being of the child, and a more personal relationship with the child and with the parents. These characteristics would appear to make it a particularly "satisfactory" type of child care when compared to collective day care centers and a leading choice for parents, particularly for those working outside the home (Bueil et al., 2002). However, how parents perceive the various types of child care appears to be highly correlated with their own preferences: those choosing day care centers tend to prioritize educational preferences while those choosing "assistantes maternelles" tend to prioritize trust (Speight et al, 2009). The studies also show that preferences vary according to the age of a child, with a stronger preference for "assistantes maternelles" for the youngest children while parents of aider children preferred collective day care centers (Credoc, 2009; Fauth et al, 2011).

Child care quality measurement protocols offer a third way to assess the quality of individual child care. In certain cases, they can be used to compare the quality of individual versus collective day care solutions. One of the reference protocols is the Family Child Care Environment Rating Scale (FCCERS- R), which was developed by the Franck Porter Graham Child Development Institute in the United States. Since the same institute also developed a sister scale for collective child care (the Early Childhood Environment Rating Scale, or ECERS-R), this makes it easier to compare these two types of solutions.

While the United States Department of Health and Human Services lists no fewer than eleven reference standards to measure the quality of individual child care (Goodson,Layzer, 2010), FCCERS-R is undoubtedly the most familiar and the most widely used in Europe. It has been used in British research (Otera and Melhuish, 2015) and a German scale known as Kindertagespflege-Skaka (TAS-R) draws heavily on FCCERS-R. According to the U.S. Department of Health, while FCCERS-R is the most thorough scale, it does not focus enough on language acquisition and early reading and is ideologically biased against adultled activities.

The results of the research based on these protocols are mixed. Certain studies show that regulated individual child care offers a level of quality that is somewhere in between that of collective child care and that of informal care (family, friends, or neighbors) (Fuller et al., 2004). However, with regard to emotional considerations, certain research puts individual child care on top: professionals providing individual child care are reportedly more attuned to the child's emotions than those working in a collective center (Leach et al, 2008) and children cared for by "assistantes maternelles" reportedly show better secure attachment and a higher level of exploratory behavior (Ahnert et al., 2012).

The quality of individual childcare is uneven and influenced by various factors. A British study (Otera and Melhuish, 2015) identifies three factors: the child-to-adult ratio, participation in quality support programs, and experience.

3.2. National quality programs are on the rise

A trend toward implementing national policies designed to improve the quality of individual child care has been observed in a number of the countries where this solution is widely used.

All of the countries require some type of government accreditation in order to guarantee that the professional and his or her home are fit to care for children. However, the scope of this accreditation varies. In France, accreditation is required for "assistantes maternelles" who provide care in their own homes, but not for child care providers who are hired directly by the parents to provide care in the child's

own home⁹. The same is true in Germany¹⁰. In England, *childminders*, who provide care in their own homes are required to register on the "Early Years Register," as are those who provide care at the parents' home if they are caring for children from more than one family.

Training requirements have been increased in several countries. In France, a compulsory 60-hour training program was created by law in 1992 and was increased to 120 hours by another law in 2005. Childminders are required to apply for the first unit of the "certificate d'aptitude professionnelle" in childcare during the 5 years following their licence. In Germany, while there are still strong differences between the Länder in the training requirements for the profession of Tagesmutter (BMFSFJ, 2013), the rate of qualified childminders has quickly increased since 2008. Training has been strongly encouraged by the Federal State, in order to strengthen the legitimacy of the profession.

The implementation of national "curricula," which determine the educational goals for young children in day care, is another way to improve and standardize the quality of individual child care, particularly when they apply bath to individual and to collective day care. These curricula exist in such countries as Denmark, Finland, Germany, and England. In France, no curriculum applies to individual child care, even though the content of the compulsory training program for "assistantes maternelles" can play part of this role by defining the educational skills that must be acquired. In England, the curriculum (called Early Years Foundation Stage, EYFS) that has been applicable since 2008 to *childminders* and collective day care centers alike, appears to play a major role in *childminders*' work: a study has shown that half of responding *childminders* make daily observations on children's progress based on the EYFS guidelines (Otera and Melhuish, 2015).

Finally, having several individual day care providers work together under the same roof or linking them to collective day care centers can be a way to improve quality by promoting cooperation and group learning. It is also a way to increase the range of hours available to parents. In Denmark and Finland, this manner of working is fairly widespread. In Germany, it is promoted by the authorities in charge of youth (*Jugendämter*) but is still unauthorized in certain Länder (Schleswig-Holstein, Rhineland-Palatinate, Brandenburg, Saxony, Saxony-Anhalt, and Thuringe). In France, a law enacted in 2010 created "maisons d'assistants maternels" or childminder facilities, which allows up to four "assistantes maternelles" working together in the same facility. Finally, in England, *childminding* agencies have recently been created: by allowing *childminders* not to register individually, the expectation is that professional cooperation and networking will ensure quality (Fauth et al., 2011).

Conclusion: a child care solution that is rightfully included in any national ECEC development strategy.

Individual child care offers several advantages that make it an appropriate lever for any national ECEC development strategy. The main advantage is that investment costs are lower than for day care centers. Individual child care is better suited to rural areas with low population density than are day care centers. It should also be noted that the European countries in which no regulated individual child care is available are often the lowest-ranked with regard to the Barcelona objectives (southern, central, and eastern European countries). Finally, the development of individual child care alongside collective day care solutions gives parents more freedom of choice.

There is, however, a risk of developing poor-quality child care options that could have safety issues and end up damaging the image of individual child care and making it less attractive. It can be seen

⁹ However, accreditation is required for businesses that offer this type of service

¹⁰ Memorandum from Germany's social affairs advisor

from the countries we have analyzed in this article that quantitative growth of individual child care can go hand in hand with a gradual increase in quality requirements. A country wishing to increase the availability of individual child care solutions must first set up a government accreditation process with effective oversight, and raise its quality requirements step by step.

Finally, it would be a positive step if the European Union clarified its statistics in order to better distinguish regulated individual child care from other child care solutions (bath collective and informal care) and measure its development in each country.

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