

Infant Care from Infants' Viewpoint: The Views of Some Professionals

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Debate about infant care tends to focus on still unresolved questions about whether or not day care is harmful, while research studies often confine care options to an unrealistic axis of choice between group care and mother care. Research that delineates constituents of day care quality in relation to measurable outcomes for different groups of children is urgently needed and should be based on a broader view of infant care options. A postal opinion survey sought the confidential views of members of an international organization of infant mental health professionals as to the kinds of care they considered likely to be best for infants from birth to 36 months, assuming that all types of care were of equally high quality and availability. Surprisingly lengthy periods of care by mothers were consistently endorsed; fathers were almost entirely disregarded as principal or joint caregivers; all forms of family care were endorsed over all forms of purchased care, but all forms of individual care were preferred to full-day group care for all age groups and to half-day group care up to the age of 2. The patterns of care judged by these respondents as likely to be best for infants are very different from those which most infants experience now, and from those which policy- and opinion-makers, practitioners and parents aspire, publicly at least, to provide for infants in the future. ©1997 John Wiley & Sons, Ltd.

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Introduction to the study

What kinds of care - by whom, and in what settings - are best for babies and toddlers? Most Western children experience complex mixtures of caring people and places in the course of their first three years, and such mixtures are widely acknowledged to be lastingly important to human wellbeing and development, but they are seldom put together with the deliberate intention of optimising it. Powerful socio-economic pressures on child care policy makers, practitioners and parents, focus public attention on kinds of care that are practical and affordable, acceptable or at least harmless, and it is on the basis of those criteria, that societal norms for modern infant care have evolved. But are those patterns of care, shaped by adult concerns, ideally fitted to the needs of the cared for? Professionals with specialised knowledge of infancy, often discuss that question in private, but powerful politico- professional pressures ensure that it is seldom even posed in public. The opinions of a group of such professionals on the kinds of care likely to be best from infants' point of view, from birth through the fourth year, were sought by means of an anonymous, postal questionnaire. The results were consistently at odds not only with the kinds of

care that infants in Western countries are receiving now, but also with the kinds of care that parents and policy-makers aspire to for the future.

Context : Changing child care

A postnatal period of care by mothers is still taken for granted everywhere and often now involves fathers, or other partners, but it may be brief. In some countries, notably the United States which lacks legal entitlement to any paid maternity leave, three months is considered a long time for a woman to spend at home after childbirth. About half of all Western mothers are wage-earning before their most recent baby is one year old.

Once mothers return to work patterns of care are various, always changing as children grow and sometimes surprising. Care by two parents working different shifts is common - and not exclusive to children whose parents are married or cohabiting. In many countries arrangements for unpaid care by grandmothers or other relatives in their own homes are made more often than any form of purchased care, but because they are rarely long-lasting many children experience several, and some also have periods when variously-titled caregivers - nannies, housekeepers, au pairs, babysitters - come to their homes. And sooner rather than later, day care - used here as a generic term for purchased other-than-family care, becomes part of the lifestyle of a majority of children. Day care can be full-time or part-time, and each of those can mean something as different to a child as 8am to 5pm is different from 9am to 3pm. It may take place wholly or partly in a day-care centre or nursery in the workplace, community or private sector; in the home of a child minder or family day care provider; in a playgroup, nursery school or pre-kindergarten.

Day care's rapid expansion from the seventies on, began in a socio-economic context that produced an expanding labour market for women, and partly in response to the demand created by mothers returning to, or taking up paid employment. That historical juxtaposition of demand and supply, fertilised by feminism, has had a lasting influence on attachment research as well as on attitudes to child care. Even now, day care is still sometimes conceived as an artificial plug for a care-gap left by "working mothers" and their female relations. The conception is an oversimplification of the highly complex relationship between maternal employment and commercial daycare (Tresch Owen, 1984 and 1988) and rests on assumptions that are arguably, sometimes demonstrably, false. It is not the case, for example, that mothers who are not in paid employment necessarily provide full-time home-based care for their infants, or that unemployed or retired female relations are all potential "mother-substitutes" . And while there is still a residual assumption that children's needs are primarily women's problem, enough males care for small

children that most people admit that they can even if not that they should. Nevertheless, it was those early suggestions that the demand for day care arose from female self-indulgence clothed as feminist advocacy, that made day care so intensely interesting to the media and ensured that the topic provoked fierce friction. Its early proponents and employed mothers found themselves forced into direct opposition to attachment theorists and mothers fulfilling more traditional roles at home, and representatives from both sides took up increasingly extreme positions. Employed mothers, accused of sacrificing their children's wellbeing to personal ambition, retaliated by denouncing housewifery and full-time motherhood as indentured servitude. Mothers who stayed at home, feeling excluded from a rapidly changing female culture which, if not actually feminist, was beginning to address itself to women as workers rather than wives, appealed to biology and tradition in support of their position - and found themselves accused of smug insensitivity by the increasing numbers of women who were working because they had no other way to support their children.

The day care debate

Even ongoing academic research was not insulated from the fray. Two major studies of the day care literature (Belsky and Steinberg 1978; Rutter 1981) found no evidence that high quality day care compromised children's attachment to parents or posed any serious developmental risks so, one on each side of the Atlantic, they were represented as having given day care a clean bill of health. Rutter had raised serious concerns about very young children in day care, and both authors had stressed the crudity of the research studies from which conclusions were being drawn, and the fact that since most of it had been conducted in university-based centres, often established for research purposes, the day care experiences described might bear little resemblance to what was ordinarily available in communities. But a clean bill of health for day care was what commentators wanted to hear and that is what they ensured that everyone went on hearing, even while evidence of links between early daycare and insecure attachment, and suggestions of subsequent behavioural problems, trickled in during the early eighties. By 1985 Belsky, now wholly convinced of the predictive value of Ainsworth's Strange Situation, was ready to express some very moderate concerns about the development of infants in their first year who spent more than twenty hours per week in day care; but neither the public nor his professional peers were ready to hear him.

Jay Belsky's famous (or infamous) article for Zero to Three (Belsky 1986) said nothing new; nothing, of course, that was not being said by Bowlby (Bowlby 1982); and by Ainsworth (Ainsworth 1984). Nothing, even, that had not been said to a wider public by psychologists

whose names they knew. As early as 1977, Urie Bronfenbrenner, after all, had told an interviewer for Psychology today (Byrne 1977) "You can't pay for an irrational commitment, and yet a child needs that. He needs somebody who will not just be there certain hours and then say 'I'm off now; I work nine to five'" But as Robert Karen (Karen 1994) put it " Belsky's article was political dynamite, for it represented an important reversal by an iconic figure. The person who had reassured the public that day care was okay now warned of risks. The risks were only for extensive day care begun in the first year but the warning was perceived as a crack in the wall of the day-care defences. In the political climate that existed at the time, and still exists, such a warning is not merely the statement of a scientist evaluating new evidence. It was taken as a political move." (P 330)

Karen, who interviewed most of the major protagonists, reports what happened next. Belsky told him: "The interesting thing is, in the 1978 piece, when we essentially gave day care a green light, we made it very clear that we were talking about research on day care which was done on high quality programs in universities and that therefore we didn't know anything about community day care. The fact that that work got publicised in the media as "No risks for day care" without the appropriate qualifications and caveats, nobody had any problems with that. That was a politically correct thing to say so it didn't need caveats. When it came to politically incorrect things, even if you gave the caveats, it was as if you hadn't given them..... I believe that most day-care babies are secure (but the fact that I believe some are not) gets translated as Day care just stinks and if you put your kid in day care it's horrible " (P 330)

Amid eminent developmentalists who attacked Belsky in rebuttal (Phillips et al 1987), two made points that describe the limitations on day care research not only then but now. Stella Chess (1987) wrote: "An unsupported dictum that such day care is a 'risk factor' can only cause unnecessary guilt among working mothers and provide ammunition for the many elements in our society who are hostile to the idea of spending public funds sufficient to provide good day care facilities for all young children". And Sandra Scarr, dismissing Belsky's article as part of a "backlash against the women's movement" told a Wall St Journal interviewer (Ricks 1987) "The advice for women has always been to get out of the work force. This is just another way of saying the same thing."

With both sides forced into defensive stances, debate generated by day care research through the eighties was more concerned with which group was right than with what was right for children. The question asked repeatedly, in different ways, countries, settings and samples was "does daycare do children harm?". Even in recent years public controversy about day care has not been

about providing children with the best but protecting them from the worst: not about what is ideal but what is acceptable; not what is perfect but what is possible. Indeed it could be argued that children's central part in the debate has not been as individuals but as weapons in gender relationships and political wars.

So: does day care do children harm? Despite recent major reviews of the literature specifically designed to provide definitive answers, research has still not reached consensus. Gay Ochiltree's substantial review for the Australian Institute of Family Studies (Ochiltree. 1994) concluded that "Research from countries other than the United States found no evidence that non-maternal care was harmful to children who entered as infants or in the preschool years and that it can have positive outcomes..." and "Non-parental child care is here to stay and is a form of care suited to conditions in modern society.... Despite endless research to find negative effects of non-parental care, no evidence has been found that good quality child care harms children."

But the authors of a recent meta analysis of all published studies meeting stringent criteria for inclusion (Violato and Russell 1994) reached directly contrary conclusions: "Children who experience substantial non-maternal care during infancy and childhood are at risk for attachment, social-emotional and behavioural problems. Accordingly, full-time non-maternal care for infants and young children is contraindicated as this would put a substantial proportion of the population at risk for psychological maladaptation.

The present findings do not conclusively rule out the possibility that various mediating variables such as quality of day care may have an effect on children's developmental outcomes. They do, however, indicate that conversely, there is no support for the belief that high quality day care is an acceptable substitute for parental care..... the present meta-analysis provides compelling evidence for the negative impact of full-time nonmaternal care on the development of children"

So the established lines of this long drawn out battle still lead to stalemate. It may be their very rigidity that distracts attention and investment from the many possible ways of caring for infants that lie outside that unrealistic axis of choice between full time mother care and full time group day care. (Leach. P. 1994) In the meantime, failing consensus on whether day care *per se* does children - especially babies - any harm, and desperate to believe that it does not, policy makers, practitioners and parents look for resolution to the notion of quality: most day care is fine for most children; good day care is positively beneficial to some children; bad day care is bad for all children.

Statements like that are so broad and anodyne that they are often true; they are not very useful, though, because current value-judgments have little research foundation for policy. Despite some agreed elements, there is no consensus as to what constitutes good or bad day care overall, or how they relate to other child- or care- variables. Instead the whole topic tends to be trapped in tautology: good day care has recently been defined as "that which is most likely to support children's positive development" and bad day care as being places where "children's needs for health and safety not met; no warmth or support from adults observed, no learning encouraged". Such self-fulfilling definitions leave those established battle-lines substantially unchanged. If day care has unacceptable effects it is (exceptionally) bad day care and need not therefore weigh against pro day care arguments. If day care has beneficial effects it is (exceptionally) good day care and therefore irrelevant to anti day care arguments.

The study that produced those definitions (Cost, Quality and Child Outcomes Study Team 1995) is a case in point. It finds that by its own criteria, most of America's day care is bad for children, especially for infants and toddlers: "... only one in seven centres provides a level of child care that promotes healthy development and learning... Our results indicate that care for infants and toddlers may be even lower quality than previously thought..." . Nevertheless, the authors indict "bad day care" rather than a questionable system. They even identify a parental responsibility for the preponderance of poor quality care - "Consumers show little differential effective demand for higher quality... This means that there are few economic incentives for centres to improve quality" - rather than a socio-economic situation in which few families have choices. Although they found very little "good day care " with which to contrast what they saw, the authors remain convinced that it does, or can and certainly should, exist: "The nation must commit to improving the quality of child care centres and to ensuring that all children and their families have access to good programs. That is GOOD QUALITY child care must become a merit good in the United States."

But if those results would easily - perhaps more easily - support an anti day care centre interpretation, another major study, carried out by a prestigious task force of the Carnegie Foundation (Carnegie Task Force on Meeting the Needs of Young Children, 1994) finds that American under-threes outside day care are seldom better off and often worse: " Much child care for infants and toddlers is of substandard quality, whether it is provided by centres, family child care homes or relatives..." (p 4). "The highest percentage of inadequate care took place, surprisingly, in relatives homes..." (P 14)

The present study relative to the day care debate

When the ongoing debate asks whether day care is damaging to infants, it usually means forty-plus hours each week in a child care centre and interprets any criticism of that kind of day care as a demand for full-time mother-care at home. Only a few studies, including the Carnegie study cited above, have studied options outside the mainstream - such as family day care - let alone the complex realities that mean infants are seldom wholly in one kind of care or another at a given point in their lives, and usually move between care-constellations as they grow.

This study encompasses a wider and more flexible brief. Indeed it is not part of that debate but an attempt to introduce a different one. It is not about damage but about what is best; and its findings are not based on evidence from infants but on opinions from professionals. If the findings of this survey are quoted in that context, they will be misquoted. It is very likely that they will be. As Robert Karen puts it (Karen 1994) "It is difficult at this time for anyone who has negative things to say about early infant day care ...to present the data in a straightforward fashion; they either soft-pedal the facts or leap on them with obvious ideological gusto.Journalists too are sensitive to the prevailing winds and certain truths do not get spoken if they seem to violate correct thinking. "

Four potential subjects declined to participate in this study on the grounds that "the results will certainly be mis-used". Six who wrote - and an unknown number who did not - clearly felt that the ground covered by the questionnaire was so dangerous that any use would be mis-use. One put it like this: "I feel unable to answer because I am not certain what the information will be used for. Potentially it evidently could be used as political ammunition, but whether that would be for the provision of more day care for infants or whether it would be to bolster the view that a child's place is with his or her mother at home would of course depend on the tenor of your results....."

Aims of the study

The purpose of the study was to generate the beginnings of a different debate about child care; a debate about which of many different care-arrangements, in sequence or simultaneously, are likely to be best for children at each age-stage from birth through the first three years.

The study aimed to delineate the patterns of care that respondents considered ideal, rather

than acceptable or achievable. And ideal for children being cared for rather than for adults arranging for their care, whether as parents, practitioners or policy-makers.

A secondary purpose of the study was to serve as a vehicle for the opinions of professionals with specialised knowledge of infancy. There are private views that are never made public, not only because people sometimes lack the courage of their convictions, but also because they often doubt their ability to ensure that their real meanings are heard. If people whose opinions are informed feel unable to say what they think, or their voiced views are misrepresented or misheard, those opinions cannot inform professional or public attitudes or influence policy. Worse: if the fact that individuals say nothing to contradict an extant popular view is taken to mean that they share it, those unexpressed opinions may actually exert influence in the reverse direction.

Method

A postal opinion survey, introduced by Mary Ainsworth, Elliott Barker and Penelope Leach, was piloted amongst 100 child developmentalists, attachment researchers and paediatricians, known to be interested in child care in general, and day care in particular. Although helpful feed-back was received from many - and incorporated later - the sensitivity of the topic, and the difficulty of convincing people that honest opinions were what were sought and would be presented, were immediately apparent. Some assumed from its provenance that the document must be intended to provide what one correspondent called "anti day care ammunition" and responded by ignoring the questions asked and answering others that were not: "No, I do not think women who work are neglectful mothers...." was written in large letters across page 1. Despite the fact that this draft questionnaire was marked confidential, and the need to keep it confidential so that individuals could feel free to answer without considering the political correctness of their position, was explained, a senior colleague drew his (blank) copy to the attention of the media, saying that he regarded "any enquiry about day care as a matter of public interest".

It was clear that if respondents were to have confidence in the survey's objectivity, anonymity and confidentiality, the help of an organisation recognised as beyond bias must be enlisted in the design of the final questionnaire and the analysis of its results. The GALLUP organisation was commissioned accordingly and although the questionnaires was sent out over the same three names, instructions were given to return them directly to the Gallup organisation for analysis.

Pre-coded questions were designed to map the sequential caregiving arrangements respondents

considered likely to be best for children from birth to three years plus. Nine options were offered: care principally by mother; care principally by father; care shared between mother and father; care shared between parents and other close relations; care shared amongst parents, friends and neighbours in the community; care by a paid individual (nanny, au pair) in the parental home; care by a paid individual (childminder; daycare mother) in her home; half day group care; full-day group care.

Respondents were asked for how long after birth - from less than six weeks to more than three years - they considered it "very important for infants to have their mothers available to them throughout most of the twenty four hours" and for what further period, if any, - also from less than six weeks to more than three years - they considered that "care principally by mothers" continued to be ideal for infants.

Whether the period for which care principally by mothers was regarded as "ideal" lasted for weeks, months or years, respondents were asked to indicate which of the other 8 kinds of care would subsequently be best for infants, immediately, and at each successive age-stage up to the third birthday.

In order to accommodate views of group experience as a beneficial addition to another care-arrangement, rather than, or as well as, as a care-arrangement in itself, respondents were also asked to indicate the earliest age - from three months through three years - at which they would expect infants who were enjoying high quality individual care to benefit positively from admission to a high quality group or nursery. Separate questions covered half day and full day attendance.

Finally, in situations where infants' care outside the home for hours that permitted custodial parents to work a full week, was not an option but a necessity, respondents were asked whether they considered individual care by a childminder or in a family day care setting, or group care in a child care centre or nursery, to be the best option for infants in each of nine age groups between birth and three years plus.

The questionnaire instructed - and reminded - respondents to "relate your responses only to what you consider likely to be best for normal infants in terms of physical and emotional development" and to assume that all mentioned kinds of care were of high quality and available and affordable to all.

Sample

Questionnaires were sent to the membership of the World Association for Infant Psychiatry and Allied Disciplines, an eventual total of 904 individuals in 56 countries. 402 analysable replies were received from eleven areas of the world (table 1). For purposes of analysis these eleven areas were further reduced to three: Western Europe, North America and other.

Respondents were coded according to their present, or last, stated job titles and assigned to one of three groups: clinical if any direct work with infants and parents was specified- irrespective of academic commitments. Academic if an academic title or job description was given but no mention was made of clinical contact. "Other" if the job title or description was exclusively administrative.

Some personal details, including gender and personal parenthood, were also asked for.

Details of the sample are summarised in Table 2.

316 (79%) of the respondents were female, 86 (21%) male.

306 (76%) respondents had biological children or children to whom they stood in a parenting role: 234 (74%) of the women and 72 (84%) of the men.

Results

1 The dominance of mother care

The overall pattern of preferences for different types of care for infants in sequential age groups from birth to 36+ months was dominated by the frequency with which "care principally by mother" was selected (Figure 1).

For infants up to three months of age, care principally by mother was considered best by 94% of respondents; for infants up to six months of age it was 89%; up to nine months 87% and up to twelve months 77% Even for infants up to the age of two years, care principally by mother was considered best by over 50% of respondents (table 3).

Respondents were asked to indicate the age up to which they considered it "very important for infants to have their mothers available to them through most of each twenty four hours". 4% suggested that if there was such a period at all, it lasted less than six weeks post-partum, and a further 4% suggested that it ended by six weeks. But at the opposite extreme, 9% suggested that

mother's 24-hour availability was "very important" to toddlers up to three years, and a further 5% suggested that it remained so into the fourth year. The reported mean was 15.1 months.

Respondents were further asked to indicate up to what age they considered that care "principally by mothers" continued to be "ideal for infants". Less than 2% indicated that such a period was non-existent or of less than 6 weeks duration; almost half the respondents considered such care to be ideal up to or beyond three years. The reported mean was 27.1 months (table 4).

These two variables are compared in figure 2. which suggests a logical relationship between the two and a predictably high rate of endorsement of both during the first three months. The level of continuing endorsement over successive age groups, however, was surprisingly high, and while differences between groups of respondents significant at the 5% level were reported, that general statement held for all of them. (table 5)

"Mother" clearly means mother; although politically correct usage, or careless questionnaire completion, could have led respondents to confuse the term "mother" with the term "parent", or to assume that "mother" meant "and/or father", they do not appear to have done so. While care by mothers is endorsed by more respondents for far longer periods than might have been expected, care by fathers and care shared between mothers and fathers is endorsed by unexpectedly few, and for shorter periods. Relatively few respondents suggest that these care-arrangements are likely to be best for infants, even infants past the ages up to which they have declared mother care to be ideal.

"Mother" was not being equated with "one-to-one carer" either. When respondents could freely select any of the listed types of care as likely to be best for each successive age group, non-familial one-to-one care - nanny in the family home or childminder in hers - was seldom chosen. It seems that if mothers are available their one-to-one care is almost always preferable to anyone elses. It was when full day care was presented as a necessity, so that mothers were unavailable by definition, and respondents' selection of care was limited to one on one care by a childminder or group care in a nursery, that the one-to-one factor became important. "Childminder" (or daycare mother) was overwhelmingly the more popular choice through at least the first two years.

Section 11: Changing patterns of care

The type of care that is judged likely to be best for one infant or age-group will not necessarily be judged best for the same infant when she is older, or for older age-groups. The sequential care options selected, starting from the age group up to which care principally by mothers had been endorsed, are presented in Fig 3.

The cumulative data on which this figure is based are presented in table 6. In considering these data it is important to realise that the N's for each age group are the numbers of respondents who did not consider care principally by mothers to be ideal during it. Since most respondents did select that option during the first year - almost 90% up to six months - the numbers are very small for the youngest age groups. It is also important to understand that the N's are cumulative, the number in each successive group being the number of respondents who considered that the duration of ideal care principally by mothers ended with that age stage, plus all those who had judged that it ended earlier .

The almost total disregard of fathers as principal caretakers is a notable feature of this distribution. Only one respondent selected this option for infants up to one year of age and that single individual was female.

Care shared between mother and father was considered "best" for very small babies by a high percentage of the very few respondents who do not consider care principally by mothers to be ideal. It was considered best for less than a quarter of any other age group.

Section 111 Group care

The care that is best for infants may involve not only a sequence of care giving people and places but also the addition of one to another. Respondents were asked to indicate the earliest age at which they would expect infants who were being well cared-for in a domestic setting to benefit positively from attendance at a high quality group on a half-day basis and on a full-day basis (Table 7).

Part time group membership was widely considered likely to add a valuable dimension to toddler's (though not to babies') lives Two thirds of respondents (67%) thought children would

benefit from half time attendance by the time they are 2 1/2 and almost all (98%) by the time they were three years old.

Full time membership of a high quality group was endorsed by fewer respondents, even for older children. Less than a quarter (21%) thought children were likely to benefit by the time they were 2 1/2 and only three quarters (76%) thought three year olds would benefit. Over 20% stated their opinions that, irrespective of age, children would never positively benefit from full time group care.

The differences between these distributions were all reported to be significant at 95%. They are even clearer when they are collapsed (Table 8).

The older infants are, the more respondents think them likely to derive positive benefit from group attendance. But whatever the children's ages, more respondents consider them likely to benefit from half time than from full time attendance. These judgments are consistent with the types of care respondents selected to follow on from their preferred duration of "care principally by mothers." (see figure 3, table 6). Of the forty five individuals who considered that care principally by mothers had ceased to be ideal by six months, only 2% and 7% considered full day and half day group care, to be the best subsequent options. Of the two hundred and fifteen individuals who stated that care principally by mothers had ceased to be ideal by thirty months, there were still only 11% who selected full day group care as the best subsequent option although by this point half day group care was the choice of 24%: higher than any one of the offered categories of individual care.

In a situation in which day care outside their homes was required for infants, so that custodial parents could work a full week, respondents were asked which of two options they would consider likely to be best for infants within successive age groups from birth to 3 years or older. The options were: (high quality) individual day care by a child minder or day care mothers in her own home, or (high quality) group day care in a nursery or child care centre (table 9).

Under those circumstances, the individual care option was overwhelmingly preferred throughout the first two years, but group care was increasingly selected thereafter.

Only 5 % of respondents considered group care likely to be preferable to a non-parental individual caregiver for babies up to six months. By 24 months 27% endorsed group care and 45% of respondents felt that group care would be the best option for toddlers between

24 months and 30 months. However, group care rather than individual care was the choice of a majority of respondents only for children of three years or older.

Discussion

These results suggest that current trends in day care policy, practice and advice to parents, fail to reflect what some professionals with specialised knowledge of infancy see as children's best interests. They further suggest that consensus on many matters of quality and good practice is assumed rather than real.

More day care is the principal plank of day care policy everywhere, and although there is some disquiet about long daily hours in the first year of life, more places for younger infants is a priority, especially in North America. These respondents consider that from children's own point of view, it is best if they are cared for by their mothers. Most consider it "very important" for infants to have their mothers available to them "through most of each 24 hours" for more than a year, and "ideal" for infants to be cared for "principally by mothers" for more than two years. The intended difference in intensity between those two types of maternal commitment was clearly understood: the mean period for which the second was endorsed, was almost twice the first: 27 months and 15 months.

Such a very large majority of all respondents held these views that although differences amongst groups were stated by the Gallup organisation to be "significant at the 95% level of confidence", they seem relatively unimportant. The average length of time for which care principally by mothers is considered ideal is significantly different statistically for females and males for example. But how socially significant are statistical differences between 27.6 months for female respondents and 25.6 months for males, or 28.3 months for clinicians, 24 months for academics and 27 months for "others", when all these opinions are cluster so closely together and so far from societal expectations and the trends of parental practise and aspiration?

While care by mothers was selected by unexpectedly high numbers of respondents for surprisingly long periods of infancy, there was unexpectedly few who selected care by fathers, either in their own right or jointly with their partners. The latter is especially surprising as quite apart from the genuine opinions of individuals taking pains with the questionnaire, some respondents might have been expected to endorse "care shared between parents" because it was an uncontroversial, even politically correct, category of care to select for most age groups.

Although equal participation in children's care by fathers and mothers is still practically difficult to achieve, and although some adults still argue for a more traditional division of labour in their partnerships from their own viewpoint, its desirability from children's point of view is widely accepted by social commentators and increasingly by parents and policy-makers. Some Western European countries already embody the principal of equal parenting in policies for, and regulations of, parental leave, and others are discussing changing policy in that direction. In Scandinavian countries, for example, a couple can only take advantage of a maximal parental leave if at least part of it is taken by the father. These opinions concerning fathers urgently require elucidation. Do the respondents not consider fathers and fathering as highly salient to infants? Or is it not the relationship but the role these surprising opinions reflect on: not fathers as fathers, but fathers as caretakers? Unfortunately the small number of male relative to female respondents, and especially of males who were not fathers relative to females who were not mothers, makes it impossible to pursue these or other questions about gender differences in this survey.

The results of this survey do not show, or even suggest, that respondents believe there should not be more day care, or more places for younger infants. The questionnaire did not ask for their views on those complex policy questions in which the interests of many adults, each playing various roles, must be weighed against each other and against the interests of their own, and each other's children. If these data are interpreted in that way as "anti day care", the fears of several brave respondents, several emphatic refusers and an unknown number of individuals who did not reply, will have been realised, and yet another study will have failed to struggle out of the rut made by 25 years of debate about daycare.

These respondents were asked a series of questions which were not about day care but about infants. They were specifically asked to select only the stated options they considered likely to be best for infants up to the stated ages. In order to keep their decisions simple to make and to interpret, they were also asked (and constantly reminded) to assume that every kind of care mentioned - whether it was care by a parent, a nanny, a child minder or a day care centre - was of high quality by the standards of their own community, and that all were equally available and affordable.

Day care centres, whether funded and administered by governments or charities; by communities or workplaces, or by private businesses for profit, are the approved model for day care at all ages, everywhere. Respondents were not asked, and therefore do not comment, on the possible benefits

of attendance at centres to young children who are otherwise suffering from neglect. All the kinds of care mentioned in this survey were statedly of high quality, and that included care by parents or relations at home. Few respondents consider that babies or toddlers who are enjoying good quality individual care are likely to get any positive benefit from group attendance in the first two years. Only 2% select full time group attendance and 3% part time attendance as the care arrangement they consider best at eighteen months, and that goes up only to 6% and 13% for full and part time attendance respectively at thirty months.

The care-option which dominates respondents preferences, as we have seen, is care principally by mothers. When respondents were asked which kinds of care they considered likely to be best for age groups beyond the point up to which they had endorsed "care principally by mothers" as ideal, other options naturally received a greater number of endorsements. But even with mother care out of the way, only 10% and 6% considered part and full time group care respectively to be the best options at 18 months, and although endorsement of group care did rise with children's ages, it reached only 24% and 11% respectively at thirty months and almost one quarter of the respondents stated that irrespective of their ages, children would never positively benefit from full-time group care.

While parents, professionals and policy makers are usually more comfortable if they can convince themselves that children are positively benefiting from whatever day care arrangements are made for them, benefiting children is seldom daycare's principal purpose. Most infants are put into day care in order to free parents to work or study. Presenting full-time day care more realistically, as a requirement rather than an option, and asking respondents to choose between individual care by a childminder or day care mother, and care in a nursery or day care centre did alter the distributions. But it increased the number of endorsements for non-familial individual care far more than it increased the endorsements for full time group care. Even under those circumstances, only 15% thought that (high quality) group care was likely to be best at 18 months and 45% at thirty months. Interestingly, though, group care did become the more popular of the two options (62%) for children who were three years old or over. This may have reflected a lack of confidence in the ability of family day care providers to cope with, stimulate and educate "pre-school" children, or a belief that what was once the traditional age for nursery schooling is still the developmentally optimal age-stage for joining groups.

Alternative forms of day care, such as child minding or family day care, have received very little research attention or investment relative to the numbers of families they serve in most countries. According to Violato & Russell, 80% of studies of day care focus on institutional group care and

day care in caregivers' own homes is commonly regarded as second best to day care in a centre. The usual reasons given - unreliability of carers; poor overall quality of care, especially lack of educational content; difficulties of licensing and monitoring - may mask a hidden agenda (Leach 1994). This study suggests that research into the real reasons for the preference for institutional care, and into the ways in which home-based day care could be improved if there was the will to improve it, is urgently needed.

Even with "high quality" as a given parameter, there was no indication that the subjects of this study regarded these as care-arrangements of choice for children, even children in age groups older than those for which they regarded care "principally by mother" as ideal. But neither was there any indication that respondents regarded these kinds of care as second best to centre-care. On the contrary, if an infant or toddler had to be in non-familial day care at all, most respondents considered individual care preferable to group care through almost the whole of the third year.

Care in children's own homes, by nannies, au pairs or babysitters is often disregarded. Although it is far less common than family day care, it certainly merits more research attention than it customarily receives. Attachment researchers often ignore this kind of care because it seems inappropriate to classify it with other forms of day care, yet unnecessarily complicated to assign a new classification such as "substitute mothering", to such a minute group (Barglow 1987)). Policy-makers and administrators have also tended to pay minimal attention to these kinds of care because monitoring scattered individuals is expensive and because it was assumed, until recently, that their numbers were dropping. In fact in many countries the numbers of nannies, daily and shared as well as residential and individual, employed are rising. These kinds of care were endorsed by substantial numbers of respondents to this questionnaire. Although the numbers are small, it seems that non-familial care in the family home may often be considered the best option between the end of the first year during which care principally by mother is considered ideal, and the middle of the third year when at least part time attendance at a group begins to be considered desirable.

Although researchers have always been aware of the likely significance of the number of hours children spend in care daily, data on this variable are generally unsatisfactory. A cut-off point of 20 hours between "part time" and "full time" maternal employment, established by Belsky in 1988, is in general use but clearly unsatisfactory. A single cut-off cannot reflect the real-life difference between part-time work - which might be nearer to ten hours per week than twenty - and full time work - which is likely to be nearer 38 hours than 21. Furthermore, maternal working hours are a poor basis on which to estimate children's hours in day care as they do not allow for the possible effects of travel time - both to and from the workplace and the day care -

or for centre-policies concerning pick-up times and "short" days.

Respondents in this study clearly regarded half-day and full-day group care as dramatically different from children's point of view. Many who thought that half day care would be a positive experience for children by the time they were two years old believed that full time attendance would be too much. A quarter of all respondents believed that full time group-care would always be too much and that even children older than three-plus - for whom part time attendance was almost universally recommended- would never actually benefit from full days.

Part time work in countries where it is common amongst mothers - such as the UK - has a poor reputation in terms of pay, security and career building. But in countries, such as Sweden, where various kinds of flexible working and modifications of the working week are offered to parents (both genders) within their mainstream employment, it is considered to make a major contribution to the quality of young families lives. Clearly research is needed to establish the range of hours very young children are spending in day care and what effects various modifications can be expected to have.

Although this study focuses on infant care, and deals extensively with day care, it has nothing to say about whether day care is harmful to infants: no place in the ongoing day care debate. An international postal opinion survey, of limited scope and intent and intentionally simple design, the study asks only one question: "what kinds of care do members of a worldwide professional organisation concerned with infant mental health, think are best for children under around three?" Although the study's sample is inevitably unrepresentative so its results are not suitable for, and have not been subjected to, sophisticated statistical manipulation, the map they make of the sequential kinds of care respondents judge likely to be best, is so internally consistent that even though the findings cannot be validated, neither can they be dismissed.

The map of best care-options from the viewpoints of growing infants that is drawn from these opinions, is not only different from the care most children are receiving now, but also from the care policy-makers aspire to provide and parents strive to find. These findings clearly suggest that even assuming that all care is of "good quality", the patterns of child care that are presented by, and to, adults as best from all points of view, are not best from children's, whether they do any measurable harm or not. Policy-makers, and of course parents, want the best for children. Providing the best may not always be possible, societally or personally, but information on the kinds of care that are likely to be best for small children is the only starting point for effort , and

misinformation is a betrayal carers and cared-for alike. Are we making child care policy without listening to professionals? Or are professionals unable or unwilling to make themselves heard?

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