

INFANT CARE IN ENGLAND: MOTHERS' ASPIRATIONS, EXPERIENCES,
SATISFACTION AND CAREGIVER RELATIONSHIPS

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ABSTRACT

This paper investigates non-maternal infant care in the first year of life, examining the relationships between child care ideals, attitudinal, sociodemographic and psychological characteristics of mothers at 3 months post partum and their child care experiences at 10 months. Predictors of child care use, satisfaction with non-maternal care and confidence in the relationship and communication with caregivers are examined. Realising ideals predicted more hours of child care use, though not greater satisfaction. Those with father or grandparent as caregiver were more satisfied as were mothers with more progressive attitudes to child rearing and to maternal employment. Higher SES mothers and those using nurseries were less satisfied. Relationships with caregivers were poorer for those who believed that maternal employment may have more negative consequences for children.

Key words: child care arrangements, infancy, Western European families, child related family policy

INTRODUCTION

As employment of mothers of infants and young children has increased, so have the numbers of children experiencing non-maternal and non-parental care during their preschool years and especially during infancy. Many researchers have reported on parents' use of care for their children and some have focussed on the type of child care used. However few have investigated the relationship between perceived ideals for child care and actual use. Nor has a great deal of attention been paid to parental satisfaction with child care, more research being directed toward understanding how external observers might judge its quality. Furthermore, most studies have been carried out retrospectively and much of the research is from the USA, where both the context and practice of child care differ from European countries including the United Kingdom. So, despite a considerable body of work, our understanding of the relationship between parental beliefs, attitudes and actions concerning child care is far from complete.

Decisions concerning child care may not in fact be decisions at all but choices between a range of possibly non-preferred options. These decisions or choices are, however, clearly determined by multiple factors, including socioeconomic, interpersonal, and contextual characteristics. As Volling and Belsky (1993) point out, the range of determining factors may be especially wide when mothers return to employment in the infant's first year. Socioeconomic indicators such as income and education; contextual factors such as marital quality, job history and entitlement to maternity leave, parent characteristics such as mental health and attitudes to work, and infant characteristics, such as fussiness may all play a part. This is supported by a pilot study of a theoretical model, relating child care

selection to environmental context variables, maternal belief/perceptions and characteristics of the child, via a self-completion Parent Survey Questionnaire (Seo 2003). However, few studies have looked at this complex issue with large, representative samples, or followed them over time.

Many studies have examined child care choices as if they were identical to any other consumer choice; a function of (high) quality and (low) price, defining quality according to intrinsic characteristics such as caregiver/child ratios, group sizes, and caregiver training and/or education (Blau, 1991; Hofferth & Wissoker, 1992; Johansen, Leibowitz, & Waite, 1996). Affordability is the extrinsic characteristic most frequently mentioned by researchers, providers and consumers of child care, but parents do not regard it as the most important (Chaplin, Hofferth, & Wissoker, 1996). To understand the experience of child care, particularly from the parent's perspective, it may be as relevant, if not more so, to know whether the type of child care they have is the type they wanted.

Child care choices

Several studies have asked parents which forms of non-parental child care they consider most and least desirable (Beccera & Chi, 1992; Fuller, Eggers Pierola, Holloway, Liang, & Rambaud, 1996; Rodes, 1975). Fuqua and Labensohn (1986) found a relationship between the type preferred and child age; mothers of children aged 0-36 months were more likely than mothers of children ages 36-60 months to prefer family day care or in-home care and less likely to prefer centre care. Although experience with child care for an older sibling might be thought likely to affect parents' decision-making, many of the major studies of infant child care have used samples of firstborns (Hock, Gnezda, & McBride, 1984; Volling & Belsky 1993). Indeed no substantial studies appear to have considered birth order and some

have actually ignored it (Van Horn, Ramey, Mulvihill, & Newell, 2001). Little work has yet been carried out to investigate relationships between ethnicity and child care choice but overall the available studies - all from the United States - suggest that minority mothers are more likely to choose informal child care arrangements while European-American mothers tend to choose regulated centre care (Atkinson, 1987; Hofferth & Wissoker, 1992; Seo, 2003).

Child care ideals

The relationships between the types of child care mothers say they prefer and the types they actually use are not straightforward. In two large-scale studies about one-quarter of mothers using a range of care types were not using their preferred type (Hofferth & Wissoker, 1992; Kontos, Howes, Shinn, & Galinsky, 1995). In a study of parents who had chosen family day care settings, almost two thirds (62%) wanted a different care type. Specifically, two in five (39%) would have preferred nursery or school care and one in five (19%) would have preferred to care for the child themselves (Fuqua & Schieck, 1989).

It has been suggested that women's expressed child care ideals are largely a rationalization for aspects of their personal situations over which they have little control (Mason & Kuhlthau, 1989). The cultural norm that children must be cared for exclusively by their mothers is still powerful (Leach, 1997; Mason & Yu-hsai, 1988). Women unable to care for young children full-time because of unavoidable employment commitments may specify alternative forms of child care as their ideal in order to avoid the discomforts of cognitive dissonance.

A related hypothesis is that women's child care ideals are but one element of a broader ideology of family and gender, shaped primarily by their own childhood upbringing and by adult experiences such as marriage, divorce,

participation in the labour force and participation in traditional religious activities, or the feminist movement. The ideology of family and gender is complex but two clusters of beliefs appear to be dominant (Luker, 1984; Mason & Duberstein 1992; Thornton, Alwin & Camburn, 1983). The "traditional" cluster is characterised by the belief that a woman's fundamental role is to be a mother while a man's is to provide protection and economic support to his wife and children. In contrast, the "egalitarian" cluster of beliefs is characterised by the supposition that parental roles are no more fundamental for women than for men, and that women and men alike should pursue both familial and non-familial roles.

In most studies parents' preferences for a different type of child care to the one they were actually using have been based on hindsight; the relationship between their attitudes, beliefs and their behaviours is therefore unclear. As Pungello and Kurtz-Costes (1999) point out, while some mothers may choose child care that fits with their prior beliefs, others may revise their child care belief to bring it into line with the child care they are using. Their prospective study related women's child care ideals to their child care use (Pungello & Kurtz-Costes, 1997). In their third trimester of pregnancy the majority (79%) reported that they preferred only parental care, while 13% preferred non-parental care in the child's own home, 5% a family day care home, and 3% nursery care. There was a significant relationship between preferred care type in pregnancy and care type used, but the relationship was assessed only at 3 months postpartum and only between full-time parental care versus any type of non parental care.

Satisfaction with child care

Despite indications that mothers' satisfaction with the child care they use may be related to whether or not it is the kind they wanted, or had thought to be

ideal, this idea has not been much explored. There is a growing literature concerning parental satisfaction with child care but its scope is limited. Many earlier studies assumed that parents' satisfaction with care depends principally, if not exclusively, on its consistency and stability (Glueck & Glueck, 1957; Mead, 1971; Poznanski, Maxey, & Marsden, 1970). Subsequently the Parent Satisfaction with Child Care Scale (Myers, Elliot, Harrell, & Hostetter, 1972) identified twelve aspects of satisfaction. Harrell and Ridley (1975), using that scale, investigated the relationships between employed mothers' work satisfaction, satisfaction with child care, and the quality of mother-child interactions. Satisfaction was positively related to maternal work satisfaction but not to the quality of mother-child interactions. A more recent study of child care satisfaction in relation to attitudes to employment and to the balance between work and family life (Buffardi & Erdwins, 1997) identified four dimensions to satisfaction: communication, dependability, attentiveness and cost.

Having their children cared for by someone who is warm and loving towards them is of prime importance to many mothers (Atkinson 1987; Bogat & Gensheimer 1986; Bradbard, Endsley, & Readdick, 1994; Hofferth & Wissoker 1992; Rassin, Beach, McCormick, Niebuhr, & Weller, 1991). In one large sample (Cryer & Burchinal, 1997) "caregiver-child interactions" had the highest mean rating of importance for mothers of infants and toddlers. However, Erdwins, Casper and Buffardi (1998) found that both the individual caregiver's characteristics and the type of care were important; parents using a relative or nanny were more satisfied than those using either centre or family day care.

Parent caregiver relationship

While many judgements of child care quality focus on the way in which caregivers interact with the children in their care, their relationship with the child's

parents may be equally, or even more, important. One USA study (Kontos et al., 1995) found that a wide range of provider characteristics were endorsed; not only warmth but also their personality, experience, trustworthiness and reliability.

Mothers using family day care or care by a relative emphasised the importance of having known the caregiver previously. Education or specialised training was not perceived to be as important.

Aims of the study

Using a prospective longitudinal design, the aims of this paper are to examine, in a sample of English families, the extent to which actual child care use near to children's first birthdays reflects earlier maternal ideals for child care stated when infants were 3 months of age, to examine factors predicting satisfaction with child care and to extend the concept of satisfaction by looking not only at satisfaction with a type of care but also at the extent to which parents felt confident in their own relationship and communication with their caregivers.

We took, in part, the model proposed by Pungello and Kurtz-Costes (1999) as the basis for constructing our explanations of mothers' satisfaction with child care and their relationships with caregivers. We predicted that relevant factors would include those related to the child (e.g. gender, temperament), to maternal characteristics (e.g. age, education) and to maternal beliefs (e.g. about employment and family life).

The study has addressed the following hypotheses:

1. The child care used at 10 months will be different from the ideal child care expressed at 3 months, for many families.
2. Satisfaction with child care will be related to whether ideal child care has been attained and to maternal demographic and attitudinal characteristics, and child characteristics.

3. The relationship and communication between mother and caregiver will be related to the type of care being used (higher for relative or friend) and influenced by maternal demographic or attitudinal characteristics.

METHOD

Sample

The sample for this study was drawn from the Families, Children and Child Care study (FCCC; www.familieschildrenchildcare.org). Sampling centred on antenatal clinics in two hospitals in England (North London and Oxfordshire), each catering for a demographically diverse population. A number of community post-natal clinics were also visited to reach more of the disadvantaged mothers in these areas (see Malmberg et al., 2005 for full details). Eligibility criteria for mothers were: aged 16 or over at the time of the child's birth, adequately fluent for interview in English, no specific plan to move in the next 2 years, and no plans to have their child adopted or placed in the care of social services. Eligibility criteria for children were: singleton, birth weight 2500 grams or more, gestation of 37 weeks or more, no significant congenital abnormalities, no more than 48 hours in a Special Baby Care Unit (SBCU).

Researchers approached 1862 mothers at recruitment of whom 217 (11.6%) were found to be ineligible for the study. Out of the remaining 1645, 444 (27.0%) chose not to participate, making the final sample 1201. A small percentage of these (101, 8.4%) were already using child care at 3 months (Sylva, Stein, Leach, Barnes & Malmberg, forthcoming). For this study those were excluded in case current child care influenced stated beliefs. Of the resulting 1100 seen at 3 months, 984 (89.5%) were also seen at 10 months and these are the subject of this study.

In order to determine whether attrition was systematic, those who dropped out following the 3 month assessment were compared with those who remained in the sample at the 10 month assessment (see Table 1). The mothers who were not contactable at 10 months were more deprived. At three months they lived in more adverse home conditions in more disadvantaged neighbourhoods, had lower

educational qualifications, lower socioeconomic class, and smaller family income. They were also more likely to belong to an ethnic minority group, to speak English as first language and held more traditional child rearing attitudes. However, the characteristics of the total 3 month group and the total 10 month group were not statistically different when compared with independent samples tests.

Procedures

Information was collected by face-to-face interviews and self-completion questionnaires with mothers at 3 and 10 months.

Demographic characteristics.

At 3 months maternal ethnic group was categorized according to a scheme based on the UK National Census (National Statistics, 2005). Also coded was whether or not the mother spoke English fluently. An index of mothers' Partnership Status was created (no partner at 3 or 10 months = 0, partner at one time point = 1, partner at both times = 2). Maternal education was categorized on a 6-point scale (1 = none or only vocational qualifications at age 16, 2 = GCSE, 3 = Advanced level, 4 = vocational qualifications post 18 or Foundation degree, 5 = undergraduate degree, 6 = higher degree). Mother's and partner's occupational status, determined at the 3 month interview, was based on the Socio-Economic Class index (SEC; Rose & O'Reilly, 1998), and classified into three groups: 1 = working class occupations, (e.g. factory work or low level job in service industries), 2 = intermediate occupations (e.g. secretary, data entry); 3 = managerial and professional, (e.g. the professions, senior management jobs); those mothers who had never worked are included under working class. Maternal employment prior to maternity leave was coded, or her most recent employment. Family income was the average of mother's income prior to maternity leave, at 3 and 10 months, and partner's income at 3 and 10 months.

The Adverse Home Conditions scale was based on five dichotomous indicators: rented accommodation, sharing a bathroom and/or kitchen, no garden or outdoor space, entrance up four or more stairs, no car, and crowding (1.5 or more persons per room). The measure of neighbourhood deprivation was the Child Poverty Index (CPI; Noble et al., 2000) based on the proportion of families with 0-16 year old children in an electoral ward who claim means-tested State benefits (Income Support, Job Seeker's Allowance, Family Credit and Disability Working Allowance) a higher value indicating more neighbourhood deprivation.

Maternal well-being and attitudes.

At 3 and 10 months mothers completed the Edinburgh Postnatal Depression Scale (EPDS; Cox, Holden, & Sagovsky, 1987). The EPDS includes 10 items, e.g., "in the past 7 days, I have felt sad and miserable" rated on 4-point scales (0, 1, 2, 3). A score of 13 or more is the suggested clinical cut-off point. The internal consistencies were $\alpha = .84$ at 3, and $\alpha = .81$ at 10 months respectively. The average of the EPDS scores at 3 and 10 months was included in the path model.

Mothers also completed two measures of parental attitudes. The Parental Modernity Scale (PMS; Schaefer & Edgerton, 1985) has two sub-scales "Traditionalism" (22 items; $\alpha = .89$; e.g. "children should always obey their teacher") and "Progressivism" (8 items; $\alpha = .84$; e.g. "children learn best by doing things themselves rather than listening to others"). Respondents are asked to agree or disagree with each statement on a 5-point scale (1 = strongly disagree, 5 = strongly agree). A shortened form of the Beliefs about the Consequences of Maternal Employment for Children attitude scale (BACMEC; Greenberger, Goldberg, Crawford, & Granger, 1988) was also used. The full scale includes 24 statements but the number of items was reduced to make it more relevant to parents of infants. The

reduced scale included 11 statements, each with a 6-point response scale (1 = disagree very strongly, 6 = agree very strongly). As with the full scale, two scores were derived: “benefits of maternal employment for children” (5 items; $\alpha = .77$; e.g. “children whose mothers work are more independent and able to do things for themselves”) and “cost of maternal employment for children”. (6 items; $\alpha = .86$; e.g. children are less likely to form a warm and secure relationship with a mother who is working full time”).

Child characteristics

Child’s gender and birth order (1 = first, to 4 = fourth or later born) were ascertained during maternal interview; child temperament was assessed by a maternal questionnaire completed at 3 months. Items from two subscales of the 6-month Infant Characteristics Questionnaire (ICQ, Bates, Freeland, & Lounsbury, 1979) (“fussy” and “not adaptable”) were used to create a “difficult child” score ($\alpha = .79$). The fussy scale has six items (e.g., “how much does your baby cry and fuss in general?” ; options from 1 = very little; 4 = average amount, to 7 = a lot). The non-adaptable scale has four items (e.g., “how well does your baby adapt to things eventually” ; response options from 1 = very well; 4 = ends up liking it about half the time; to 7 = almost always dislikes it in the end).

Child care: Ideal type and type used.

When the infants were 3 months old mothers were asked to specify their ideal child care arrangements, ignoring cost and availability, from a list of 10 choices: mother, mother and father sharing, father, grandparent, other relative, friend, childminder, nanny, nursery centre, or a combination of types. At 10 months the mothers were asked about the type(s) of child care they were currently using.

Whether or not the ideal had been achieved was coded into a binary indicator (yes/no). A type of care (or combination of types) was considered used if the infant spent at least 12 hours per week in that type. Some types were used by very few families (e.g. friends, relatives). Thus, for some analyses, non-maternal child care types were collapsed into five groups: father; grandparent or other relative; friend or childminder; nanny; and nursery. When dominant type was the subject of analysis and families used more than one type (combination) the type used for more hours per week was deemed the dominant form of child care.

Maternal satisfaction with child care.

At 10 months those using non-parental care were asked to indicate their satisfaction with 11 different aspects of their current child care (Harrell & Ridley, 1975): convenience, dependability, price, competence of staff/caregivers, teaching new things, appropriate discipline, providing love and understanding, nutritious food, worry free child care, baby's satisfaction with care, overall quality) on a 5-point scale (1 = extremely dissatisfied, 5 = extremely satisfied). Total satisfaction was the average of the eleven responses; $\alpha = .87$). This measure was introduced after the study started and in consequence the sample size for this measure ($n = 352$) is smaller than that for other judgements about 10 month child care ($n = 442$).

At 10 months mothers were also asked about their own relationship and ease of communication with their current caregiver in terms of three aspects of child care ("Are you confident that you would be told if your child was unhappy or if there were difficulties?" "How easy is it to work things out concerning general child care issues, - nappies/feeding/sleeping patterns?" " How well are you getting on with the caregiver?"). Each was rated on a 5-point scale (1 = poor; 5 = good). A total "relationship with caregiver" score was the average of the three items, ($\alpha = .77$). Due

to the skewed nature of the distribution of the total relationship score, its logarithm was used in regressions and path analysis.

ANALYSIS

The first step of analysis was to determine the percentage of mothers who were using their 3 months ideal type at 10 months, and the percentage of those actually using a type who had identified it as ideal (see Table 2). Child care hours, maternal satisfaction and relationship with the caregiver were compared across the six (grouped) types of care by a one-way 6 x (Care Type) Analyses of Variance (ANOVA, see Table 3). Then, for those using non-maternal child care at 10 months (n = 442) the relationships between child, maternal and sociodemographic characteristics and the outcomes (child care hours; satisfaction with child care; relationship with caregiver) were inspected using logistic regression (realise ideal; see Table 4) and multiple regression (satisfaction and relationship with caregiver, see Table 5).

Path analysis using AMOS 5 (Arbuckle, 2003) was then used to identify factors associated with hours of child care use, satisfaction with child care and the relationship with the caregiver (See Figure 1). The Full Information Maximum Likelihood (FIML) estimation of missing data points was utilized for two reasons: (1) estimation of missing data points gives more power to the analysis, as compared to analyses done on list or pair-wise deleted data, (2) it is possible to inspect both direct and indirect effects in the path-model. The model fit was assessed by observing the Chi Square statistic (χ^2 ; a non-significant χ^2 indicates that the model does not differ significantly from the data), the Root Mean Square Error of Approximation (RMSEA; values below < 0.06 indicate good model fit), the Non-Normative Fit Index (NNFI, originally the Tucker-Lewis Index, values above .90 indicate acceptable model fit);

and the Akaike Information Criterion (AIC, in which a decrease between a baseline and a comparison model indicates better fit) (Browne & Cudeck, 1993; Marsh, Balla, & Hau, 1996).

RESULTS

Ideal Type and actual child care at 10 months

The arrangement most commonly cited as ideal by mothers of three month infants not using any non-maternal care was the mother caring for her baby herself at home (48.4%, see Table 2). Grandparents were seen as ideal by 10.3% with a similar percentage selecting either a nursery (10.9%) or a combination of two or more types of non-maternal care (11.0%). Less often chosen as ideal were: care by a nanny (6.1%), childminder (4.1%), relative (1.7%), father (0.6%) or friend (0.4%).

When the infants were 10 months old fewer than half the mothers (442, 44.9%) were using any one of the 7 types of non-maternal child care or a combination of 2 types, for more than 12 hours per week. The most frequently used were childminders, grandparents and nurseries, each by just under 10% of the respondents. Nannies were being used by 3.6% while 6.6% of families were using a combination of two types of non-maternal child care.

Comparing the types of care described as ideal at 3 months with the types of care actually used at 10 months, 43% (423/ 928) had achieved their ideal situation. The greatest proportion of mothers achieving their ideal was those who had specified mother at home (66.6%). Of those mothers specifying non-maternal care types as ideal, the greatest proportion achieving their ideal was the very small number who had specified father (2/6 33.0%) followed by those who had specified a child minder (12/40, 30.0%), a nursery (31/107, 29.0%) or a nanny (16/60, 26.7%).

Hours in non-maternal care, satisfaction and relationship with caregiver

The type of care had a main effect on child care hours ($F_{[4, 438]} = 3.38, p < .01$), maternal satisfaction ($F_{[4,348]} = 12.79, p < .001$), and to a lesser extent on the relationship with the caregiver ($F_{[4,426]} = 2.74, p < .05$; see Table 3). Post-hoc Scheffé tests indicated that children were with nannies or in a nursery for the most hours per week, and with fathers, grandparents and relatives, and childminders and friends for the fewest hours ($p < .05$). Mothers expressed most satisfaction with father, and with grandparent and relative care, and least with nursery care ($p < .05$). No differences were found between groups for relationship with the caregiver.

Factors associated with attaining ideal, satisfaction and good relationship with the caregiver

Logistic regression analysis showed that mothers with more educational qualifications were more likely to be using their ideal type of child care (see Table 4), as were those who thought maternal employment was beneficial for the child's development and those with more progressive attitudes towards family life. There was a non-significant trend for mothers with more depressive symptoms across the time period to be less likely to be using their ideal child care type at 10 months (OR = 0.77, $p < .08$). Multiple regression analysis explained 11.6% of the variance in satisfaction (see Table 5). Mothers of boys were more satisfied with their care than mothers of girls and mothers with more progressive attitudes to family life were more satisfied with child care than others. Less satisfaction was reported by older mothers, mothers who lived in more adverse home conditions, those who came from more advantaged socio-demographic backgrounds and those who expected more costs to children of maternal employment. The multiple regression looking at the quality of the relationship with the caregiver only explained 5% of the variance and the only

significant predictor was belief in the costs of maternal employment. When mothers expected more costs to children their relationship with caregivers was poorer .

Direct and indirect effects

To explore the complex relationships between background family and child characteristics, attitudinal measures and outcomes, a path models was specified (see Figure 1). The outcomes relationship with the caregiver, satisfaction with child care, child care hours and realising ideal child care type were regressed on three blocks of interrelated variables. First child categorical characteristics (child's gender, birth order and difficult temperament), then sociodemographic characteristics (ethnicity, English as first language, mother's age, family sociodemographic background , mother's education; adverse home conditions and neighbourhood poverty) and finally maternal well-being and attitudes (depression, progressivism and traditionalism, perceived benefits and costs of maternal employment for children). The initial model, in which all variables were interrelated, was nearly saturated. Non-significant paths and correlations were excluded until the model fit reached an equilibrium ($n = 442$; $\chi^2_{[162]} = 188.149$; $p = .078$; $\chi^2/df = 1.161$; RMSEA = .019; NNFI = .968; CFI = .977; AIC = 368.149).

(Figure 1 about here)

There were significant relationships between some background and attitudinal characteristics: Black mothers were less progressive ($b = -.13$) and more traditional ($b = .19$) than other mothers, mothers from higher socioeconomic status families were less traditional ($b = -.17$) and believed in fewer costs to children of maternal employment ($b = -.20$). Mothers with more children were more progressive ($b = .09$) and those with more educational qualifications were less traditional ($b = -.29$). Those with more adverse home conditions reported more depressive symptoms ($b = .15$).

Several of the sociodemographic and attitudinal characteristics were significantly associated with realisation of ideal child care or the number of weekly hours. Mothers with more educational qualifications were more likely to be using their ideal form of child care ($b = .14$) as were mothers who expected more benefits for children of maternal employment ($b = .13$) and those with more progressive attitudes ($b = .11$). Older mothers and those who did not have English as their first language were using child care for more hours ($b = .09$ and $b = .11$ respectively), as were families who lived in neighbourhoods characterised by more poverty ($b = .11$). Mothers who believed in benefits to children of maternal employment used child care for more hours ($b = .17$) while those who expected more costs used child care for fewer hours per week ($b = -.25$).

The outcomes “satisfaction with child care” and “quality of the relationship with the caregiver” were related ($b = .46$) but on the whole were associated with different factors. Mothers expressed less satisfaction with child care if they had more adverse home conditions ($b = -.12$) but mothers from higher socioeconomic groups were also less satisfied with child care ($b = -.17$) while those with more progressive attitudes to family were more satisfied ($b = .25$). However, it was mothers with more traditional views who described better relationships with their children’s caregivers ($b = .12$). In contrast, mothers who believed that there would be more costs to children of maternal employment described poorer relationships with their children’s caregivers ($b = -.22$).

The results described above were based on all mothers using child care at 10 months ($n = 442$) imputing satisfaction for 90 who were not given the questionnaire to maximise the sample size. The model was repeated without any imputation ($n = 352$) and all but one of the fit indices were appropriate ($\chi^2_{[162]} = 222.907; p = .001; \chi^2/df$

= 1.376; RMSEA = .033; NNFI = .914; CFI = .940; AIC = 402.907). All the significant relationships described above were again identified, with no new significant paths emerging.

DISCUSSION

Child care used and ideals

We predicted that the actual child care mothers used at 10 months would not be related to the ideal child care they had described in advance. This was confirmed for those women who wanted non-maternal child care, reflecting Mason and Kuhlthau's (1989) suggestion that expressed child care ideals are largely rationalizations of personal situations and that child care "choice" could be for some families a misnomer as they not have as much control over what kind of child care they use as they would like. Only a minority of the mothers who chose non-maternal child care as their 3-month ideal were using their ideal type at 10 months, although a substantial proportion of those selecting maternal care did realise their plan. This closely parallels the findings of the two major studies of child care choice in the 1990's (Hofferth & Wissoker, 1992; Kontos et al., 1995). For some, failure to realise 3-month ideals in the real world of 10-month child care might have been due to the difference between 'blue skies' thinking and what they were eventually able to afford. However this cannot be more than a very partial explanation as the highest match between ideal and actual non-maternal child care was for the more expensive options: a child minder, a nursery or a nanny.

Lower matches were found for mothers whose expressed ideals were using a grandparent or other relative, often unpaid and almost always paid less than registered caregivers. As Chaplin, Hofferth and Wissoker (1996) suggested, researchers and providers often assume that affordability is the most important extrinsic characteristic

differentiating one type of child care from another, but not all parents agree. While more than 10% said grandparent care would be ideal, less than 1 in 5 actually achieved this type of care at 10 months, while a substantial minority who had not specified it as ideal were using grandparents at 10 months.

Some of the mothers who selected care by a relative as their ideal, but actually used non-familial care, may have only thought about asking a relative at the time of the 3-month interview. Once they actually asked, they may have discovered that the individuals had other plans. Some relatives may have been asked but refused, perhaps prioritising their own busy lives. Increasing numbers of older women are still working when their grandchildren are infants and some also have elderly spouses or relatives requiring care. Some of the mothers who had not mentioned care by a relative as their ideal at 3 months but were using it at 10 months may have received unexpected offers. All in all though, the dominant view of ideal child care in this sample of mothers reflects a traditional view of the family (Mason & Yu-hsia, 1988). As in earlier studies, a majority of mothers wanted to care for their infants themselves, at least during the first year (Fuqua & Labensohn, 1986). It is encouraging then that this was the ideal that mothers were most likely to attain.

Path analysis enabled us to examine characteristics of mothers or families that had achieved their ideal (if it was one of the types of non-maternal child care). They turned out to be mothers with more educational qualifications, those with more progressive views about family life and those who expected more benefits to children of maternal employment. Thus it seems that the likelihood of bringing ideals to realisation is increased by a combination of personal resources to sift through all the information about child care options, possibilities and prices, and motivation based on attitudes supportive of female opportunities outside the home.

Satisfaction with child care

We predicted that maternal satisfaction with child care would be related to whether or not their ideal had been realised, but this was not the case. However, some maternal and some child characteristics were related to satisfaction, as we also predicted. The regression analyses indicated that more educated mothers were less satisfied - perhaps because they had higher expectations that were not easily met - while those with more progressive attitudes to families and children were markedly more satisfied. The association between satisfaction and progressive attitudes was also replicated in the path analysis. Higher family socioeconomic status was related to less satisfaction in the path model, while home adversity was also related to lower satisfaction.

The variation in satisfaction by type of child care parallels findings from a study by Erdwins, Casper and Buffardi (1998) and is especially interesting here as mothers were most satisfied with the type of care that had least often been cited as ideal – father care – and least satisfied with the far more often cited nursery care.

Relationship between mother and caregiver

We expected that the type of care would be relevant to mother's relationship with their child's caregiver and this was found to be the case. While there was no significant difference between satisfaction with childminder, grandparent or nanny care, mothers' confidence in their relationship and communication with caregivers was highest with childminders, and lowest with nursery staff suggesting that it may be easier to form relationships and discuss child care issues when there is always the same caregiver in the morning and evening, rather than one of a team.

A stronger belief that maternal employment may have costs for children was particularly predictive of a mother's worse relationship with her child's caregiver,

suggesting that maternal guilt or anxiety may be relevant. This has been explored in qualitative interviews with some of these mothers (Leach et al., forthcoming). There were no direct or indirect effects between sociodemographic characteristics and relationship with the caregivers, indicating that maternal views (while themselves related to both education and SES) were the main predictors. Maternal mental health may well also be important. We found that maternal depression had no direct bearing on satisfaction with child care but mothers with more depressive symptoms over the two time points were somewhat less likely to be using their ideal type of child care at 10 months. Possibly they were less able to be assertive in seeking out and then selecting child care.

We made no specific predictions about hours in child care but found that the hours these very young children spent with caregivers varied according to the type of care. Despite some expressed public concern in the UK about grandparents being asked to undertake long hours of child care, the longest weekly hours in this sample were spent with nannies and, even in that group, the average was less than 36 hours. This falls far short of the hours commonly reported in American studies and of the hours needed to cover a full 36-40 hour work week plus travel. Clearly then few of the mothers who used non-maternal care when their babies were 10 months old relied on it to enable them to work full time.

While this study included a substantial number of families, its limitations must be noted. Our sampling strategy led to a group that was fairly representative of the populations of the two areas where we were working. However it was opportunistic, in that we approached parents as they waited for their routine medical care. This was the only way that we could gain access to parents expecting, or with new infants since medical institutions do not divulge patient information readily. Thus the families

missed from sampling are likely to be those who do not access services, many of whom are the most disadvantaged. In addition, those who were not followed up at 10 months were more disadvantaged than those who continued in the study. Families experiencing disadvantage may have great need for child care as they work to enhance their circumstances but we have not been able to fully examine their perceptions or experiences.

We made every effort in the study to include fathers in our interviews, and have asked them about a number of topics (to be reported in forthcoming papers) but, due to time constraints, they were not asked everything that mothers were asked including their ideals for child care and it would have been interesting to compare the opinions of mothers and fathers. Over and above the question of which parent (or both) should seek employment, the question of who should care for their infant is an important issue that couples address. We gained some insights from qualitative interviews with mothers (forthcoming) but again it would have been useful to conduct qualitative interviews with fathers on this topic.

Finally, we worked in only two areas in England and there may be many regional influences related to the local provision of child care that could be relevant to the issues discussed.

CONCLUSIONS

One of the striking findings of this study is that more than half the mothers interviewed when their infants were 3 months old wanted to care for them themselves in the first year, and this was the child care ideal that mothers were most likely to have achieved as the first year came to an end. It does seem that current moves towards extending UK paid maternity leave from six months to the forthcoming nine months, and eventually the whole of the first year, are in line with what many families

want, and that the USA's continued avoidance of federally mandated paid maternity leave is widening the gap between European and American support for parents.

Our findings suggest that only a minority of mothers who are working and using child care before their infant's first birthday use child care for a full week. Rights to request part-time work or flexible hours when returning after maternity leave are increasingly being granted in the UK as they have long been in much of continental Europe. Such resolutions of possible conflict between work and home are not only important to individual families but may also benefit the national economy, encouraging back to the workplace some women who would otherwise have remained at home, and enabling others to return to the jobs for which they were trained and experienced.

Planning for infants to be cared for by someone other than themselves is a challenging aspect of the lives of women who had employment before giving birth and those who find that they now need to take up employment afterwards. Child care at 3 months was relatively uncommon in this sample, related in part to the fact that paid maternity leave in the UK lasted for six months at the time the data were collected. However a substantial proportion of the women in this study were using child care before their infant's first birthday. Mothers have ideals (not merely fantasies) concerning infant child care and while those whose ideal is to care for their infant themselves can often achieve it, few of those who want non-maternal care get the type they wanted and many find themselves using the type they wanted least.

Mothers who need non-maternal infant care often prefer it to be familial. Many regard care by a grandparent as ideal. Although such care seldom has to be paid for this is not the principal reason for its popularity. There are many women in the UK who still hold traditional attitudes to family and are relatively immune to

government's attempts to prioritise the educational aspects of even infant child care, encouraging use of nurseries and children's centres rather informal care. Such mothers are more satisfied with the care given by individuals – relatives, childminders, nannies - that is more individualised than care of infants by more than one caregiver, in larger groups such as nurseries.

This study found that when mothers want non-maternal child care, getting the type of care they regard as ideal is implicated in the extent to which they use child care (hours per week) but is not related to how they feel about the whole situation and about their relationship with the caregiver. Those feelings and relationships are related to more subtle psychological factors, some of which are illuminated by our findings. Some are factors that cannot be altered (such as a child's gender or a mother's current level of education) but others, such as strongly held beliefs and values concerning families, gender roles and the costs and benefits of mothers' employment, can, and perhaps should, be addressed in consultation with advisors or friends. These findings suggest that when mothers are contemplating whether to work, for how many hours and using which type of child care, guidance to choosing child care could well focus not just on cost and measures designed to assess quality but also on women's own feelings and beliefs. It may be helpful to encourage such women to examine and discuss their own attitudes and beliefs. Bringing their own feelings into the open, and having them acknowledged as legitimate, may enable them to deal more effectively with the child care once it begins. These findings also highlight the importance of training caregivers to understand their professional role with parents as well as with children, and supporting them as they undertake both together.

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Table1. Sample description, characteristics of groups seen at 3 and 10 months

	3 months (N = 1100)		10 months (N = 984)	
<i>Categorical Variables</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Child gender (girl)	542	49.3	482	49.0
Ethnic group: Black ^a	104	9.5	89	9.0
Ethnicity: Asian ^a	54	4.9	46	4.7
Ethnicity: mixed & other ^a	73	6.6	60	6.1
Mother's first language not English	155	14.1	123	12.5
Living with partner at 3 ^b	987	89.7	892	90.7
<i>Continuous Variables</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Birth order (1 – 4+)	1.7	0.85	1.7	0.85
Child temperament (1 = easy, 6 = difficult)	2.8	0.79	2.8	0.79
Mother's age	31.1	5.19	31.2	5.16
Mother educational level (1-6)	4.3	1.34	4.3	1.33
Mother's socioeconomic class (1-3)	2.0	0.91	2.0	0.91
Family income at 3 and 10m (£)	29,801	17,345	30,136	17,780
Mother sociodemographic background ^d	-0.04	0.80	-0.02	0.81
Depression, EPDS average of 3 and 10m	6.76	4.02	6.69	3.98
BACMEC: Benefits (1-5)	3.67	0.72	3.68	0.72
BACMEC: Costs (1-5)	3.02	0.95	3.01	0.95
Progressivism (1-6)	3.93	0.76	3.93	0.77
Traditionalism (1-6)	2.90	0.69	2.88	0.69

^aThe UK National Census (2001) classification of ethnic group is: White (including White-British, White-Irish, White-Other), Black (including Black or Black British African, Black or Black British Caribbean, Black or Black British Other), Asian (including Asian or Asian British Indian, Asian or Asian British Pakistani, Asian or Asian British Bangladeshi, Chinese, Asian or Asian British Other) and Mixed / Other (including White and Black Caribbean, White and Black African, White and Asian, Other Mixed, Other ethnic group).

^b In the analyses the three-step scale was used (0 = mother not living with partner at 3 or 10 months, 1 = mother living with partner at one time point, 2 = mother not living with partner at both time points).

^c Parental socioeconomic class and income at 3 and 10 months were standardized (z-scores) and averaged into one indicator of family sociodemographic background.

Table 2: Correspondence between stated ideal type of child care at 3 months and actual child care at 10 months

for each type of child care (N=984, percentages in brackets)

Child care type	Specified as ideal at 3 months	Use at 10 months	% at 10 months achieving ideal
Mother	476 (48.4)	542 (55.1)	317 /476 (66.6)
Mother and father ^a	65 (6.6)	27 (2.7)	12/65 (18.5)
Father	6 (0.6)	18 (1.8)	2/6 (33.3)
Grandparent	101 (10.3)	87 (8.8)	18 /101 (17.8)
Relative	17 (1.7)	20 (2.0)	1/17 (6.0)
Friend	4 (0.4)	9 (0.9)	1/4 (25.0)
Childminder	40 (4.1)	87 (8.8)	12/40 (30.0)
Nanny	60 (6.1)	35 (3.6)	16 /60 (26.7)
Centre/nursery	107 (10.9)	94 (9.6)	31/107 (29.0)
Combination	108 (11.0)	65 (6.6)	13/108 (12.0)

^a Child care categorised as ‘mother and father’ if father care at least 12 hours per week but not more than 28 hours per week and no other form of non-maternal child care for 8 hours or more.

Table 3: Mean child care hours, satisfaction with child care, and communication with the caregiver by dominant child care type (*ANOVA*)

	Father ¹		Grandparent / Relative ²			Childminder / Friend ²			Nanny		Nursery		<i>F</i>	<i>p</i>			
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		<i>M</i>	<i>SD</i>		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>					
Hours of child care per week	28.0	10.3	^b	29.3	11.7	^b	29.2	10.9	^b	35.6	13.1	^a	31.3	10.7	^{ab}	3.38	**
Satisfaction with carer	4.58	0.30	^a	4.55	0.42	^a	4.35	0.45	^{ab}	4.37	0.46	^{ab}	4.16	0.43	^b	12.79	***
Communication with the caregiver	4.48	0.76	^a	4.66	0.53	^a	4.66	0.45	^a	4.58	0.51	^a	4.47	0.6	^a	2.66	*

¹ For these analyses, families using father and mother and father were combined. Those coded as using combined care have been categorised by the type of care used for the most hours per week (their dominant form). ² Given the small number using a relative these were combined with grandparents; similarly given the small number using a friend these were combined with childminders.

^{a b c} Sub-groups with the same superscripts are not significantly different from each other, but are different from those with different superscripts (Scheffé post hoc tests $p < .05$).

$p < 0.05$ * $p < 0.01$ ** $p > 0.001$ ***

Table 4. Factors significantly¹ associated with using ideal child care type at 10 months, based on logistic regression (n = 442)

	<i>B</i>	<i>Odds ratio (OR)</i>	<i>95% C.I.</i>
Mother's educational qualifications	0.32	1.38*	1.06 – 1.79
Mother BACMEC: Benefits (3months)	0.48	1.62 **	1.11 – 2.35
Mother progressivism (3months)	0.43	1.53*	1.06 – 2.22

Cox & Snell *R* Square 0.07; Nagelkerke *R* Square 0.10, Chi Square (df=19) 31.70, $p < 0.03$

¹ Factors entered but not associated with using ideal type were: total child care hours, child gender, birth order, temperament, maternal age, ethnic group, English as mother tongue, living with partner, adverse home conditions, neighbourhood deprivation, family income/SES, maternal depression, belief in costs of maternal employment, and traditional attitudes to family life.

Table 5. Factors significantly¹ associated with satisfaction with child care and relationship with caregiver at 10 months, based on multiple regressions.

	Satisfaction with child care (N=352)			Relationship with caregiver (N=430)		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Child's gender (0 = boy, 1 = girl)	-0.10	0.05	-.11*	-0.03	0.01	-.09
Mother's age	-0.01	0.01	-.15*	0.00	0.01	-.03
Adverse Home Conditions (3 & 10months)	-0.45	0.14	-.19****	-0.05	0.04	-.07
Family SES/Income	-0.10	0.05	-.17*	-0.01	0.01	-.08
Mother BACMEC: Costs (3 months)	-0.07	0.03	-.14**	-0.04	0.01	-.23****
Mother progressivism (3 months)	0.17	0.06	.15**	0.00	0.01	.00
Mother traditionalism (3 months)	0.06	0.04	.09	0.02	0.01	.12*
R^2 (adjusted)	0.12			0.05		

¹ Factors entered but unrelated to either : get ideal, total child care hours, birth order, temperament, ethnic group, English as second language, partner, neighbourhood poverty, maternal education, maternal depression, belief in benefits of maternal employment, traditional attitudes to family life.

Figure 1. Relationships between sociodemographic and child characteristics, maternal attitudes and well-being, ideal / actual child care, relationship with the caregiver and satisfaction with child care.

