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London School of Economics

**MAKING DECISIONS ABOUT CHILD CARE: A STUDY OF CANADIAN  
WOMEN**

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A thesis submitted for the degree of PhD

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## **Abstract**

### **Title of Thesis: Making Decisions About Child Care: A Study of Canadian Women**

The increasing involvement of mothers in paid employment has brought attention to child care both as a critical social issue and as a pressing need for families. Nevertheless, child care in Canada continues to be framed as a private issue to be resolved by individual families. In the absence of policies and programs that ensure widespread access to affordable, high-quality care, women who combine motherhood with paid employment face considerable challenges in making decisions about child care.

This study examines the processes by which women make child care decisions and sheds light on both how and why they make such decisions. The emphasis is on the meanings that women themselves give to motherhood, paid work, and child care and on how they resolve the competing interests that inevitably underlie work and family decisions. By drawing on women's accounts of their own lives, the research elucidates the multiple and interrelated factors that enter into women's decisions and thus offers insights into the reasoning behind complex patterns of decision making.

In-depth interviews were conducted with 25 women who were intending to return to work or school following the birth of their first child. Women were interviewed at three points in time, encompassing a period from late pregnancy to several months after returning to work.

The study furthers our understanding of the public and private dimensions of child care by revealing the dilemmas faced by women who frame their child care concerns in deeply moral terms, yet are called on to meet their child care needs within a public market oriented child care system. In particular, women's accounts of their experiences demonstrate the ways in which the intertwined and deeply privatised notions of 'dependent child' and 'good mother' underlie women's decisions about child care. Moreover, the research leaves no doubt that women's experiences of making child care decisions do not accord with the prevailing neo-classical economics version of rational and self-interested decision making.

By examining women's decisions over time, the study illuminates the sequence of decision making about child care and adds to our understanding of what is entailed in looking for and deciding about child care. The study concludes with a discussion of implications of the findings for policy development and future research.



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## CHAPTER ONE

### THE RESEARCH IN CONTEXT

Profound and far-reaching changes have taken place in the work and family lives of Canadian women in the past two decades. At the core of these changes is the dramatic increase in women's rate of entry into and continuing involvement in the paid labour force. While women have always been involved in paid employment (Lero and Johnson 1994, Michel 1999), never before have women's labour force participation rates come close to current levels. There have been increases in paid employment among women of all age groups; however, it is younger women in the child-rearing years whose participation has increased the most. In Canada today, the majority of mothers with dependent children participate in the paid labour force (See Appendix One). Recent labour force statistics show that 71% of women with a youngest child aged three to five and 68% of women whose youngest child is under age three are in the labour force (Statistics Canada 1999).

There is every indication that women's increasing attachment to paid employment will continue. It has been projected that by the year 2005, Canadian women in the prime childbearing years of 25 to 44 will have a labour force participation rate of 91%, the highest of any age group of women (Lero and Johnson 1994). When we consider that at mid-century only a quarter of all Canadian women were in the paid labour force, it becomes evident that current trends constitute a demographic shift of major proportions and signal fundamental change in the fabric of work and family life.

Throughout the first half of this century, marriage and childbirth for most employed women entailed a permanent withdrawal from the workforce and, thereafter, full-time involvement in domestic labour (Lero and Johnson 1994, Mandell and Momirov 2000). In contrast, most women are now maintaining more or less continuous involvement in the labour force with time away only for maternity leaves. Even the bipolar or 'transitional' work pattern in which women defer their return to the workforce until children are in school is giving way to continuity of labour force involvement (Duffy et al. 1989, Lewis and Merideth 1988, Luxton 1997b). Moreover, while there is an increasing trend toward combining domestic responsibilities with part-time work, the majority of mothers in the labour force in Canada work full-time (Armstrong and Armstrong 1988, Statistics Canada 1999).

Yet these demographic trends tell only part of the story of women's changing work and family lives. They reflect what appears to be a permanently increased

attachment of women to the workforce and a reformulation of work and family patterns in which motherhood is combined with paid work for the majority of women. At the same time, they reveal nothing of the contested territory that continues to underlie women's work and family decisions. They fail to show the complex and competing interests that circumscribe both public attitudes and women's personal choices about work and family. They say nothing about the continuing centrality of caring in women's lives and the heavy caregiving burdens that many women carry in addition to paid employment (Brannen and Moss 1991, Hochschild 1989, 1997, Mandell and Momirov 2000).

The increased involvement of women in paid employment has brought child care to the fore both as a critical social issue and as a pressing need for individual families. From a broad, sociopolitical perspective, child care issues revolve around the increasing demand for good quality, affordable, and accessible child care. In Canada, as in other advanced industrial nations, inadequacies in the public provision of child care have generated considerable social and political debate about the appropriate nature and extent of public responsibility for child care. For individual families, child care needs and issues are felt in a much more immediate way as parents, particularly mothers, are faced with the necessity of looking for, deciding on, arranging, and paying for child care placements.

The necessity of making decisions about child care is not, of course, a delimited issue in the lives of women. Child care decisions are intermingled with an array of decisions about family and work. Moreover, they are embedded in a context marked by ambivalence about women's domestic and paid labour and a seriously underdeveloped state of child care provision. It is hardly surprising then that many women find their competing responsibilities for work and child care difficult to reconcile and that "thinking about, deciding upon and making child care arrangements continues to be one of the main areas of concern and distress for women" (Wilson 1989, p. 39).

This research is about women's experiences of making decisions about child care. Although women use child care for many different reasons, this study focuses specifically on child care decisions that are related to paid employment. My primary aim in undertaking the research is to explore and to demonstrate the complexities involved in women's decision making about child care. Because work and family decisions are so closely interconnected for women, the study also sheds light on women's decisions about paid employment. The research is based on in-depth interviews over time with a sample of women who were returning to work following the birth of their first child. Drawing on these women's experiences, I examine the



multiple factors that influence women's decisions about child care, the processes by which they make decisions about child care, the meanings that they give to their decisions, and the outcomes of their decision making. The main questions that guide the research are:

- What is it like for women to make decisions about child care in a context marked by conflicts and dilemmas with respect to women's work and family lives, gender roles, and child care? and,
- How do women experience and respond to these dilemmas in the process of looking for and deciding about child care?

In seeking answers to these questions, I am primarily interested in women's thinking about motherhood, childrearing, and paid employment and in the meanings that they give to these dimensions of their lives. I am concerned with understanding how women themselves make sense of their needs for and their decisions about child care. Thus, the research is grounded in a commitment to ensure that the women's voices will be distinct and discernible in this account (Edwards and Ribbens 1995).

This inquiry is based on the experiences of a relatively small number of women in a particular geographic area. Because it is a study at the micro level, the local context in which these women made decisions about work and family plays an important role in the processes and outcomes of their decisions (England 1996a). Nevertheless, through illuminating the experiences of these women and exploring the contexts in which their decisions are embedded, the research will contribute to accounts and explanations of women's decisions about child care that have broad relevance for understanding women's lives. Moreover, the research findings will draw attention to a number of important issues for child care policy and practice.

## RESEARCH FRAMEWORK

The research is grounded in a number of interrelated assumptions about women's lives and their processes of decision making. The first of these concerns the critical importance of taking into account the multiple contexts within which decisions are made. In recent years, the importance of context has been central to feminist analyses of women's lives (Brannen and Moss 1988, 1991, Duffy et al. 1989, England 1996b, Gerson 1985). Nevertheless, much of the research in the realm of child care continues to be either devoid of contextual analysis or considers context only in a narrow sense (Silverstein 1991).<sup>1</sup> As a result, little is known about the ways in which child care decisions emerge from women's social contexts. This study proceeds from the belief that women's decisions about work and family are inextricably linked to the contexts

in which they are made and cannot be adequately understood without also understanding these contexts.

Feminist analyses have contributed much to our understanding of the ways in which women's decisions are shaped and circumscribed by aspects of the wider context over which they have limited control. In particular, the socially constructed nature of gender relations, prevailing ideologies of family and motherhood, and the structure of the labour market have been identified as sources of structural coercion that impose significant constraints on women's choices and decisions (Brannen and Moss 1991, Duffy et al. 1989, England 1996a). More specifically, these structural contexts have been causally linked to the conditions of advanced capitalism and patriarchy, and to biological explanations of 'natural' mothering (Chodorow 1978, Gerson 1985, Glenn 1994). However, notwithstanding widespread acknowledgement of the structural constraints that shape women's lives, writers have increasingly pointed to the failure of structural coercion approaches to take sufficient account of the ways in which women define and construct their own lives (Brannen and Moss 1991, Duffy et al. 1989, Gerson 1985, Glenn 1994, Walby 1997). Consequently, there has been a shift away from analyses that are overly reliant on the notion of structural constraints, toward frameworks that emphasize the agency that women exercise over their own lives and decisions. This is not to deny that structural forces play a key role in women's decisions. Rather, this shift is an effort toward creating a more balanced perspective that, like Giddens' (1984) theory of structuration, takes into account both structural forces and individual agency. As Duffy and her colleagues have put it:

only some aspects of women's behaviour can be explained as a function of societal coercion. Others must be understood as women's active attempts to create their own lives based on their personal preferences and social positions, and their interests as they perceive them. To stress only external coercion in the form of capitalism and male dominance is to underestimate women's involvement in creating their own lives. (1989, p. 13)

In this research, then, I employ a framework which takes into account both the structural forces that impinge on women's decision making and women's active and conscious attempts to shape their own lives.

A second assumption underlying this research is that women's work and family decisions are closely linked. Historical accounts of women's lives make it clear that for women, work and family have always been interdependent (Baker 1999, Gittens 1985, Wrigley 1990). However, as paid employment has come to assume a more central position in women's lives, decisions about work and family have become

increasingly complex and interconnected. Decisions made with regard to employment inevitably shape and delimit choices with regard to family (Baines et al. 1991, Dyck 1996, Michel 1999). By the same token, women's family obligations and decisions substantially influence whether, and on what terms, they participate in the labour market (Kisker and Ross 1997, Michel 1999). Thus, women's decisions about employment are, to a very large extent, inseparable from their decisions about marriage, about bearing and raising children, and about child care.

An emphasis on the interconnectedness of women's work and family lives inevitably connects with the discourse of public versus private spheres, which has been "of major significance in the development of both Western political thought and political practice" (Baker 1999, p. 5). The traditional dualism of public versus private, or work versus family, has represented the public realm as a male world of work, politics, and market relations. In counterpoint, the private realm has been depicted as a female world of family and domesticity that is, by definition, inferior to the public sphere. The construction of a dichotomy between public and private has been deemed problematic, particularly by many feminist scholars who have located women's exclusion from full citizenship and equality in this rigid distinction between spheres (Baker 1999, Gittens 1985, Tom 1992/93). Contention about the validity and use of the concepts of private and public has centred on the extent to which they have been conceptualized as dichotomous, unchanging, and gender bound (Baines et al. 1991, Baker 1999, Pascall 1997). Moreover, it has been argued that such a rigid division of the social world into public and private obscures the myriad ways in which the two intersect and "leaves us with inadequate means of understanding work that straddles the two" (Pascall 1986, p. 71). In challenging the essential dualism of public/private, many feminist writers have called for a more integrated perspective that transcends the traditional notion of separate spheres and helps to bridge the concepts of work and family and public and private domains (Baines et al. 1991, Duffy et al. 1989, England 1996a).

In particular, feminist scholars have drawn attention to the extent to which the dualistic version of public and private has obscured the meaning and significance of women's caring (Graham 1983, Pascall 1986, Stacy 1981, Tom 1992/93). When caring is done by women in a context of a familial relationship, it is assumed to be a manifestation of love and to belong exclusively to the private realm. When caring is provided as paid service in the public realm, it is defined as labour but, nevertheless, remains invisible and undervalued (Baines et al. 1991). Thus, work and family, paid and unpaid work, labour and love are constructed as dichotomous and parallel with the notions of public and private. Such sharp distinctions hinder our understanding of

women's caring by failing to convey the ways in which both labour and love are confounded in the caring relationship (Pascall 1997, Stacy 1981). The problems associated with assuming a clear boundary between public and private are particularly evident in the case of child care which is critically located in the contested territory between private and public (Nelson 1990b, Randall 1999). For this reason, the examination of child care can contribute much to our understanding of how private and public, and work and family intersect and can thus provide "an excellent opportunity to explore, exploit, and challenge the tension between the 'private' and 'public' realms" (Tom 1992/93, p. 77).

Notwithstanding the problems associated with the public/private dichotomy, most feminists have argued against abandoning this distinction. Instead, they emphasize the need for a new understanding of public and private spheres that transcends the traditional dualism and reveals the complex interdependency between the spheres (Baines et al. 1991, Baker 1999, Pascall 1997). A number of feminist writers have effectively demonstrated the merit of the concepts of private and public in furthering our understanding of the everyday lives of both women and men and in making visible the particular social positioning of women in the private sphere (Baker 1999, Edwards and Ribbens 1998, Ribbens 1994). Moreover, these writers have drawn attention to the extent to which the notion of private and public spheres reflects the ways in which social actors themselves experience and describe their lives and have emphasized the need to engage women as active agents in reconstructing the private/public distinction. An appropriate conclusion to be drawn from the debate on the public/private distinction is that it is not the concepts themselves that are problematic, but rather, problems result from the ways in which the concepts are used as fixed, explanatory categories. As Ribbens has commented, "we must not take the boundaries of public/private ways of being . . . as given, but look to see how they are experienced, constructed and negotiated by women themselves under circumstances which may be both constraining and enabling" (1994, p. 34). In this research, I am concerned with understanding how the intersection of the public and private is experienced, constructed, and negotiated by women in the work of looking for, deciding on, and using child care.

Following from the themes above, a further assumption underlying the research is that the context in which women's child care decisions are located is contested territory in that it is marked by tensions and contradictions. The conflicting demands of domestic labour and waged labour create a tension that is played out in the compromises, negotiations, and trade-offs that underlie choices. Increasing opportunities and demands for women's involvement in the labour force compete with

a gendered division of labour that assigns responsibility for caring and household work to women and with public attitudes that regard women's work in the paid labour force as secondary to their family obligations (Michel 1999, Walby 1997). Indeed, "since women experience work and family demands as contradictory and competing interests, choices in one sphere often depend on the opportunities, incentives, and constraints of the other" (Duffy et al. 1989, p. 12).

The terms 'decision making' and 'choice' are themselves misleading, implying as they do "a straightforward selection between possible alternatives" (Duffy et al. 1989, p. 15). In fact, decisions about work, family, and children represent difficult and complex processes that frequently involve a number of stages over time (Brannen and Moss 1991, Duffy et al. 1989, Schaffer 1990). Consequently, women face significant challenges as they try to balance the constraints and opportunities of the broader context with their attempts to shape their own lives.

Within this broad theoretical overview there are many themes that are critical to the formulation of this study and that will re-emerge throughout the discussion. The remainder of the chapter will focus on further elucidating the contexts that circumscribe women's decisions about child care.

## **WOMEN'S WORK AND FAMILY CONTEXTS**

### **Work and Family as Competing Interests**

Women's reasons for participating in paid work are diverse and complex, encompassing their own personal attitudes toward both domestic and paid labour as well as the economic realities that they face. However, research has shown that, whatever personal motivations they may have for working, the primary reason that women enter and remain in the labour force is economic need (Lero and Johnson 1994, Medjuck et al. 1992, Truelove 1996). Nevertheless, there has been a pervasive view of women's attachment to the labour force as being less serious and committed than that of men (Dyck 1996, Medjuck et al. 1992, Pascall 1986, Walby 1997). The assumption that women's employment is of less importance than men's both reflects and reinforces the extent to which women's lives continue to be shaped by their domestic roles. In other words, women's paid labour is deemed to be secondary or marginal because their unpaid work in the home continues to be viewed as primary.

It is abundantly clear that the demands of domestic labour and the presence of young children circumscribe women's paid work in many ways (Duffy et al. 1989, Dyck 1996, Michel 1999). However, the centrality of caregiving in women's lives is

also reinforced by the conditions of the labour market that marginalize women's employment. As labour force analyses have shown, women's employment opportunities continue to be constrained by gender-based occupational segregation that restricts their employment choices, limits their occupational mobility, and accounts for their continuing low wages as compared with those of men (Armstrong 1994, Baker 1999, Walby 1997). The widespread failure of employers to recognize and respond to the family responsibilities of their employees adds to the difficulties women face in combining employment and family responsibilities (Friendly 1994, Gormley 1995, Hurst 1996).

Another distinguishing characteristic of women's labour force expansion is the high proportion of part-time jobs. Although some women may choose to work part-time to accommodate family responsibilities, this does not alter the fact that part-time work exacerbates the problem of occupational segregation, is usually poorly paid, and is associated with few, if any, workplace benefits (Luxton 1997b, Walby 1997). On the basis of their study of part-time women workers, Duffy and her colleagues challenged the prevailing voluntaristic explanation of women's part-time work, noting that:

this position ignores the constraints put upon paid work options by the unavailability of full-time work (or other work arrangements), the lack of adequate day care policies and facilities, other limitations stemming from the structural organization of society, and the family situations of individual women. (1989, p. 74)

One of the most significant implications of women's substantially increased attachment to the labour force is the additional and heavy workload that falls to women who combine paid work with domestic responsibilities. Indeed, the phenomenon of the double or triple day that has become the reality for most employed mothers has been well documented (Brannen and Moss 1991, Duffy et al. 1989, Hochschild 1989, 1997, Luxton 1990, Pascall 1997). Luxton and her colleagues (1990) have used the categories of 'motherwork,' 'wifework,' 'housework,' and 'daughterwork' to reflect the range of women's unwaged work in the home. When waged work is added to these, a picture emerges of the substantial burden that falls to women who combine paid work with domestic labour.

On the other side of this picture is the limited extent to which men have taken on additional responsibility for domestic work. Although much has been written about the increasingly 'symmetrical' and 'egalitarian' modern family and the increased participation of fathers in raising children, empirical studies do not bear out this image. While there is evidence to suggest that some men whose wives are employed

have somewhat increased their participation in household work and child care, there is nothing to indicate that this increase is either widespread or substantial (Baker and Lero 1996, Luxton 1997b, Pascall 1997). Studies of the gendered division of domestic labour continue to confirm that the participation of men in housework and child care does not come close to representing an equal share and, in fact, contributes little to easing the burden for women (Baker and Lero 1996, Hardill et al. 1997, Hochschild 1997, Walby 1997). In addition, research has shown that when husbands do share in domestic labour, they do so selectively, taking on the more clearly defined and pleasant tasks such as reading to or playing with children (Leslie et al. 1991, Luxton 1990). While it appears that some fathers are becoming involved in more of the day-to-day caregiving of their children, this is quite a different thing from sharing in the emotional work and the responsibility for the well-being of children, which remain essentially the domain of women (Duffy et al. 1989, Leslie et al. 1991, Michel 1999).<sup>2</sup> Moreover, whether or not men's responsibilities for child care are increasing, "their identities and opportunities are not structured and shaped by the same behavioural norms regarding caring with which women contend" (Baines et al. 1991, p.23).

Clearly, women's increasing attachment to the labour force has not substantially altered their responsibilities with regard to domestic work and child care. Women continue to provide the vast majority of care to their children as well as to other family members. That they do so with little help or support from husbands, extended families, or state-provided services is indicative of "the intense and singular relationship and responsibility" (Pascall 1986, p. 85) that characterize motherhood in industrial societies.

### **Motherhood and Caring in an Ideological Context**

Critical to our understanding of women's child care decisions and the sociopolitical contexts in which these decisions are made is an appreciation of the ways in which ideologies have shaped our culture's thinking about motherhood and child care. Many feminist writers have shed light on the pervasive and powerful beliefs about mothers and children that, taken together, constitute a dominant ideology of motherhood (Baines et al. 1991, Brannen and Moss 1991, Glenn 1994, Pascall 1997, Poovey 1989, Wearing 1984).<sup>3</sup> Reinforced by other powerful ideologies, such as the ideology of the family and the ideology of patriarchy (Rothman 1994), the ideology of motherhood acts to shape women's experiences as mothers and thus may be seen as "a highly constraining force" (Brannen and Moss 1991, p. 9).

Although many writers have drawn upon the concept of 'ideology' in framing their explorations of women's lives and have found it a useful and relevant concept,

they have also called attention to some of the disadvantages associated with its use. As these writers have pointed out, ideologies have too often been portrayed as singular, monolithic, and universal, whereas they are more appropriately understood as multiple, internally discrepant, and changeable (Brannen and Moss 1991, Glenn 1994, Poovey 1989). The power of an ideology to constrain thinking and behaviour lies in the illusion it gives of being universal and immutable. However, in deconstructing the power of ideology, feminist writers have revealed the linked ideologies of motherhood, family, and patriarchy to be contested and open to revision (Glenn 1994, Oakley 1986, Poovey 1989, Wearing 1984). In any pluralistic society, there are likely to be competing ideologies in any social arena, not all of which have equal sway. A dominant ideology represents the beliefs of a dominant group but does not reflect differences with respect to race, culture, and social class (Glenn 1994). Moreover ideologies emerge from their historical contexts, and thus, while they may appear immutable and unassailable, they are inevitably subject to change as history unfolds. Critics have also taken issue with the deterministic connotations of the concept, noting that while prevailing ideologies may exert powerful influences on peoples' patterns of behaviour, an overemphasis on the constraints imposed by ideologies fails to do justice to peoples' abilities to construct their own lives and to challenge ideological boundaries.

I use the concept of a 'prevailing ideology of motherhood' in this research because it effectively conveys the context in which motherhood and caring have come to have central significance in women's lives. At the same time, I focus on the ways in which women create their own versions of mothering that both take account of and transcend the ideological imperatives with respect to motherhood. The following discussion outlines some of the key themes that comprise the dominant ideology of motherhood that holds sway in contemporary Western cultures.

Central to the ideology of motherhood is what Glenn (1994) has referred to as an 'essentialist interpretation' that locates mothering in biological imperatives for women to bear and raise children.<sup>4</sup> Thus, motherhood has come to be seen as a defining element of female identity, whether or not women actually become mothers (Brennan and O'Donnel 1986, Glenn 1994, Michel 1999, Ribbens 1994). In keeping with the view of mothering as a biological rather than a social construct is an assumption that responsibility for the care and rearing of children lies primarily, if not solely, with mothers (Glenn 1994, Michel 1999, Oakley 1986, Rothman 1994).

The corollary of mothers' responsibility for their children is a social construction of young children as highly dependent and vulnerable and thus in need of constant maternal care and protection (Ambert 2000, Mandell 1988, Ribbens 1994,



Thorne 1987). Widespread assumptions that young children are cognitively egocentric and have no need for interaction with their peers or adults other than their parents have contributed to beliefs that group child care and other non-familial settings are not appropriate environments for young children. Critics have pointed out that this view of children is neither universal nor borne out by research (Michel 1999, Pence 1989, Thorne 1987). In other times and other cultures, no such view of children as frail and vulnerable has prevailed. Moreover, research indicates that even very young children often thrive in settings away from their parents where they have opportunities for interaction with other children and adults (Michel 1999, Pence 1989, Scarr et al. 1989). Nevertheless, the contemporary and culturally specific view of children translates into a powerful injunction for mothers to accept primary responsibility for nurturing, caring for, and protecting their children.

The ideology of motherhood has been fuelled by the notion of 'maternal deprivation', which owes its emergence and subsequent ascendancy primarily to the work of psychologist John Bowlby in the 1940s and 1950s. Bowlby and his followers maintained that a warm, intimate, and continuous relationship between mother and child was a requisite for the healthy emotional development of the child. The disruption or absence of this strong, positive bond between child and mother (or mother-substitute) was seen to constitute maternal deprivation that could result in long-lasting psychological damage for the child (Bowlby 1951, Pascall 1997, Silverstein 1991). Although Bowlby's research was conducted with institutionalized orphans, he applied his thesis broadly, emphasizing "the absolute need of infants and toddlers for the continuous care of their mothers" (1951, p. 18).

Over the years many writers have challenged the conclusions of Bowlby and his followers with respect to attachment and separation and have effectively deconstructed the theory of maternal deprivation (Clarke-Stewart 1989, Rutter 1981, Scarr et al. 1989, Silverstein 1991). Nevertheless, the concept of maternal deprivation has had a profound and enduring influence both on women's experiences as mothers and on social policy relating to family and child care (Brannen and Moss 1991, Goelman 1992, Silverstein 1991). The particular potency of Bowlby's work has been attributed to the extent to which it entered the public consciousness in popular form such as in child care manuals (Riley 1983, Silverstein 1991). Such has been its influence that in Britain, "'maternal deprivation' is an important part of the background against which policy for young children has developed" (Pascall 1986, p. 79).

Today, maternal deprivation theory is rarely invoked directly to discourage maternal employment. Indeed, widespread employment of mothers and a growing

recognition that children can be safely cared for by other adults are evidence that maternal deprivation theory has loosened its grip on thinking about motherhood. However, in the prevailing 'politics of maternalism' and in the continuing resistance of governments to enact policies supporting non-maternal child care, we continue to see the legacy of the maternal deprivation hypothesis (Michel 1999). Despite the fact that a majority of mothers of preschool children *are* in the labour force, the discourse of working mothers continues to define maternal employment as a social problem and to frame women's rights to participate in the labour force as being in opposition to the best interests of children. Child development experts have been instrumental in promoting care at home by mothers as the ideal version of motherhood and portraying alternatives to this model as inevitably inferior. Moreover, the efforts of the 'New Right' to entrench the family firmly within the private sphere have reinforced women's major responsibility for child care and have undermined attempts to position child care as a public issue (Baker 1999, Luxton 1997b, Pascall 1997, Thorne 1987).<sup>5</sup>

The responsibility of mothers for the healthy development of their children has continued to be a key theme in the ideology of motherhood. Experts in child development may no longer maintain that young children need exclusive mother care, yet they continue to be preoccupied with the responsibility of mothers for ensuring the healthy development of their children. Indeed, as several writers have argued, the focus on the mother as the major causal factor in children's psycho-social development has become more intense in recent decades (Brannen and Moss 1991, Michel 1999, Silverstein 1991, Thorne 1987). In their attempts to advise mothers on how to raise their children, child care experts have "developed an epistemological framework based on the assumption that what happens to a child is largely a product of who the mother is and what she does or does not do" (Silverstein 1991, p. 1026). Thus, mothers are held accountable for their children's character, behaviour, and achievement and, in fact, for their overall development as "moral beings" (David et al. 1993). Concomitant with this emphasis on maternal responsibility for children's development has been the view that mothering is an intrinsically rewarding and enjoyable activity (Baines et al. 1991, Boulton 1983, Brannen and Moss 1991, David et al. 1993). This idea that caring for children is both natural and enjoyable has obscured the work that is inevitably involved in mothering.

The extent to which women's lives are circumscribed by an ideology that emphasizes their mothering becomes more apparent in contrast with the absence of any parallel ideology with respect to fathering. While there is a widespread expectation that fathers will provide for their children, there is no expectation that they will develop a bond with their children that is analogous with the mother-child

bond, and there is no paternal equivalent to the concept of maternal deprivation (Silverstein 1991). Thus, while some fathers do take responsibility for caring for their children, they are not subject to the same injunctions as are mothers in terms of responsibility for their children's development.

The prevailing ideology of motherhood goes hand-in-hand with a division of labour that assigns the vast majority of caring work to women. In fact, as Baines and her colleagues have pointed out, "the ideology of motherhood . . . supports and transmits the ethic of care" (1991, p. 19). The assumption that caring comes naturally to women has meant not only that women do nearly all of the caring within the family as mothers, wives, and daughters, but also that this caring extends to their paid work in traditionally female occupations such as nursing, social work, teaching, and child care. Regardless of the setting in which it takes place, women's caring remains relatively invisible, undervalued, and poorly rewarded (Baines et al. 1991, Glenn 1994, Tom 1992/93).

Many analyses of motherhood have drawn attention to the extent to which the ideal of motherhood diverges from the reality of being a mother (Birns and Hay 1988, Glenn 1994, Oakley 1979, Rothman 1994). Far from conforming to the romanticized notions that underlie prevailing ideologies, the actual experience of motherhood has been revealed as low status, undervalued, and often physically draining work. Without overlooking the positive aspects of motherhood, feminist writers have pointed out the frustration, stress, and resentment that it often engenders due to the excessive obligations placed on mothers (Boulton 1983, Luxton 1997b, Rothman 1994, Wearing 1984).

## **THE SOCIAL POLICY CONTEXT OF CHILD CARE**

Essential to an understanding of women's child care decisions is an appreciation of the public policy context that frames the extent and nature of child care provision. Public policy profoundly influences the amount and types of child care that are available, the costs of care, the quality of care, access to child care options, and the availability of information about child care. Thus, to a large extent, public policy shapes the conditions within which women make decisions about work and family and their attempts to resolve their child care needs. In turn, public policy is shaped, at least in part, by beliefs about the nature of families and motherhood and by the public's assumptions about how children should be cared for. In the section below I first consider the ideological underpinnings of child care policy in Canada. I then turn to a discussion of the nature and development of Canadian child care policies and provision.

### **The Ideological Roots of Child Care Policy**

Policy with respect to families and child care is informed by a complex interplay of economic, social, demographic, and ideational forces. While it is not always possible to trace the ideological factors that are embodied in policy, there is considerable evidence that prevailing notions of motherhood, family, and childhood have profoundly influenced a wide range of policies relating to families, maternal employment, and child care (England 1996b, Luxton 1997b, Pascall 1997, Pence 1989).

Research from both historical and cross-cultural perspectives offers important insights into the effects that ideologies of motherhood and family have had on family, child care, and welfare policies (Lewis 1980, Michel 1999, Moss and Melhuish 1991, Pence 1989, Poovey 1989). For example, in his exploration of the sociocultural roots of child care in North America, Pence clearly traced the ascendancy of the "mother-care paradigm" in determining child care policy and provision. In a more contemporary vein, many writers have drawn attention to the extent to which prevailing beliefs about the primacy of mother care are reflected in an absence of policies and services supportive of women's workforce participation and family responsibilities (Brannen and Moss 1991, Friendly 1994, Randall 1999).

Changes in the work and family lives of Canadian women in the second half of the twentieth century have paralleled those in most Western industrialized nations. Thus, the dilemmas confronting Canada with respect to family and child care policy are common to nearly all industrialized nations and are becoming increasingly evident in developing countries (Richter 1997, Michel 1999). However, while the issues and challenges may be similar among industrialized countries, the ways in which governments of these countries have responded to the issues are markedly different.

Cross-national comparisons of child care policy have invariably grouped Canada with the United States and the United Kingdom in describing the approaches of different countries to state intervention in child care (England 1996b, Gormley 1995, Hwang and Broberg 1991).<sup>6</sup> Although there are important differences between Canada, the United Kingdom, and the United States regarding child care policy and provision, these countries are alike in having no national child care policies or systems and in providing minimal public funding for child care. In this respect they differ notably from those countries such as Sweden and Denmark<sup>7</sup> in which a broad political consensus regarding the public value of child care goes hand in hand with national family and child care policies and extensive public funding of child care and

other family benefits (Brannen and Moss 1991, England 1996b, Friendly 1994, Michel 1999).

Underlying these contrasting approaches to child care are divergent views about the desirability of state intervention in issues concerning families. Canada, the United States, and the United Kingdom are very much alike in that their philosophies relative to child care and families are marked by a commitment to individualism and family privacy that is rooted fundamentally in the construction of a public/private dichotomy (England 1996b, Luxton 1997b, Michel 1999). The absence of explicit policies and programs in these countries to support child care is rationalized by the argument that intervention in this realm constitutes an unwarranted intrusion of the state into family life and thus poses a threat to family stability (Morrison 1989, Varga 1997, Zigler and Ennis 1989). Far from being seen as a public good and collective responsibility (England 1996b, Gormley 1995), child care is framed as a private endeavour, and parents are held responsible for providing care themselves or finding appropriate non-parental care. An unwillingness on the part of the state to address child care as a public issue is couched in the rhetoric of parental choice, the message being that families have the right to choose the kind of care they want for their children and that nonintervention enhances choice (Doherty et al. 1998, Friendly 1994, Michel 1999). In the efforts of government to invoke arguments about family privacy to justify a lack of action on child care policy, we can clearly see that "the political act of siting the location of the boundary between the public and private spheres has profound public-policy significance" (Baker 1999, p. 13).

Reliance on the 'family privacy' argument to justify the absence of child care policies is subject to challenges on several accounts. Although in theory the care of children under the age of five is the exclusive domain of parents, in fact, such care has many public dimensions (Baker 1999, New and David 1985, Pascall 1997, Ribbens 1994). As feminist scholars have effectively shown, the conditions of family privacy are highly circumscribed in that many aspects of family life are subject to intense public scrutiny and control. Moreover, in Canada, the United States, and the United Kingdom, the state has a long history of intervention in child care for young children who are deemed to be disadvantaged (Brannen and Moss 1991, Goelman 1992, Michel 1999).<sup>8</sup> A number of writers have also pointed to what appears to be a relatively recent and arbitrary boundary between preschool and school-aged children. Whereas children under five are considered to be the private responsibility of families, once they reach school age, state involvement in how they spend their days is taken for granted (England 1996b, Hill 1987, Pascall 1986).

To summarize, child care in Canada has been treated by government as a private problem, the solution to which lies with individual families. Underlying the explicit arguments about family privacy are deeply ingrained social attitudes about the meaning of motherhood and the responsibility of mothers in caring for their children (Brannen and Moss 1988, Ferguson 1991, Friendly 1994, Pence 1989). Policies characterized by minimal intervention in child care are premised on the assumption that mothers will be available to care for their children or will find such care within their families and social networks. Indeed, behind the political language of 'family privacy' and 'the rights of families' lies the reality that it is women who are expected to find the solutions to child care dilemmas. It is this relationship between social attitudes and social policy to which Thorogood referred when she commented that "the ideology of women's duty and responsibility for children within the family is an emotional counterpart to the material lack of alternative provision" (1987, p. 21).

### **Canadian Child Care Policy and Programs**

During the last two decades child care has gained visibility as an important social and political issue in Canada. It has been the subject of intense public debate and has been accorded a high profile on the political agendas of successive federal and provincial governments. As the labour force participation of mothers has increased, so too have calls for a comprehensive child care system that ensures access to affordable, high quality care. Nevertheless, Canada continues to be without a national child care policy, and child care remains a critical issue. Failure to develop a national policy on child care reflects the absence of a broad consensus on child care and continuing ambivalence about maternal employment and the care of children.

The increasing visibility of child care as an important social and political issue has prompted federal and provincial governments to direct their attention toward this issue. At the federal level, two major national inquiries were undertaken in the 1980s to examine the status of child care in Canada. The first of these was the Task Force on Child Care established in 1984 by the Liberal government and known as the Cooke Task Force. Based on findings from the research they had commissioned as well as consultations with a wide range of citizens, the Cooke Task Force recommended the establishment of "complementary systems of child care and parental leave that are as comprehensive, accessible and competent as our systems of health care and education" (Status of Women in Canada 1986, p. 281). The recommendations of this task force envisioned sweeping change in the way that child care services were conceived and delivered in Canada as well as an expanded role for the federal

government. The Liberal government was defeated before the work of the task force was completed, and, consequently, no action was taken on the recommendations.

However, in response to public pressure for some action on child care, the new Conservative government struck its own Parliamentary Committee on Child Care in 1986. The recommendations offered by this committee were markedly different from those that emerged from the Cooke Task Force. Rather than supporting a national system of child care, they emphasized the need to support and encourage parents, other levels of government, and other parties (such as business and the voluntary sector) to share the responsibility for child care (Doherty et al. 1998, Goelman 1992). Central to the perspective reflected in this committee's report was the importance of parental responsibility and choice with respect to child care. The national child care strategy that was developed on the basis of the committee's report was widely and harshly criticized by the child care community, women's groups, and many others. In the end, the only major recommendation to be implemented was a system of tax credits and deductions to assist parents with the costs of child care. Subsequent federal governments, both Conservative and Liberal, have included in their election platforms a promise to develop a national child care policy. Yet, despite such promises and despite extensive studies and public input, no such policy has materialized.

As summarized by Goelman, the involvement of the federal government in child care has been "primarily as a partner to the provinces in providing funds to low income families" (1992, p. 248). The two mechanisms through which the federal government has provided the majority of funding for child care have been the Canada Assistance Plan (CAP) and the Income Tax Act. The Canada Assistance Plan was established as a federal-provincial cost-sharing scheme to fund a range of social programs deemed to prevent or alleviate poverty (England 1996b, Goelman 1992). The child care provisions of CAP were intended to assist low income families meet their child care expenses. Although CAP "has had enormous influence on the development of provincial child care programs" (Truelove 1996), it has been criticized on many grounds as an ineffective funding vehicle for child care. A major concern is that the plan was established as a welfare funding mechanism, and this orientation has fostered a view of child care as a welfare service (England 1996b, Goelman 1992, Michel 1999). Moreover, because of the specific provisions of CAP, its effectiveness in helping families who qualify for assistance has been limited.

The second major child care funding mechanism, the Child Care Expense Deduction, uses the income tax system to reimburse parents for a portion of their child care expenses. Such an approach reinforces the definition of child care as a

private responsibility of families. Because it is of greater benefit to higher income families than it is to those with more modest incomes, the Child Care Expense Deduction has been criticized as a regressive tax measure. Moreover, the benefit is available only to those parents who can submit receipts for child care costs, thus excluding those parents who use informal, unreceipted child care and who constitute the majority of child care users.

In the mid to late 1990s, the likelihood of a national child care policy became even more remote as a result of political shifts that redefined the roles and responsibilities of federal and provincial/territorial governments with respect to social programs. Gillian Doherty and her colleagues have described this new 'social union' as representing "a significant retreat from the model of federal government leadership ... in shaping and funding social programs and promoting basic Canada-wide standards" (1998, p. 43). Specifically, responsibility for social programs has increasingly devolved from the federal government to the provinces and territories and, in some provinces, has further devolved to regional jurisdictions.<sup>9</sup> Federal funding has been reduced overall, and CAP has been converted into block grants which the provinces/territories have the power to allocate. The implications of these shifts for the future of child care are profound. Not only do they militate against the development of a national child care policy, but they also have substantially eroded the child care system and seriously jeopardized the quality of care that is presently available in Canada (Doherty et al. 1998, Irwin and Lero 1997, Michel 1999). As Michel (1999) has pointed out, since these changes have been implemented, child care policy in Canada has increasingly come to resemble that in the US, which is to say that it is becoming more fragmented and commodified.

Maternity leave and parental leave policies are not child care policies *per se*, but, as Truelove (1996) has pointed out, they are necessary adjuncts to a child care system. In Canada, the federal government provides maternity and parental leave benefits under the Employment Insurance Act (formerly the Unemployment Insurance Act). At the time of this study, eligible new mothers were entitled to 60% of their average insurable earnings to a maximum of \$413 a week for a maximum of 15 weeks. Eligibility was based on having worked a minimum of 300 hours over the prior 52 weeks (in 1997 this number was increased to 700 hours). Also, since 1990 eligible parents have been entitled to parental leave benefits at the same rate as maternity leave benefits for an additional 10 weeks following the receipt of maternity benefits. Parental leave may be taken by either parent but, in fact, is rarely taken by fathers (Statistics Canada 2000). Individual provinces and territories have their own legislation governing whether or not employers are required to hold jobs for women



taking maternity leave. Frequently, benefits offered by Employment Insurance are enhanced by employers although the amount, duration, and form of such benefits vary widely.

### **Issues in the Delivery of Child Care Services**

As is the case with other social, health, and educational programs, child care in Canada is primarily within the realm of provincial and territorial jurisdiction, although the federal government retains some power over spending and facilitative policy. Provincial and territorial governments are responsible for licensing child care; establishing, monitoring, and enforcing standards; determining and distributing subsidies; controlling auspices of care; and establishing their own levels of spending on child care. Some provincial/territorial and municipal governments have much more extensive involvement in child care than do others, and, as a result, there are very marked regional variations in terms of the availability and quality of child care programs (Doherty et al. 1998, Ferguson 1991). It is this fragmentation of child care responsibility that has earned child care policy and provision in Canada the reputation of being 'patchwork' and 'piecemeal' (England 1996b, Friendly 1994, Gormley 1995).

In the absence of a national policy and adequate public funding, child care in Canada has developed as a selectively subsidized, user-pay service that depends on the market for provision and casts parents as consumers of child care services (Fincher 1996, Friendly 1994). For many parents, and particularly for mothers, this means that they "must struggle to find consistent, affordable care, often under circumstances that work against this goal" (Lero and Johnson 1994, p. 31). Analyses of women's work and family lives in Canada nearly all make reference to the difficulties that women experience in finding appropriate and affordable child care given the inadequacy of child care provision (Doherty et al. 1998, Duffy et al. 1989, Ferguson 1991, Irwin and Lero 1997, Luxton 1997a). The scarcity of affordable, quality child care has been identified as a significant deterrent to women's participation in the labour market, frequently having the effect of keeping women out of the labour force or necessitating part-time or shift work (Armstrong and Armstrong 1988, Doherty et al. 1998, Luxton 1997b). Often, women are forced to make child care arrangements that they consider to be less than satisfactory. In this context of inadequate child care provision, it is easy to understand why mothers find the task of finding acceptable child care "one of the most distressing problems" that they face (Duffy et al. 1989, p. 35).

For preschool children, the main types of child care used in Canada are parental care, care by relatives, day care centres, and family day homes. Only a very

small proportion of employed parents in Canada use nannies or other non-related caregivers who come into their home to provide care. Day care centres are all licensed by their respective provincial or territorial governments and are required to meet provincial standards in such areas as staff/child ratios, group sizes, and staff qualifications. Although most day care centres in Canada offer some educational programming, the extent to which an educational component is stressed depends both on the standards of the particular province as regards programming and on the quality of the centre. Day care centres are open to any parents choosing to use this type of care; that is, they are not targeted to socially disadvantaged groups, as is the case with local authority day nurseries in the UK (Cohen 1988). Across Canada, the majority (70%) of day care centres are operated under non-profit auspices, although some provinces such as Alberta and Newfoundland have a preponderance of for-profit care.

Family day homes may be licensed or unlicensed, depending on the legislation in effect in individual provinces. In some provinces, requirements depend on the number of children present in a family day home. Licensed family day homes must meet provincial standards in terms of space and numbers of children and in some provinces are required to be connected with a family day home agency that monitors quality of care.

Although licensed child care has increased substantially over the last two decades, the number of spaces available has not kept pace with the increasing demand (Truelove 1996). The great majority of care for preschool children is provided through a variety of unregulated arrangements such as unlicensed family day homes, nannies, relatives, friends, or neighbours. Although some four- and five-year-old children spend time in nursery schools or play schools, these facilities are generally not organized to meet the needs of working parents, and consequently are not usually considered to be a child care option. Estimates of the number of children who need full-time care in comparison with the number of licensed spaces available indicate that the shortfall in spaces is considerable and is most pronounced for infants (Doherty et al. 1998). The Canadian National Child Care Study undertaken in 1988 showed that only 12% of children under three who needed care while their parents were engaged in paid work were in regulated child care settings. The same study found that many parents had a strong preference for licensed care but were unable to find spaces or to afford the fees for such care (Statistics Canada 1997). Exacerbating the difficulties involved in accessing child care is a particular scarcity of spaces for children with disabilities and for those needing care on a part-time basis or outside of conventional working hours (England 1996b, Irwin and Lero 1997).

Since the wide-ranging Canadian National Child Care Study in 1988, there has been no research that has sought to ascertain the types of child care arrangements made by parents. Although the results of the 1988 study are somewhat dated, they are useful in shedding light on patterns of child care use. The tables in Appendix 5 show child care arrangements for parents in Canada and Alberta as of 1988 and also link child care use to household income and educational attainment of mothers. As the investigators noted, a key finding of the study was the extent of diversity in child care use from one province to another (Statistics Canada 1997).

The high cost of licensed child care places such care beyond the financial means of many families. Indeed, eligibility for a government subsidy does not guarantee access to financial assistance. To actually receive a subsidy, parents must first find a licensed, subsidized space. Limited availability of subsidized spaces means that many families who qualify for a subsidy are forced to pay full fees for care or find informal placements (Truelove 1996). It also means that licensed child care "tends to cater to two distinct groups: low income, lone mothers and middle-class parents" (England 1996b, p. 12).

Perhaps the most pressing issue associated with the provision of child care is quality of care. Informal care, of course, is not subject to any standards. Standards for licensed care, falling as they do within provincial or territorial jurisdiction, are widely discrepant and often are not adequately enforced. While there is no way to determine the quality of child care in any general sense, there is evidence from a number of sources that much of the child care offered across Canada is of distinctly poor quality (Cleveland 1990, Friendly 1994, Irwin and Lero 1997).

In contrast with most European countries, the commercial/for-profit sector has been a key player in providing child care both in Canada and in the US. Although the for-profit sector is less prominent in Canada, providing about 30% of day care spaces compared with 50% in the US, the role of the private market in providing child care has emerged as a key issue for Canadian child care policy. Child care advocates, policy analysts, and researchers have persistently raised concerns about the relatively lower quality of care in for-profit child care settings compared with child care operated under nonprofit auspices (England 1996b, Friendly 1994). While recognizing that good quality care is often to be found in the private sector, research from Canada and the US (Friesen 1992, Michel 1999) tends to support the conclusion that "profit-making is incompatible with high quality child care" (Friendly 1994, p. 129).

Missing from most descriptions of child care provision in Canada is information about child care providers. Of course, by far the majority of child care is provided by parents, and most of this by mothers. When supplemental care is provided by others, it is nearly all provided by women, including relatives, babysitters, nannies, and professional child care workers. In keeping with the low status accorded to motherhood, child care as paid work is both low status and poorly remunerated. National surveys have shown that the salaries of staff in licensed child care centres are often at or below the poverty line (Lero and Johnson 1994).<sup>10</sup> Little is known about the wages of informal child care providers, but it can be assumed that they are even more poorly paid than are those in the day care sector. High turnover of child care workers in both the formal and informal sectors has become a chronic problem. The low pay and poor working conditions of child care workers has been identified as one of the most critical problems of child care in Canada (Doherty et al. 2000, England 1996b, Tom 1992/93).

Family and child care policy in Canada has failed to respond to the reality of women's growing involvement in the paid labour force. Instead, it has reinforced the notion that mothers are entirely responsible for the care of their children, whether or not they are employed. The emphasis on privatized solutions to the care of children means that families, and in most cases mothers, are on their own with regard to finding, arranging for, and maintaining child care. Thus, mothers who are employed are faced with what Dix referred to as the intractable, unwritten rule: "if you're not going to be around to offer 24 hour mothering care, then it's up to you to arrange who will be" (1989, p. 10).

## THE RESEARCH QUESTIONS IN CONTEXT

My primary aim in this research is to enhance understanding of the processes by which women make decisions about child care. As the foregoing discussion indicates, the study is grounded in a number of themes and assumptions that together provide a framework for looking at women's child care decisions. This interpretive framework takes account of the extent to which women's lives are constrained by structural forces beyond their control, but also stresses women's active agency in interpreting and constructing their own lives. It endeavours to locate women's decisions within the wider social, economic, and political contexts that impinge on women's work and family lives and that thereby circumscribe their decisions.

Much has been written about the profound social and economic changes that, in recent years, have increasingly cast women in the dual roles of mother and paid worker (Brannen and Moss 1991, Duffy et al. 1989, England 1996b, Luxton 1997b).

In less than two decades a predominant view of maternal employment as deviant has given way to a widespread acceptance of women's labour force participation. Indeed, social and economic analyses of women's labour force participation reflect a common assumption that most women will return to work following childbirth. These changes very clearly represent a significant shift for women, their families, and society as a whole.

Yet, the very magnitude of change tends to obscure the ways in which women's lives have *not* changed. Women's lives may be increasingly defined by employment, but their family obligations are still viewed as taking precedence over their paid work responsibilities (Luxton 1997a, Mandell and Momirov 2000, Michel 1999). Women continue to bear ultimate responsibility for the care of children, whether that means providing all of the care themselves or finding others to share in providing care. While it might be expected that, in the context of increasing involvement of mothers in the workforce, fathers would take on more of the child care and domestic responsibilities, research indicates that this has happened only to a minimal extent.

Public provision of child care remains inadequate, with the result that affordable, good quality care is inaccessible for many families. Although there may be widespread acceptance of maternal employment, this acceptance does not extend to the use of some types of child care. Informal care by family members and friends is, as Dyck (1996) has pointed out, culturally sanctioned, while care in the formal sector is still viewed as suspect.

Exacerbating the problems that women face in making decisions about child care is the increasing media attention in recent years that focuses on the potential risks of non-parental care. Morrison (1989) has commented on the extent to which "highly publicized scandals" relating to sexual and physical abuse in care settings have dominated media reports on child care. Television programs such as "Dumping Kids in Daycare" (See Chapter Five)<sup>11</sup> that portray child care in negative terms play on women's anxieties about being "good" mothers and on their fears of leaving their children with non-family caregivers.

Thus, the context in which women in Canada today make decisions about child care is one that is fraught with both practical and moral dilemmas. In attempting to balance domestic responsibilities with paid employment, women face what Mandell has described as "a confusing mix of traditional and contemporary ideals" (1989, p. 49). How women interpret and resolve the dilemmas inherent in making work and family decisions is a matter of considerable complexity.

That such decisions *are* complex and difficult may seem evident, but this complexity has not always been acknowledged in the child care field or in academic research. I was moved to undertake this research because I believed that understanding of the difficulties and challenges that women face in looking for and deciding about child care has been profoundly lacking. As a child care advocate during the 1980s and 1990s, I frequently heard child care providers suggest that most mothers care only about the cost and convenience of child care and fail to take measures to find good quality care for their children.<sup>12</sup> Although I had no personal experience of looking for child care, this perspective struck me as a gross oversimplification of the realities involved in making decisions about child care. Moreover, beliefs about parents' inadequacy in choosing appropriate care for their children appear to be deeply ingrained in research in the child care field (Joesch 1998, Nelson 1994, Wrigley 1990). Even Wrigley, whose work has focussed on ideologies of parental inadequacy underlying the provision of professional child care, claimed that "many middle-class parents choose caregivers on the basis of convenience or cost"(1990, p. 306). In this study, then, I set out to learn about women's experiences in making decisions about child care, and I began with the desire to explore and reveal the complexities of such decisions.

In the following chapter I review the theory and research that has relevance to the present study, focusing primarily on the literature pertaining to child care. Chapter Three describes in detail the methodological approach followed in the study and places the research in the realms of qualitative and feminist inquiry. Chapter Four, considers women's personal contexts, focusing on their orientations to work and family and their decisions about returning to work. The chapter also outlines women's child care options from the perspective of their personal circumstances as well as local provision of care. In Chapter Five I consider the multiple and complex factors that enter into women's decisions about child care, paying particular attention to the beliefs, values and perceptions that shape women's decisions. Chapter Six focuses on the process of making decisions about child care while Chapter Seven discusses the outcomes of this process in terms of the child care arrangements that women made. Woman's experiences of using, maintaining and changing child care arrangements are addressed in Chapter Eight. The final chapter of the thesis highlights the key findings of the study and draws attention to the implications of the learning for social reform and policy change.

## ENDNOTES

1. There are a few exceptions to this, including Brannen and Moss's (1988, 1991) work in the UK and Margaret Nelson's (1990a, 1990b) US studies on family day homes in which context is of central importance.

2. In her landmark study of motherhood (*On Being a Mother*, 1983) Boulton suggested that the participation of fathers in child care is often overestimated.

3. In referring to powerful and pervasive beliefs that influence social institutions such as family, motherhood, and childhood, some writers have used the concept of 'social construction' in preference to 'ideology'.

4. In fact, an essentialist view of mothering depicts women as being bound by biological imperatives not only to mother their own children, but also to mother other children and other adults.

5. The New Right has emerged as a major neo-conservative political force, particularly in Canada, the US, and the UK. It promotes itself as 'pro-family' but, in fact, supports and privileges heterosexual, nuclear families and favours policies that would encourage women to stay at home with their children. The New Right also has been instrumental in proposals to reduce the role of the state in social programs on the basis that such programs undermine family responsibility.

6. For example, in William Gormley's (1992) analysis, Esping-Andersen's (1990, *The Three Worlds of Welfare Capitalism*) categories of industrialized nations is used to contrast the child care approaches of "liberal market" states (such as Canada, the United States, and the United Kingdom), with those of "social democratic welfare" states (such as the Scandinavian countries) and "corporatist welfare" states (such as France and Germany).

7. This is also the case, although to lesser a extent, of other countries such as France and Belgium.

8. Most notable has been the extensive provision of child care for preschoolers during World War II when women's labour was critical to the war effort and to economic stability.

9. For example, the regionalization of Children's Services in Alberta in 1999 allocated responsibility for child care policies and programs to 17 regions.

10. A 1998 Canada-wide study showed that, on average, full-time day care workers with primary responsibility for groups of children made barely more than parking lot attendants (\$22,717 per annum compared with \$21,038 per annum). See Doherty et al. (1998).

11. Women who participated in the study referred to this program as well as several other television programs and magazine articles that raised concerns about the use of day care.

12. Research (reviewed in Chapter Two) documented similar negative attitudes toward parents on the part of child care workers.

## **CHAPTER TWO**

### **THEORY AND RESEARCH**

In Canada, as in many other countries, the last two decades have seen child care emerge as a critical social issue. The proliferation of research and writing on this topic may give the impression that issues related to non-parental child care are of fairly recent origin. Yet, as historical analyses have demonstrated, debates about how young children should be cared for and by whom are of long standing (Goelman 1992, Michel 1999, Varga 1997, Wrigley 1990). Nevertheless, while issues relating to child care may not be new, there is no doubt that they have increased in magnitude and complexity in recent years. With dramatic increases in maternal employment and a widespread shortage of child care provision, child care has become a central concern for women and their families and a contentious issue for policy makers.

The emergence of child care as a pressing social issue has generated considerable interest in the topic among researchers, as a result of which there is now a substantial body of literature on child care with origins in a number of disciplines. In this chapter I consider the literature on child care with particular reference to the research that provides a framework for this study. With a few exceptions, this review is confined to the research originating in Canada, the UK, and the US. For the purposes of this study, I have chosen to highlight four key themes. The first section will discuss some of the key dimensions of child care as a social issue. The following sections briefly consider two major streams of research: the main effects of child care and the more recent ecological approach to the study of child care. Theory and research relating to child care choice comprise the remainder and largest part of the chapter.

#### **THE COMPLEXITY OF CHILD CARE AS A SOCIAL ISSUE**

Located as it is within broad ideological debates about family life, motherhood, women's labour force participation, and the role of the state with regard to families, child care is a particularly complex and multidimensional issue. Accordingly, child care research has been informed by a number of different theoretical approaches and reflects a wide range of perspectives. An examination of the literature reveals that child care has been diversely framed as a women's issue, a family issue, a child development issue, a social welfare issue, and a labour force issue.

While it is widely agreed that child care is an important social issue with significant public policy implications, there is by no means agreement on the nature of



the issue or on how child care problems may best be resolved. The extent to which child care continues to generate vehement debate and to resist solutions may reflect a profound lack of consensus as to what child care is and whose interests it serves (England 1996a, Gormley 1995, Michel 1999). Phillips has captured this ambiguity when she comments on the lack of agreement as to whether child care is "a social intervention or an economic convenience; a service for children, for adults or for families; a comprehensive development program or basic caretaking; a supplement or a substitute for parental care" (1991, p. 165).

In framing child care broadly as a social policy issue, writers have focused on the inadequacy of child care provision relative to parents' needs for care (Friendly 1994, Luxton 1997b). There is substantial agreement that the key problems facing parents who need child care are availability, affordability, and quality of care. The difficulty that low-income families encounter in finding affordable, appropriate care, has been identified as a particularly pressing problem (Barrow 1999, Camasso and Roche 1991, Truelove 1996).

Implicit in most analyses of child care as a social issue is the assumption that the need for care is a consequence of the labour force participation of mothers. While the link between maternal employment and the need for child care is indisputable, an overly simplistic view of this relationship is problematic for a number of reasons (England 1996a, Moss and Melhuish 1991). Identifying child care as essentially an employment-related issue constructs child care narrowly as a service for employed parents and thus does not do justice to the complex functions of child care in contemporary society (England 1996a, Gormley 1995, Mandell 1988). It promotes a view of child care as the private responsibility of employed parents and casts parents as consumers of care. Thus, it impedes efforts to develop more comprehensive and effective child care policies and programs. While many parents require child care for reasons other than employment, this fact is overlooked when child care is linked almost exclusively to employment, as it is in Canada and the US (England 1996a, Mandell and Momirov 2000, Michel 1999). In contrast, in many European countries such as Sweden and France, child care is seen as having a more extensive part to play in the well-being of children and families and is viewed as a community issue rather than a private concern (England 1996a, Friendly 1994, Hwang and Broberg 1991).

An emphasis on the link between employment and the need for child care also gives the impression that employed parents are not substantially involved in the care of their children. This perception is evident in the terminology used to denote care by someone other than the child's parent. Implicit in the use of such terms as 'alternate care' and 'substitute care' is the suggestion that such care replaces caregiving on the

part of parents. Scarr and her colleagues have commented that "critics of maternal care sometimes write as though employed parents do not function as parents at all" (1989, p. 131). Yet, for parents who are employed, the vast majority of care is still provided by parents themselves, mostly by mothers (Doherty et al. 1998, Ferguson 1991, Michel 1999).

Because responsibility for the care of children in our society has been assigned to mothers, child care has typically been framed both in public debate and in research as a women's issue (Dyck 1996, Leslie et al. 1991). Indeed, child care has often been portrayed as a battleground on which opposing views of women's work and family lives have been played out (Pence 1989, Scarr 1984). As will be seen from the discussion below, much of the research on child care has been grounded in questions as to whether mothers of young children should be employed and whether children should be cared for by people other than their parents.

Feminist research has, for the most part, been concerned with child care as a means of enabling women to participate in the labour force and in other aspects of public life (Luxton 1997b, Tom 1992/93). Inadequacies in the public provision of child care have been identified by feminist writers as perpetuating gender inequality by reinforcing women's ties to domestic labour (Doherty et al. 1998, Michel 1999, Pascall 1997). Thus, a central theme in feminist research and writing has been that women's equality is contingent upon a system of affordable, accessible, high-quality, publicly funded child care. However, this orientation to child care as a commodity for employed mothers presents some dilemmas. Feminist researchers have effectively demonstrated that, when it is associated with motherhood, the work of caring for children is low status, undervalued and often onerous. Yet, only recently has attention been drawn to the implications of transferring these conditions of work from one set of women to another and to the meanings for child care providers of caring for others' children (Arat-Koc 1990, Nelson 1994, Tom 1992/93). While feminists have been in the forefront of efforts to secure recognition and adequate compensation for child care providers, Tom has pointed out that they have not paid sufficient attention to studying the experience and work of child care. She argues that, in the interests of gender equality, "whatever is oppressive about the work of child care should not merely be passed from more to less privileged women" (1992/93, p. 74).

Recent scholarship has begun to address these issues by focusing on the experiences of women who provide child care (Arat-Koc 1990, Nelson 1990a, 1994, Tom 1992/93). Work by Nelson and Tom illustrates the ways in which the notion of a public/private dichotomy is challenged when child care is framed as work and undertaken for pay. Women who provide care face a dilemma between the values of

caring for love and working for money.<sup>1</sup> Studies of child care providers have revealed the deep divisions and conflicts that arise as a result of uneven power relationships between women who purchase care and those who provide care (Arat-Koc 1990, Ferguson 1991, Hertz 1997, Nelson 1990b). Economic and cultural disparities between care providers and care users are common, particularly in care arrangements outside the parents' social networks (Hertz 1997). The social distance that results from such disparities and from the ambiguous nature of caring for pay contributes to the oppression often experienced by child care providers (Arat-Koc 1990, Tom 1992/93). The conditions that underlie the work of caring for children thus reinforce the gender inequality of caregiving and increase the polarization between women who provide care and those who purchase care.

### THE EFFECTS OF CHILD CARE

For most of its history, child care research has been dominated by the question of whether non-maternal care has negative consequences for children's emotional, social, and intellectual development (Pence 1989, Scarr et al. 1989, Silverstein 1991, Varga 1997). Research that has sought to identify possible negative effects of non-maternal child care is closely linked to the literature on maternal deprivation in that its major focus has been on the developmental impacts on children of being separated from their mothers. Both bodies of research emerged from prevailing cultural attitudes that stressed the primacy of mother care and that reflected a preoccupation with whether mothers of young children should work outside the home (Moss and Melhuish 1992, Silverstein 1991). Both are informed by a child-centred discourse that places the best interests of the child foremost and that frames the labour force involvement of mothers as being in conflict with the welfare of their children (Colwell 1995, Michel 1999).

Research that has focused on the 'main effects' of child care<sup>2</sup> has equated maternal employment and use of non-maternal child care with insecure attachment and has hypothesized that this will lead to emotional harm and developmental risks for children. However, innumerable studies seeking to identify such consequences have "failed to document consistent, meaningful negative findings" (Silverstein 1991, p. 1027). The conclusion of most researchers based on the lack of evidence of negative outcomes is that there is no reason to believe that non-maternal care *per se* is harmful to young children or that it jeopardizes their emotional, social, or intellectual development (Clarke-Stewart and Fein 1983, Gormley 1995, Moss and Melhuish 1992, Scarr et al., 1989, Schaffer 1990).

The research on day care effects has been highly controversial and has generated heated and often acrimonious debate. This is not surprising in light of the deeply held beliefs that have informed the research questions and that are at stake in the research findings. While child care is a topic of research, it is also a subject of debate in the larger society - one that calls up strongly held and often opposing views. As Schaffer has commented in his review of the day care effects research:

The issue of day care has given rise to more emotion in recent years than almost any other aspect of child rearing—partly, of course, because of the concern about possible effects on children, and partly also because implicated in this debate are questions about the nature of the family and the role of women. (1990, p. 151)

Scarr and her colleagues have taken this point further, suggesting that so-called "scientifically demonstrated facts" about children's early experiences and mother-child relationships are, in fact, "socially determined theories about mothers' roles and obligations to their families" (1989, p. 131).

In addition to challenging the theoretical underpinnings of this body of research, critics have questioned a number of aspects of the methodology. In particular, both non-maternal child care and mother care have been treated by researchers as uniform arrangements when, in fact, both encompass a wide range of situations with respect to the nature and quality of care provided (Friendly 1994, Silverstein 1991, Truelove 1996). A majority of research in this tradition has compared children in the rather atypical setting of high-quality day care centres with children cared for exclusively by their mothers. Given that the majority of children in non-maternal care are cared for in informal settings, the research is hardly of relevance to most families. Moreover, as several writers have pointed out, mother care is widely variable and is not necessarily synonymous with quality care (Glenn 1994, Oakley 1986, Scarr et al. 1989).

Perhaps the most germane criticism of the day care outcomes research concerns its irrelevance to the circumstances of most families today (Hennessy et al. 1992, King and MacKinnon 1988, Schaffer 1990, Silverstein 1991). The reality is that whether by choice, necessity, or both, mothers of young children are participating in the labour force in ever-growing numbers; and, consequently, the use of non-parental child care has become a common pattern in all sectors of society. Researchers who continue to dwell on whether child care is bad for young children have been taken to task for their preoccupation with what is essentially a moot question. More to the point perhaps is the question of how child care can best be provided such that it benefits not only children, but also their mothers, fathers, and society as a whole.

Child care research has, for the most part, moved away from this preoccupation with whether non-maternal care adversely effects children and, instead, has focused on broadening the scope of inquiry. Nevertheless, concerns about the possible risks of child care continue to exert an influence on the child care research. As several researchers have pointed out, the search for negative outcomes of non-maternal care persists in some quarters, and the debate about whether mothers with young children should be employed continues to underlie much of the research (Caruso 1996, Morrison 1989, Moss and Melhuish 1992). In her review of the psychological literature on child care, Silverstein has drawn attention to the continuing focus on mothers as the main causal factor in child development and noted the enduring association of child care with "the stigma of institutionalization" (1991, p. 1027). Moreover, concerns about the adverse effects of child care have been widely disseminated beyond the academic research community. They are reflected in popular thinking (Schaffer 1990) and in the 'expert' literature on parenting and child care (Hill 1987, Pascall 1986, Pence 1989). The extent to which such ideas are embodied in policies affecting child care in Western industrialized countries has been widely documented (Brannen and Moss 1988, Friendly 1994, Goelman 1992, Michel 1999).

#### **AN ECOLOGICAL PERSPECTIVE ON CHILD CARE**

As it became clear that the use of child care was a fact of life for an ever-increasing number of families, most researchers began to turn away from the narrow focus on the effects of child care in favour of questions that take into account the broader contexts in which caregiving is located (Belsky 1984). Moss and Melhuish describe this 'second wave' of research as offering "a positive and constructive way forward, based on a better understanding of the implications of children's immediate caregiving environments, and of how these environments may be improved to maximize children's experiences and development" (1992, p. 5). They go on to note that these caregiving environments are themselves the products of broader social contexts. By considering multiple contexts, this 'ecological approach' to research more accurately reflects the complexity of factors that influence children's development and that circumscribe parenting and caregiving. Thus, it holds greater promise for illuminating issues that are relevant to parents' decisions about child care.

In its concern with caregiving environments and broader social contexts, this orientation to research owes much to Bronfenbrenner's (1979) ecological framework. Bronfenbrenner's model of human development emphasizes the critical importance of the various levels of context within which individuals are situated.<sup>3</sup> As applied to child care, this means that researchers are called upon to take account of the

interacting contexts of the immediate caregiving setting, the home and family situation, the community, and the broad sociopolitical context. Moreover, child outcomes are seen as resulting "from the complex and reciprocal interaction between the individual, nested ecological contexts, and the various processes that take place within and between the contexts" (Caruso 1996, p. 126).

An issue of central importance from an ecological perspective concerns the impact of the social context on children's experiences in various child care environments. Research that explores child care from this perspective has been oriented to understanding the diverse influences of ideological constructs and social and economic policies on the care that children receive. Another important theme of child care research undertaken from an ecological perspective is the relationship between the child's home environment and the caregiving environment. Attention is paid to the ways in which child care experiences are mediated by such variables as family structure, parenting skills, parents' emotional well-being, and mothers' satisfaction with employment decisions (Caruso 1996, King and MacKinnon 1988, Silverstein 1991). Research on the effects of these variables suggests that they consistently predominate over child care variables in their importance for the child's caregiving experience and for developmental outcomes (Caruso 1992, Phillips 1987).

The predominant emphasis of research within an ecological framework has been on the factors that contribute to quality in child care environments. In efforts to answer such questions as "what is quality child care?" and "what features of child care environments influence children's development?" researchers have concentrated on variables such as group size, caregiver-child ratios, caregiver training and education, caregiver-child interactions, and the nature of the experiences provided for children (Doherty 1997, Hennessy et al. 1992, Scarr et al. 1989). For the most part, a practical approach has been taken to operationalizing the concept of quality care through a focus on variables that are 'policy relevant'; that is, variables that are subject to regulation, monitoring, and improvement (King and MacKinnon 1988, Scarr et al. 1989).

The search for quality variables has yielded substantial agreement on a number of elements that appear to be critical to healthy and appropriate child development (Doherty 1997, Friendly 1994). One criterion that has emerged most consistently from the research as being associated with quality of care is stability of child care arrangements. Research strongly suggests that changes in arrangements and frequent turnover in caregivers are likely to have negative effects on children's development (Hennessy et al. 1992, Pence and Goelman 1986, Scarr et al. 1989). Other features of care that research has consistently linked with quality include

caregiver/child ratios, group size, and caregiver education and training (Doherty 1997, Friendly 1994, Scarr et al. 1990).

A serious drawback of research pertaining to quality is that, like the research on the effects of child care, it has primarily been conducted in day care centres that provide relatively high quality care. Since such care is not typical of the care used by the majority of families, research on quality has been justifiably criticized as lacking in relevance. There remains a serious gap in our knowledge about informal and nongroup care. Moreover, while research has contributed to our understanding of desirable qualities of child care, it has offered little evidence concerning the actual quality of care that prevails in child care settings (Cleveland 1990). A few studies have compared the quality of different kinds of care and have concluded that, in general, for-profit care is of lower quality than nonprofit care (Friendly 1992, Friesen 1992, Gormley 1995), and unlicensed care is of lower quality than licensed care (Goelman and Pence 1987). An extensive Canadian study by Goelman and Pence, for example, showed that unlicensed family day homes had consistently lower scores on all measures of quality than did licensed family day homes and day care centres.

As the effort to define quality child care has intensified, some writers have raised questions about the philosophical values underlying this endeavour (Bush and Phillips 1996, Dahlberg et al. 1999). Dahlberg and her colleagues (1999) have voiced unease with the prevailing conceptualization of quality as something objective, real, measurable, universal, and representing a goal to be achieved. The belief that there is an unassailable answer to the question of what constitutes quality in child care obscures the fact that quality is no more than a construct, subject to a diversity of meanings. In contrast to this view of quality as objective, a number of writers have come to understand quality as being "a *subjective, value based, relative, and dynamic* concept, with the possibility of *multiple perspectives* or understandings of what quality is" (Dahlberg et al. 1999, p. 5; emphasis in original). These writers have offered a timely reminder of the dangers inherent in reifying the concept of quality and of the need to understand 'quality' as a dynamic and relative concept (Bush and Phillips 1996).

## CHILD CARE CHOICE

In drawing attention to the multiple contexts that shape children's child care experiences, the ecological approach to child care has had a substantial and positive impact on child care research. However, for the most part, this research does not reflect the full ecology of care in that parental experiences relative to child care have been largely overlooked. An important exception is the research, fairly recent in

origin, that has examined child care choice. It is within this body of research on parental choice of care that my research makes its main contribution. In this section, I consider the research on child care choice, beginning with sociodemographic studies and then turning my attention to work that has looked more closely at child care decision making.

As non-maternal child care has become an increasingly normative experience for preschool children, there has been a burgeoning interest in the arrangements made by parents for the care of their children. By far the majority of the research on this topic relates to the need for and use of child care as a result of parental employment. Two main questions have guided the research on child care choice: "what kinds of care do parents choose?" and "how can we account for parents' choices of particular types of care?" As is evident from the discussion below, neither question is as simple as it may appear on the surface.

Difficulties have arisen in distinguishing types of child care arrangements as there is no agreed upon or consistently used typology of child care. Inconsistencies across studies with regard to different types of care have led to some confusion in interpreting results (Caruso 1992, Pence et al. 1992). Child care arrangements may be differentiated according to a number of dimensions including the location of caregiving, whether or not the caregiving setting is regulated, hours of care, number of children cared for, auspices of care, and the relationship of the caregiver to the child or parents. This ambiguity concerning types of child care both reflects and contributes to a failure of existing typologies to capture the range and complexity of child care arrangements. Neither multiple arrangements nor care by parents themselves, for example, is included in most typologies. In this study I use four categories to distinguish between types of non-parental care: care by relatives or friends, day care centres, family day homes, and nannies. In addition, I include discussion of multiple arrangements as well as the ways in which parents arrange work schedules to accommodate child care needs.

Studies concerned with child care choice have sought to explain parents' child care arrangements by identifying factors associated with the use of different types of care. Most of these studies have employed retrospective designs to demonstrate relationships between the use of particular kinds of care on the one hand, and characteristics of the mother, the family, the child, or the caregiving situation on the other (Heck et al. 1992, Pungello and Kurtz-Costes 2000).<sup>4</sup> Moreover, the great majority of research on child care choice is grounded in a positivist framework and is thus unable to shed light on the meanings that parents give to their decisions about child care. Typically, in endeavouring to explain child care choice, researchers have



relied on aggregate data derived from large-scale surveys or pre-existing data bases and have drawn conclusions on the basis of statistical analysis of data. Studies in this genre have typically examined the part played by such factors as cost of care, parents' income, number and ages of children, and parental education in determining child care choices (Heck et al. 1992, Hunter et al. 1998, Hofferth and Wissoker 1992).<sup>5</sup> While much of this research is inconclusive, it has drawn attention to a number of factors that are associated with the use of different types of child care.

### **Family Characteristics**

In exploring determinants of child care choice, researchers have investigated a number of factors related to characteristics of the family or the child. Not surprisingly, the characteristic that has been found to exert the greatest influence on the type of care used is age of the child. Research has consistently shown that children under two years of age are most often cared for in their own home or someone else's home and has established that use of centre-based care increases with the child's age (Hofferth and Wissoker 1992, Klysz and Flannery 1995, Pence and Goelman 1987). While this pattern has most often been assumed to reflect parental preferences, it may also be a manifestation of age restrictions that limit the availability of day care for infants (Heck et al. 1992, Klysz and Flannery 1995). Moreover, the high cost of day care for infants may place centre-based care beyond the financial means of many families. Studies have also found that multiple arrangements become more common as the age of the child increases (Klysz and Flannery 1995). The number of children in a family appears to bring economies of scale into play in that two or more children decrease the likelihood of group care being used and increase the use of informal caregivers such as nannies, babysitters, and relatives (Camasso and Roche 1991, Folk and Beller 1993, Hofferth and Wissoker 1992).

Researchers have also examined the mother's educational attainment as it relates to child care choice, sometimes using this factor as a proxy for underlying preferences (Heck et al. 1992). While some studies have demonstrated a positive relationship between mother's educational level and the use of centre-based care (Blau and Robbins 1988, Hofferth and Wissoker 1992, Leibowitz et al. 1988), explanations for this relationship differ. One theory is that women with higher levels of education are more inclined to value more educational forms of child care such as day care (Blau and Robbins 1988, Kulthau and Mason 1996). An alternative explanation suggests that the relationship may actually be a function of mother's income rather than educational level *per se* (Leibowitz et al. 1988).

## **Cost and Income**

Cost of care has emerged as a particularly strong influence on child care choice. Studies consistently indicate that the higher cost of market care acts as a disincentive to its use and as a reason for the use of lower cost alternatives such as care by relatives (Blau and Robins 1988, Camasso and Roche 1991, Cleveland 1990, Hofferth and Wissoker 1992). There is no doubt that care by relatives tends to be less expensive than most other child care options (Herscovitch 1996, Kulthau and Mason 1996). However, any assumption that child care by relatives is invariably a low or no-cost alternative to formal care is challenged by research showing that such care incurs significant monetary costs as well as non-monetary costs in the form of interhousehold transfers (Folk 1994, Meyers and van Leuwen 1992). Moreover, if relatives are recruited primarily to lower the costs of child care, the quality of that care is likely to be lower than that of other alternatives (Folk 1994, Galinsky et al. 1994).

Although considerable attention has been paid to income as a determinant of child care choice, the nature of the relationship between income and child care type is far from clear. Most studies that have examined father's income alone have concluded that this factor does not influence choice of care (Blau and Robins 1988, Hofferth and Wissoker 1992, Leibowitz et al. 1988). Findings with respect to mother's income and family income are more equivocal. Some studies have found that higher family income is associated with more frequent use of formal, market care and, conversely, that lower income is associated with greater reliance on care provided by family and friends (Cleveland 1990, Klysz and Flannery 1995, Meyers and van Leuwen 1992). On the other hand, a number of studies have found no relationships between family income and child care choice (Camasso and Roche 1991, Hofferth and Wissoker 1992). Similarly, with regard to mother's income, some studies have found a positive relationship between higher income and the use of formal, market care (Blau and Robins 1988, Hertz 1997, Hofferth and Wissoker 1992, Leibowitz et al. 1988); while others have found no significant effect of mother's income (Kisker et al. 1989).<sup>6</sup>

Notwithstanding the ambiguity of the research findings, the assumption that income is associated with particular patterns of child care use appears credible. However, explanations as to why particular patterns may prevail reflect different perspectives. Some observers have inferred that, in tending to use relatives and friends as caregivers, lower income parents are indicating a marked preference for informal, home-based care that reflects underlying values about parenting and children (Cleveland 1990, Herscovitch 1996). Others, however, have argued that the

disproportionately higher use of informal care among lower income families is a manifestation of the constraints faced by lower income parents in purchasing more expensive market care (Klysz and Flannery 1995, Olsen and Link 1992). Supporting this latter perspective are several studies that have found that, while both income and beliefs influence child care choice, there is no evidence of a relationship between these two factors (Hertz 1997, Mason and Kulthau 1989, Meyers and van Leuwen 1992). Meyers and van Leuwen have examined the child care preferences of a sample of low-income women in the US and have concluded that these women have no greater preferences for care by relatives than do their higher income counterparts and that the choice of informal care is primarily a reflection of their more limited resources.

An interesting feature of the research on child care choice is the fact that cost and income have, in almost all cases, been dealt with as separate variables. As a result, the research does not advance our understanding of how parents themselves, and in particular mothers, respond to the costs of care in terms of their ability to pay for various child care options. For example, a factor that complicates the relationship between income and child care choice is the availability of subsidies that decrease the costs of market care, thereby rendering market care more affordable for low income parents. It may be that the contradictory results with respect to income and child care choice reflect, at least to some extent, differences in the availability of child care subsidies for low-income parents. Indeed, access to subsidies for market care have an equalizing effect on parents' abilities to purchase care and have been shown to increase the likelihood of some low-income families choosing such care (Meyers and van Leuwen 1992). Thus, it would seem to make sense to consider both income and cost of care as they relate to the affordability of various child care options.

## **Employment**

The causal sequencing of employment and child care decisions has recently been identified as an important theoretical issue for understanding child care choice (Caruso 1992, Cleveland 1990, Folk and Beller 1993, Kulthau and Mason 1996). By far the majority of research on child care choice reflects an assumption that decisions about child care are logically subsequent to decisions about employment (Cleveland 1990, Folk and Beller 1993, Hofferth and Wissoker 1992). However, a few researchers have disputed this interpretation and have made a case for the interdependency of work and child care decisions (Folk and Beller 1993, Kulthau and Mason 1996).

It is widely acknowledged that a lack of affordable and acceptable child care acts as a disincentive to maternal employment (England 1996b, Ferguson 1991, Mandell and Momirov 2000, Symons and McLeod 1993). In particular, for low-income mothers, lack of access to child care has been identified as an obstacle to finding and maintaining employment (Barrow 1999, Cattan 1991, Luxton 1997a). Otherwise, the ways in which child care needs and choices influence employment patterns have been largely overlooked in the research. For the most part, mothers are categorized as employed or not employed and as using child care or not using child care (Caruso 1992). Research that demonstrates the links between hours of employment and type of care lends support to the argument that employment and child care decisions should be viewed as interdependent. In particular, fewer hours of work are associated with the use of nonmarket care, specifically with care provided by parents themselves or by relatives (Folk and Beller 1993, Presser 1988, Pungello and Kurtz-Costes 2000). Conversely, women who work full-time or near to full-time are more likely to use market care (Kulthau and Mason 1996, Leibowitz et al. 1988).

The very high proportion of dual-earner families with young children in which parents are working alternate shifts suggests that many parents may use different work schedules as a means of providing their own child care (Caruso 1992, Dyck 1996, Presser 1988). Whether they do so for financial reasons or because they have strong preferences for parental care is not clear. Hertz took the latter view when she said of the shift working mothers in her study, "to be available to young children, women worked nights, giving the appearance of stay-at-home traditional moms to make highly visible their identities as mothers" (1997, p. 360). On the basis of studies revealing the prevalence of shift work and part-time work among parents of young children, several researchers have cautioned against assuming that non-familial care predominates for children of employed mothers (Caruso 1992, Hertz 1997, Presser 1988). Indeed, these findings have prompted Caruso to suggest that both hours of employment and hours of child care use be conceptualized as continuous rather than dichotomous variables. Evidence of a strong link between hours and nature of employment on the one hand and child care arrangements on the other suggests that the relationship between them is best understood as two way.

### **Quality of Care**

In light of the increasing interest in and knowledge about the factors that contribute to quality in child care, it might be expected that indicators of quality would be an important consideration in explorations of child care choice. However, questions about quality of care have rarely been addressed in the child care choice research, and

the few studies that have considered quality have typically included only single indicators of this variable (Camasso and Roche 1991, Folk and Beller 1993). As a result, we know very little about how parents take account of such factors in their decisions about child care.

In the child care literature, quality has been defined as comprising those factors in the child care environment that promote the well-being and healthy development of the child, such as stability of caregivers, group size, favourable caregiver-child ratios, and caregiver training. These characteristics reflect professional or 'expert' definitions of quality and may not always be meaningful to parents (Camasso and Roche 1991, Dahlberg et al. 1999). Parents may value many of the factors that are associated with quality but may not perceive them in the same terms as do professionals. Moreover, the emphasis on such factors as income, costs, and family characteristics has overshadowed interest in parents' evaluations of child care quality in their choices of care. Among the few studies that illuminate the relationship between quality and choice of care is that of Johansen, Leibowitz, and Waite (as cited in Richter 1997), who found that "many situational factors lessened in importance when measures of the value parents place on various characteristics of care were included" (1994, p. 178).

## Preferences

Parental preference regarding different types of child care has not been a predominant issue in research on child care choice (Camasso and Roche 1991, Kulthau and Mason 1996, Richter 1997). A number of studies have used demographic variables such as education, occupation, and race as proxies for parental preferences; but there are obvious problems with making such a leap from demographic characteristics to values, opinions, and desires (Camasso and Roche 1991). Studies in which parents have been asked directly about their preferences are rare indeed.

A critical conceptual problem underlying the child care choice research is the failure to make clear the distinction between preferences and use. Typically, parental preferences are inferred from information about the types of care used. Despite considerable evidence to the contrary, it is commonly assumed that in choosing a particular type of child care, parents are reflecting a preference for that type of care. For example, Cleveland described his study on the child care choices of employed mothers as being based on "the hypothesis that observed choices provide evidence about the desired choices of families" (1990, p. 17). Moreover, researchers commonly referred to factors that *determine* the type of care that is used as if the same factors determine both preference for type of care and actual use of care by type (Herscovitch

1996, Klysz and Flannery 1995, Mason and Kulthau 1989). I would argue, however, that it is problematic to equate current child care arrangements with preferences for care or to assume that demographic and other characteristics determine preferences with respect to child care.

Evidence of the scarcity of affordable, good-quality child care and of the difficulties encountered by parents in finding appropriate care (Brannen and Moss 1991, Friendly 1994, Gormley 1995), controverts claims that parents' child care arrangements reflect their preferences. While it is likely that, for some parents, child care arrangements do coincide with their preferences, there is reason to believe that many parents are not satisfied with their current child care arrangements and would prefer different placements. Studies have documented high levels of parental dissatisfaction with child care arrangements (Hunter et al. 1998, Meyers and van Leuwen 1992, Moss 1986, Rapp and Lloyd 1989). In Rapp and Lloyd's study, 29% of parents indicated that their child was not in their first choice of care. Measures of satisfaction may actually underestimate the extent to which current arrangements fail to reflect parents' preferences. Research by Hofferth and Wissoker (1992) found that more than a quarter of parents who expressed satisfaction with their child care also indicated that they would change their arrangements if they could. The concept of preference is relevant only where there is a perception of choice. Many parents looking for child care believe that they have very little choice with regard to either type of care or specific placements within care types (Brannen and Moss 1991, Galinsky 1994, Herscovitch 1996).

For low-income families in particular, it may be inappropriate to infer preferences from current arrangements inasmuch as child care choices for these families are generally circumscribed by their lack of resources (Folk 1994, Gravett et al. 1987, Meyers and van Leuwen 1992). As Meyers and Leuwen have concluded from their research, for poor women the cost of care may overshadow all other considerations. Similar conclusions were reached by Gravett et al. (1987), who observed that mothers with inadequate resources for child care operate in an environment of "forced choice" when making decisions about child care. They suggested that in the absence of adequate incomes, access to affordable care, and transportation, low-income mothers are at risk for making child care decisions that violate their personal values. Even if they are eligible for subsidies to offset the costs of care, low-income mothers often have little choice of care because they are restricted to types of care and specific placements with subsidized spaces.

Further hindering our understanding of child care preferences is the overwhelming focus in the research on types of care at the expense of understanding

choice within types. Cleveland (1990) draws attention to this problem when he points out that nearly all explanatory studies of child care choice implicitly assume that each type of child care is homogenous. Thus, while research may shed light on why some types of care are chosen over others, it has little to say about why and how parents choose care within types.

A few studies have sought to establish the influence on child care choice of women's ideologies and beliefs relating to gender, family, and parenting (Kulthau and Mason 1996, Mason and Kulthau 1989, Pungello and Kurtz-Costes 2000, Rapp and Lloyd 1989). While these studies have yielded evidence linking traditional ideologies with the use of parental care, care by relatives, and family day homes (Mason and Kulthau 1989, Rapp and Lloyd 1989), the findings are problematic for at least two reasons. The first reason concerns whether beliefs and ideologies can and ought to be conceptualized as dichotomous. Can women's personal ideologies be inferred from their scores on a rating scale, and is it valid to thus categorize these women as holding one of two opposing ideological stances? Such an approach does not seem to do justice to the complexity of women's beliefs about family and parenting. A second problem, as identified by the researchers themselves, is the strong possibility that women's expressed child care ideals reflect a rationalization for the choices that they have already made and are influenced by aspects of their personal situations over which they may have little control. As these researchers and others (Pungello and Kurtz-Costes 2000, Richter 1997) have noted, there is a need for studies that examine women's beliefs and ideals about child care prior to use. It makes intuitive sense that women's beliefs about family, gender roles, parenting, and child care play an important part in their child care decisions. However, it is difficult to discern such beliefs, especially from retrospective accounts and survey research. It is also important to understand how beliefs interact with other factors in influencing women's child care decisions.

### **Understanding the Complex Process of Child Care Decisions**

The literature on child care choice has much to offer to our understanding of the key factors associated with choices of different types of care. However, in its preoccupation with demographic and situational variables, it does not go very far toward illuminating the reasoning behind child care choices and processes. Knowing about the characteristics of parents who use particular types of child care tells us nothing about why they use that care or whether they are satisfied with it. As Wolf and Sonenstein (1991) have pointed out, much of this research is static in its orientation, whereas decision making is a dynamic process. Retrospective studies are

particularly problematic in this regard because parents' responses may be constrained by problems of recall or by a desire to justify decisions already made (Pungello and Kurtz-Costes 2000). Thus, most studies of child care choice provide snapshot views of patterns of child care use but are unable to capture the complexity of child care decisions or the experience of making such decisions.

Taken as a whole, the body of research on child care choice points to the likelihood that decisions involve a complex weighing of many factors, including those related to family characteristics, the availability and affordability of care options, and parents' beliefs and preferences (Hertz 1997, Meyers and van Leuwen 1992, Richter 1997). Some recent studies (Kulthau and Mason 1996, Richter 1997) have examined child care decisions with particular attention to the balance between economic factors and preferences. However, apart from establishing that decisions are influenced by a number of factors including preferences, these studies do not have a lot to say about how and why child care decisions are made.

Critical to an understanding of child care choice is an appreciation of the decision-making process in which women engage as they make this choice. However, research has been much more concerned with outcomes and determinants of choice than with processes. Remarkably few studies have added to our understanding of what it is like for women to search for and decide about child care. Research undertaken in the UK by Brannen and Moss (1988, 1991) is an exception in that it focused on the experiences of mothers returning to full-time paid work and needing child care. In their comprehensive study, Brannen and Moss shed light on the work involved for women in searching for child care and in maintaining child care arrangements and thus provided a rare glimpse of the process involved in looking for and deciding about child care. These researchers and others (Bogat and Gensheimer 1986, Hertz 1997, Hill 1987, Hwang and Broberg 1991, Richter 1997) have drawn attention to the deficiency in our understanding of decision-making processes with regard to child care and have called for more process-oriented research.

In keeping with the ideological position that child care is a private issue to be resolved by individual families, child care has commonly been framed in the research as a consumer issue subject to decisions based on rational choice. A consumerist approach envisions parents as (ideally) informed consumers choosing a child care setting from amongst a range of alternatives available in the child care marketplace (Bogat and Gensheimer 1986, Gormley 1995, Rapp and Lloyd 1989). It is assumed that the child care marketplace is influenced by supply and demand (Hofferth and Wissoker 1992) and, that choice can be enhanced by ensuring that consumers are well informed.<sup>7</sup> Efforts to define child care choice as a consumer issue and to portray



parents as customers in the child care market have been criticized on the grounds that they reflect faulty assumptions about the nature of child care decisions (Cleveland 1990, Gormley 1995, Moss 1986, Varga 1997). They treat decision making about child care as an exercise in cost-benefit analysis rather than a process that involves multiple and complex factors. In refuting this perspective, Wilson has commented that "the notion that women somehow weigh the alternatives and make choices simply does not reflect the experiences of their daily lives" (1986, p. 108).

In view of the ways in which women's work and family roles are shifting, some attention has been paid to the division of labour in dual earner households with respect to choosing and making arrangements for child care. Research undertaken in Canada, the US, and the UK is revealing of the extent to which looking for, deciding on, arranging for, and maintaining child care remains largely the responsibility of mothers (Brannen and Moss 1991, Hertz 1997, Hill 1987, Leslie et al. 1991, Luxton 1990). This finding is not particularly surprising, yet it is in striking contrast to the majority of the child care choice literature which consistently refers to *parents'* decisions and choices. For example, in their report of their research on the use of information and referral services for finding child care, Bogat and Gensheimer (1986) referred throughout to the parents who were deciding about child care and mentioned only in passing that 95% of the 'parents' in question were mothers. This persistence in referring to 'parental choice' or 'parental decision making' with respect to child care is remarkable in the face of considerable evidence that child care decisions remain overwhelmingly the responsibility of mothers. Luxton offers evidence of this in a Canadian study, noting that in her sample, "all 25 women said that it was up to them to arrange day care for their children when they worked outside the home" (1990, p. 49).

Very little is known about the steps that women take to find child care placements, about their sources of information, or about their means of assessing and choosing from among care alternatives. Evidence from several sources suggests that women typically begin their search for care among their social networks (Atkinson 1994, Brannen and Moss 1991), although it is not always clear whether they are turning to social network members as potential caregivers or as sources of information and referral.

A number of studies have drawn attention to an apparent discrepancy between parents' expressed concerns about finding good care for their children and the steps that they actually take in trying to acquire such care (Bogat and Gensheimer 1986, Brannen and Moss 1988, Powell 1997, Rapp and Lloyd 1989). Bogat and Gensheimer, for example, noted that participants in their study made very few visits

to potential caregivers and "rarely acted in ways to evaluate [the desired] characteristics within facilities and to make discriminative comparisons between alternatives' (1986, p. 167). While it is unclear why parents do not 'shop around' for good child care, Bogat and Gensheimer have offered the suggestion that serious shortages of even adequate child care render such searches futile and that many parents are relieved just to secure any sort of affordable care. Comparing family day home users with day care users, Rapp and Lloyd found that mothers who placed their children in family day homes were less likely to visit the caregiver beforehand than were mothers who made day care placements. They hypothesized that women who choose this type of care do so because they view family day homes as more homelike and trustworthy and thus do not see the necessity of inspecting the home. Whatever the explanation for this finding, it clearly raises an important issue that has implications for policy change.<sup>8</sup>

As demand for non-parental child care has increased in recent years, there has been persistent public concern about how children should be cared for when their mothers are not available to provide full-time care. This concern has been reflected in public policy debate as to the role of the state in the provision of child care and in a proliferation of research on the topic of child care. The attention of researchers and policy makers alike has been primarily focused on the effects of non-maternal care on children and the qualities of caregiving settings that promote healthy child development. More recently, researchers have turned their attention to child care choice and have been concerned with identifying the factors associated with the use of different types of care. Yet, as the foregoing discussion indicates, research to date offers little understanding of why and how women make decisions about child care. It has become part of conventional wisdom that looking for and organizing child care is fraught with difficulties for parents, and particularly for women, who bear most of the responsibility for finding care. However, little is known about the process of searching for care or why decisions about care are difficult and often stressful.

These obvious gaps in our understanding of how and why women make decisions about child care point to a need for research with less emphasis on outcomes and more emphasis on the process and experience of making decisions. As has been argued by a number of researchers, there is a need to understand women's work and family decisions from the perspectives of women themselves as they interpret their own lives and make active choices, while at the same time being attentive to the social and ideological contexts that constrain decisions (Brannen and Moss 1991, Duffy et al. 1989, Dyck 1996, Edwards and Ribbens 1998). Needed also are research approaches that recognize the complexity of child care decisions and allow for the

influence of multiple factors on child care choice. Research that seeks to understand the processes by which women make decisions about child care is essential if we are to respond effectively to the ever-increasing demand for affordable, accessible, good-quality child care.

## ENDNOTES

1. This dilemma is particularly acute for women who provide care in their own homes (for example, family day home providers and nannies). See Arat-Koc (1990).

2. The term 'main effects' has been used to denote the supposed impacts of non-maternal care on children's developmental outcomes (for example, see Morrison 1989).

3. Bronfenbrenner's model refers to the different levels of context as micro-, meso-, exo-, and macrosystems.

4. It should be noted that the great majority of this research on child care choice has been undertaken in the US.

5. Much of this research includes care arrangements for school-aged children. However, only findings that are specific to preschool care are reported here.

6. Studies in the UK (for example, Hill 1987) and Sweden (for example, Hwang and Broberg 1991) that have focused on social class rather than income have found that working-class parents are more likely to use home-based care than day care centres. Hwang and Broberg attributed the greater reliance of working class mothers on home-based care to traditional values regarding parenthood and child care that are strongly reinforced by the mothers' social networks.

7. For example, see Bradbard and Endsley's (1980) article entitled "Educating Parents to be Discriminating Day Care Consumers."

8. For example, there are important implications with regard to regulation and monitoring of child care settings.

## CHAPTER THREE

### THE STUDY: AIMS AND METHODS

#### THE AIMS OF THE RESEARCH

As the previous chapters have established, there is a significant gap in our understanding of the processes by which women make decisions about child care. In particular, very little attention has been paid to how women themselves make sense of the experience of looking for and deciding about child care. In the present study, I am concerned with addressing this deficiency through hearing and representing the voices of women who shared with me their experiences of thinking about, looking for, and making decisions about child care. My aim, broadly stated, is to explore and illuminate the processes and meanings that underlie women's child care decisions.

For the most part, previous studies concerned with child care choice have framed decisions as outcomes and have thus neglected the complex processes involved in making child care decisions. Few attempts have been made to inquire more deeply into how and why women make the decisions that they do.<sup>1</sup> I would argue that a greater understanding of women's decisions about child care must take account of the meanings that women themselves attach to their experiences of decision making. Jones made this point clearly when she remarked that "to understand *why* persons act as they do, we need to understand the meaning and significance they give to their actions" (1985, p. 46).

The tendency to ignore sequences and processes of decision making in favour of focusing on outcomes has drawn criticism from a number of writers (Brannen and Moss 1991, Hill 1987, Richter 1997, Scanzoni and Szinovacz 1980). Scanzoni and Szinovacz have asserted that only by unravelling processes can we fully explain the how and why of decisions and thereby provide rich and important information about decision making. In this study, then, I attempt to unravel these complex processes and, thus, to shed light on the experience of making child care decisions.

This study is premised on the belief that women's decisions about child care cannot accurately be represented as involving a straightforward selection of care from amongst a number of alternatives (Brannen and Moss 1991, Duffy et al. 1989). Such a simplistic view does not do justice to the complexity that characterizes women's decisions about work, family, and child care and to the struggles that these decisions inevitably entail. A key aim of the study is to explore the multifaceted dilemmas that women experience as they make these momentous decisions and to demonstrate the

extent to which these dilemmas are rooted in social constructions of family, paid work, motherhood, and children. Yet to emphasize structural constraints without also taking account of women's abilities to actively shape their own lives and decisions would be to misrepresent the power of women's knowledge and agency (Duffy et al. 1989, Dyck 1996, Parr 1998). Thus, the research calls for an interpretive framework that recognizes the complex interplay between women's efforts to define and construct their own lives on the one hand and the influence of structural forces on the other.

I began the research by posing several related questions that had not been adequately addressed by existing research. First, why do women make the decisions that they do about child care? Second, how do women go about making child care decisions? Third, what is it like for women to make decisions about child care? As the research progressed, I drew on relevant literature and on ideas that emerged from the study to elaborate on these initial questions. For example, the question of how women make decisions about child care raised more specific questions about the involvement of their husbands in the work of looking for and deciding about child care. Evidence of a substantial gap between the level of involvement that women expected from their husbands and the reality of that involvement raised questions about why such a gap existed and how women felt about it. As is often the case in exploratory research, additional questions were posed and the framework for inquiry was refined throughout the study.

#### **SITUATING THE RESEARCH APPROACH**

It was clear from the beginning that the nature of the research questions called for an exploratory study that would yield rich learning about women's experiences of making decisions about child care. I was primarily concerned with identifying underlying themes that connect women's experiences and with revealing patterns of similarities and differences in women's decision-making processes. However, while a key focus of the study was on illuminating similarity and diversity in women's thinking and decisions about child care, I was also anxious to ensure that women's individual voices would be clearly heard and that the uniqueness of each woman's lived experiences would be visible. In attempting to make sense of the processes involved in child care decisions and to understand how women reached particular decisions about child care, it was essential to begin with how women themselves explain and make meaning of their work and family decisions.

Feminist scholars have drawn attention to the failure of social research to elucidate women's everyday lives and to provide rich detail on aspects of women's private and personal lived experiences (Duffy et al. 1989, Edwards and Ribbens 1998,

England 1996, Smith 1987). In particular, as Ribbens has pointed out, "women's everyday concrete experiences in their lives with their children have been largely overlooked and have certainly not been considered on their own terms" (1994, p. 4). This criticism can be aptly applied to the research relating to women's child care decisions, the great majority of which is grounded in the positivist epistemological tradition of social science research which, with its emphasis on causal relationships, objectivity, and generalizability, has little to offer to an understanding of meanings and processes.<sup>2</sup> The present study, in contrast, is grounded in an interpretive paradigm in which the emphasis is on the socially constructed nature of reality and the aim is to uncover the meanings that lie behind people's actions (Bergum 1986, Chapman and Maclean 1990, Denzin and Lincoln 1998). Chapman and Maclean have noted that an interpretive orientation to research:

includes convictions that human behavior can only be understood in relation to the subjective meanings individuals construct around phenomena; that those meanings are multiple, socially constructed, and context dependent; and that the researcher, as a part of the human world, is not and never can be an objective observer. (1990, p. 131)

Given that this research is concerned with eliciting meanings and understanding processes, the methodological approach on which it relies is necessarily qualitative. Although it is certainly true that qualitative research has gained credibility in the social sciences in recent years (Denzin and Lincoln 1998), it is yet far from having acquired the broad legitimacy accorded to quantitative research (Code 1995). Edwards and Ribbens have drawn attention to the extent to which qualitative research continues to be a "marginalized methodological discourse" in that "researchers using this approach cannot escape addressing their position and foundations *vis-à-vis* quantitative and positivist methodologies and positions" (1998, p. 3). Indeed, one cannot fail to see that the marginalized position of qualitative research resonates with the ways in which women's private and personal lives have been ignored and discounted within the realm of social research. The value of qualitative research for contributing to our understanding of women's work and family decisions, lies in its emphasis on processes and meanings and its ability to uncover social constructions.

Qualitative research encompasses a wide diversity of more specific approaches such as phenomenology, grounded theory, case studies, life history, and ethnography (Creswell 1998, Denzin and Lincoln 1998). This study does not align specifically with any one of these approaches but borrows from several. In particular, my focus on observing and capturing the processes of women's decision making

places the research within the tradition of ethnography in that it "is concerned with processes over time" (Ribbens 1994, p. 39).

A question that inevitably arises in reference to research by women and about women's lives is whether it is feminist research. To state unequivocally that is a feminist research project would be to suggest a level of self-consciousness about 'doing feminist research' that was not part of my initial thinking about the study. However, my own feminist consciousness and an increasing affinity with feminist ways of knowing inevitably shaped the study as a specifically feminist research project. Thus, while I did not begin by framing the study as feminist research, I increasingly came to an understanding of the research as firmly grounded in the critical concerns, theoretical frameworks, and methodological approaches that constitute feminist research.

The question "what is feminist research?" has raised a number of thorny issues that have generated a great deal of healthy debate among feminist researchers. One of the more contentious of these issues concerns the question of whether there are specific methods that are appropriate to feminist inquiry (and by definition, methods that should be avoided). Based on her extensive review of feminist research, Reinharz (1992) concluded that a multiplicity of methods can be included under the rubric of feminist inquiry, provided that the research itself is based on a feminist perspective (as discussed below). On the other hand, it is evident that there is a particular affinity between the premises underlying feminist research and those associated with qualitative methodology. Most notably, both approaches share a conviction that people's lives and decisions are best understood in relation to the subjective meanings that they themselves give to their actions. It is not surprising, therefore, that feminist inquiry has come to be closely associated with qualitative research methods (Code 1995, Kelly 1988, Parr 1998, Stanley and Wise 1993) and that qualitative methodology has been influenced by the tenets of feminist research (Denzin 1998, Rubin and Rubin 1995). In-depth interviewing, storytelling, ethnography, life histories, and case studies, in particular, have been identified as effective ways in which to make visible women's lives and the meanings that they give to their actions (Crouch and Manderson 1993, Oakley 1981, Stanley and Wise 1993).

It has been argued by some feminists that efforts to articulate a feminist method of inquiry give undue attention to questions of method when, in fact, what is distinctive about 'the best' feminist research has little to do with method (Harding 1987, Reinharz 1992, Smith 1987). Rather, feminist research is distinguished by the underlying theoretical frameworks, the questions posed by researchers, the purposes to which research is put, and the extent to which the research both draws upon and



illuminates women's experiences (Kelly 1988, Kirby and McKenna 1989). Thus, feminist scholars have largely shifted away from earlier notions of a distinctly feminist method of inquiry. Reinharz emphasized this point when she stated that "feminism supplies the perspective and the disciplines supply the method" (1992, p. 243).<sup>3</sup> There are however, a number of beliefs about how research should be undertaken that have found widespread support among feminist researchers and that have come to be viewed as essential elements of a feminist research practice.

Perhaps the most critical element of a feminist research perspective is the belief that women's lives are important and are worth examining in detail (Reinharz 1992). Based on a belief in the power and validity of women's voices, a central concern of feminist research is to make visible the diverse realities of women's lives and to seek understanding of women's everyday experiences and struggles in their own terms (Christiansen-Ruffman 1997, Mauthner and Doucet 1998, Ribbens 1994). Related to this point is a widely shared conviction that for research to be feminist, it should be *for* women rather than simply *about* women (Duelli-Klein 1983, Harding 1987, Rubin and Rubin 1995). There are various understandings of what is involved in ensuring that research is *for* women. Harding has argued that 'research for women' generates research problems on the basis of women's experiences, noting that "if one begins inquiry with what appears problematic from the perspective of women's experiences, one is led to design research *for* women" (1987, p. 8). Thus, the goal of feminist inquiry is to provide explanations that are relevant and meaningful to women's everyday lives. Taking this notion a step further, some writers have suggested that feminist research entails a responsibility to act on what is learned through research in order to contribute to the welfare of women (Colwell 1995, Kirby and McKenna 1989, Reinharz 1992). They have called for an integration of research and praxis such that research creates social change through transforming the conditions underlying women's subordination (Christiansen-Ruffman 1997, Denzin and Lincoln 1998). I would not argue against the critical importance of using research findings to create social change. However, researchers are not always in a position to influence social policy and, as Hill (1987) has pointed out, rarely do policy makers refer to research findings in determining policy directions. Nevertheless, I believe that it is incumbent upon feminist researchers to frame their research in terms of its potential contribution to social change, at the very least by drawing attention to the policy implications of their findings.

In reframing the practice of social research, feminists have criticized the traditionally hierarchical and often exploitative relationship between researcher and researched (Finch 1986, Kelly 1988, Oakley 1981, Reinharz 1992). In particular, they

have challenged the conventional social science view of the researcher as a detached, neutral, and objective observer, arguing that this approach objectifies women's experiences and is thus unethical (Oakley 1981). In response to these concerns, feminist research has advocated a conscious shift such that the power and control ordinarily in the hands of researchers are shared more equally with research participants. Reinharz has credited Oakley with creating a new model of feminist research guided by a "feminist ethic of commitment and egalitarianism in contrast with the scientific ethic of detachment and role differentiation between researcher and subject" (1992, p. 27).

Most feminist researchers have addressed the personal politics involved in doing social research, and most have agreed that a new research ethic is needed to overcome the problems associated with the artificial subject/object split embodied in the traditional relationship between researcher and researched. However, the question of what constitutes an appropriate relationship has generated controversy, particularly in regard to the expectation that feminist interviewers will develop intimacy or rapport with the women they interview (Code 1995, Kelly 1988, Reinharz 1992). Miller (1998), for example, has pointed out that the researcher is bound to have greater rapport with some research participants than with others and that this will almost certainly have implications for both what is voiced and what is heard. In drawing attention to some of the problems involved in aiming for rapport with research participants, Reinharz has suggested that feminist researchers may instead consider "relations of respect, shared information, openness, and clarity of communication" as reasonable goals (1992, p. 265).

The location of the researcher *vis-à-vis* her research participants is not only critical from an ethical standpoint, but also has implications for the role of the researcher in creating and interpreting research data (Code 1995, Edwards and Ribbens 1998). Thus, a distinguishing feature of feminist research is its emphasis on reflexivity which, as Mauthner and Doucet have indicated, means "reflecting upon and understanding our own personal, political and intellectual autobiographies as researchers and making explicit where we are located in relation to our research respondents" (1998, p. 121). In contrast to traditional social science notions that the researcher can and must be detached and neutral, an understanding of reflexivity recognizes as inevitable that research is shaped at every stage by the researcher's personal history, values and beliefs, gender, social class, ethnicity, and other elements (Denzin 1998, Edwards and Ribbens 1998, Harding 1992). Reflexivity in feminist research projects calls upon the researcher to be constantly aware of and to acknowledge the influence that she exerts on the production of knowledge.

## THE RESEARCH DESIGN

Because the study was designed to elicit women's own interpretations of their experiences, in-depth interviewing was the most appropriate method for collecting data. It would have been possible to interview women about their experiences of looking for and deciding about child care once they had made their decisions.<sup>4</sup> However, as I have indicated earlier, a critical concept in understanding women's decision making is 'process', and process implies a time dimension. In order to examine the process by which women make child care decisions, I needed to design the research to capture the process of decision making as it unfolded over time. I decided on three contact points at which to interview women: first, during the final trimester of the woman's pregnancy; second, after the woman had given birth but before she returned to work; and third, after she had returned to work and had begun using some form of child care. I chose these points in time, not because I viewed them as being inherently critical in the process of decision making, but because they are periods during which women's concerns and activities regarding child care may be likely to change. As such, they offer the opportunity of examining the nature of decision making as a process.

I had a number of reasons for designing the research as a 'three points in time' study and for scheduling the initial interview at a relatively early point in the decision-making process. One, as mentioned above, is the efficacy of a study conducted over time for exploring processes. Also, in using this design I hoped to overcome problems associated with recall. The issue of recall may be particularly relevant in this research because the decision-making process with regard to child care is interrupted by the major event of childbirth. A related concern is the possibility that in purely retrospective accounts, subsequent experiences and decisions that have already been taken could lend a different perspective to women's interpretations. Several researchers have called attention to the potential problems of *ex post facto* rationalization in interpreting interview material (Gerson 1985, Lewis and Meredith 1988, Pungello and Kurtz-Costes 2000). Oakley has observed that "the main problem with retrospective interpretations is that subsequent experience can play the trick of laying new meanings on old events" (1981, p. 1)

The in-depth nature of the study and the decision to interview women several times required that this be a relatively small-scale study. Such small-scale studies have the potential to offer valuable insights into family processes (Boulton 1983, Oakley 1974). They also require careful sample design to ensure that the sample is

sufficiently homogenous to reveal patterns of similarity and difference yet has wider applicability beyond the experiences of the particular research subjects.

The decision not to include fathers in the study was based on both practical and theoretical considerations. Within the limits of Ph.D research, time and other resources did not allow for the sample size that would have been required had I included fathers. Moreover, my research is oriented to understanding child care decision making as it is experienced by women within a context of the competing demands of work and family. In light of research evidence that fathers rarely experience such competing demands and that it is mothers who have primary responsibility for finding, arranging, and paying for child care (Leslie et al. 1991, Luxton 1990, Pungello and Kurtz-Costes 2000), it made sense to focus the study on women's decision making. From the perspective of my particular research interests, what may be as revealing as the perspectives that men themselves may have to offer are women's perceptions of their partners' involvement in making decisions about child care.

The longitudinal nature of the study called for a relatively long period of contact with each of the women who participated. Thus, the interviews took place over two and a half years all together, beginning in February 1994 and reaching completion in August 1996.

The study was carried out in the city of Edmonton, which is the capital city of Alberta, Canada. The city and its immediate region have a population of about 750,000, making it a relatively small city. Edmonton's strong resource-based economy has resulted in significant in-migration and rapid growth over the last few decades.

## **THE STUDY SAMPLE**

### **Sampling Framework**

My study design called for a sample size of 30 women, each of whom I anticipated interviewing three times. The sample was defined as comprising women who were pregnant with their first child, who were working or attending school on a full-time or close to full-time basis, and who were intending to return to work or school at least half-time in the nine months following the birth of their child. I limited the sample to women who were expecting their first child because it seemed important to focus the study on the process of looking for and deciding about child care as a new experience. The ways in which women begin to think about child care and become aware of the issues facing them in making child care decisions are matters of central importance to

understanding the decision-making process. The inclusion of women who have already gone through a process of looking for and deciding about child care would have unnecessarily confounded understanding of these issues. Moreover, as Brannen and Moss (1988) have demonstrated, the first birth represents a critical event in terms of decisions related to work and family and the consequences of these decisions.

Taking into account the limitations imposed by the sample size, I needed a relatively homogenous sample of women in order to limit the number of variables that were likely to influence women's decisions. For this reason, I sought a sample of women who, at the time of first contact, were living with a husband or long-term male partner. It seems reasonable to assume that the experience of looking for and deciding on child care is substantially different and almost certainly more challenging for lone mothers than it is for mothers with partners.<sup>5</sup> Women who are able to draw on the resources of a husband/partner will most likely have different choices available to them than will those who are not (Ford 1996). On the other hand, they may also encounter constraints associated with the need to consider input from their partners. A second consideration in defining the sample was cultural diversity. In this case, to avoid the potentially confounding effects of differing cultural beliefs and practices with respect to family and child care, I restricted the sample to women who were Canadian-born.

I did not set out to structure the sample according to social class or to use social class as a basis for analyzing the data. Few issues in social research have been as contentious as that of social class, particularly as it applies to women (Abbott and Sapsford 1987, Goldthorpe 1987, Hooper 1992). Feminist researchers have increasingly questioned the relevance and appropriateness of assessing women's social class in relation to their husbands' occupations and have criticized the overly simplistic use of social class as an explanation for differences in family life and childrearing (Ribbens 1994). Apart from the difficulties inherent in determining social class, the specification of class did not seem sufficiently relevant to the purpose of this study to justify its use as an organizing concept. However, the type of work in which the women were engaged seemed to be an important factor to take into account. Therefore, I aimed for equal proportions of women in two broad categories of work: professional/managerial work and nonprofessional work. Because I assumed that income would also be important in influencing decisions about child care, I attempted to ensure that the sample would reflect a range of individual and family incomes.

### Accessing Participants

The small-scale, exploratory nature of the study justified an approach that would yield a self-selected, nonrepresentative sample. The most obvious sources for a sample of pregnant women who were planning to return to work were prenatal classes, physicians' offices, and midwifery practices.<sup>6</sup> Although I sought participants through all three of these sources, my efforts were concentrated primarily on prenatal classes; in particular, the classes offered by the Edmonton Board of Health (now Capital Health Authority). The main advantage of these classes as a source of participants for my study lies in their social, economic, and geographical diversity. Classes are located in every area of the city, they are offered year round, and they attract participants who reflect the wide social and economic diversity to be found in the population as a whole.

In preparation for seeking respondents, I developed a one-page description of the research in which I indicated the research topic and aims, clarified what participation would involve, and provided my name, address, and phone number (see Appendix 2). During the study I distributed approximately 200 of these, either in attempts to recruit respondents or as information for women who had agreed to participate.

Obtaining a sample through prenatal classes proved to be more difficult than I had anticipated. While permission to use the classes as a source of respondents was freely given, it was with the stipulation that I not attend the classes myself but, instead, have the instructors distribute my request for participants. Distribution of 80 copies of the research description/request for participants through eight prenatal instructors failed to generate any response.<sup>7</sup> Since it seemed unlikely that persisting with this approach would produce a sample for my study, I requested and eventually gained leave to attend the prenatal classes to make a personal appeal for participants. The prenatal instructors I contacted were extremely accommodating, and all were willing to give me time in their classes to explain my study and ask directly for women to participate in the research. I had much greater success in using this direct approach, particularly as it gave me the opportunity to obtain the names and telephone numbers of women who indicated an interest in participating. Through attending 10 of these prenatal classes, I was able to access 17 of the study participants.

As indicated above, the importance of establishing and maintaining a trusting relationship between researcher and research participants has been emphasized, particularly as it applies to feminist research (Kelly 1988, Kirby and McKenna 1989, Rubin and Rubin 1995). Kelly has noted the value of initial face-to-face contact with

the researcher in providing an opportunity for potential participants to assess the researcher's trustworthiness. In this study, having face-to-face contact with me in order to ask questions about the research and to make their own evaluations as to whether I could be trusted appeared to foster a willingness among women in prenatal classes to be involved in the research.

I also sought participants through posting the research description/request for participants in the offices of two physicians and three midwives; however, I received no response through this approach. Nor was I able to contact any respondents by talking directly to several midwives. As it became evident that these measures were not going to generate a sufficient sample size, I was aware that I would have to turn to other means of accessing participants. Beginning with my own personal, work-related, and neighbourhood connections, I made very widespread requests for names of women who met the sample criteria and who might be willing to participate in the research. Over time, this approach yielded eight participants. I also asked the women who were already participating in the study whether they knew of other women who were expecting their first child and who were intending to return to work or school. Five of the research participants were identified through this informal snowballing effort.

The difficulty that I experienced in accessing participants for this study was something that I had not foreseen. My assumption that I would be able to find a sample over the course of a few months gave way to the reality of spending well over a year in a relatively intensive search for potential participants. It was not particularly difficult to connect with women who were pregnant. It *was*, however, difficult to find women who were pregnant with their first child, who were intending to resume employment, who met the other criteria for my research, and who were willing and able to participate in my study. In the prenatal classes, I spoke to many women who met the criteria for inclusion in my sample but who chose not to participate. Discussions with prenatal instructors and with several of the women who declined to be involved in the study offered some insight into reasons that women might have had for not participating. They emphasized that the late stage of pregnancy is a time when women are particularly preoccupied, busy, and tired, especially if they are employed or in school. Participating in research that could not be seen as having any immediate benefit may have been viewed as unimportant or as requiring too great an expenditure of time and energy. It may also be that women were deterred by feeling that they had little to offer in a discussion of child care. The fact that when they were first interviewed most women claimed to know almost nothing about child care lends credibility to this explanation. The perspectives of their partners may also have played

a role in the decision not to participate. On two occasions, as I spoke about my research in prenatal classes, partners of the women took exception to my exclusion of men from the study. It may be that some women were reluctant to participate given the possibility of resentment on the part of their husband or partner.

Efforts to connect with participants through my personal networks and through snowballing were also less efficacious than I had anticipated. Reflecting on similar difficulties in finding respondents for her study of first time motherhood, Miller (1998) noted the boundaries around the networks of professional working women, suggesting that these networks may be limited in the numbers of other pregnant women that they include. This is certainly true of my own network in which, due to age and other circumstances, there are very few women who meet the criteria for this study.

All women who expressed an interest in participating in the study, were given a copy of the research description that was part of the request for participants. I telephoned each woman to explain more fully the extent and nature of participation, to do any further screening that was necessary, and to answer any questions she might have about the study. At this point, potential respondents were given the chance to withdraw from the study if they wished, and indeed, two of the women who had given their names in prenatal classes indicated that they had changed their minds about participating. Four women did not, in fact, meet the criteria for the sample and, consequently, were not included in the study. Women who met the criteria and who confirmed their interest became part of the research sample at this point, and appointments were made with them for the first interview.

The sampling framework and the methods used to obtain the sample yielded a self-selected or opportunistic sample. The women met the criteria previously chosen, and they took part in the research voluntarily. This type of sample precludes any claim that the research findings are broadly representative. Thus, strictly speaking, the interpretations offered in this study as to women's decision making about child care apply only to the research sample. Nevertheless, the social and economic diversity of the sample and the range of ages and occupations it comprises argue for a wider applicability of the findings. While there is a need for caution in applying the insights and conclusions of the study beyond the sample, there is no reason to suppose that women in different locations and different circumstances have significantly different experiences of making decisions about child care than did the women in this study.

I began the study with a sample of 30 women who participated in the initial interviews.<sup>8</sup> Twenty-five of the women remained in the study long enough to be



interviewed three times. I lost contact with three women following the first interview and with one more after completing the second interview. In two of these cases the women moved away from Edmonton, and in the other two I was unable to reach the women at the phone numbers I had for them. Another woman decided against returning to work once she had had her baby and declined to continue her participation in the study. Because the data on these women were incomplete, I chose not to include them in the study. Consequently, the research reported in this thesis is based on the accounts of the 25 women who completed the study. All of these women were interviewed three times, with the exception of one woman who lost her job while she was on maternity leave and was unable to find acceptable employment by the end of the study.

At the time of the first interview, the women in the sample ranged in age from 20 to 39, with an average age of 29. The average age of Canadian women at the birth of their first child in 1995 was just over 26 (Statistics Canada 2000), which places the women in this sample as slightly older first-time mothers. Five of the respondents were 25 or under, 12 were between 26 and 30, six were between 31 and 35, and two were 36 or over. Twenty-two of the women were married, and the remaining three were in what they defined as continuing long-term relationships with their partners. All of these relationships stayed intact throughout the study. The term 'husband' has been used in this study rather than 'partner' because the women themselves used this term in referring to their male partners. Only two of the women had been married previously, and none had any other children or stepchildren. All of the women were white and, with one exception, had been born and raised in Canada. The woman who was not Canadian born had been born in South Africa and had immigrated to Canada as a child.

Although I made every attempt to structure the sample to ensure wide diversity with respect to women's type of work and social positioning, it proved to be difficult to achieve the balance that I sought in the sample. Finding women in professional jobs to take part in the study was considerably easier than finding women in nonprofessional jobs to participate in the research. The prenatal classes offered more or less equal access to women in professional and nonprofessional occupations. However, of the women who expressed an interest in participating in the study, a majority were in professional occupations. It is difficult to know why this was the case, although it may be that some women in nonprofessional occupations perceived a social distance between themselves and me that served as a barrier to their participation. The final sample consisted of 11 women who were engaged in nonprofessional occupations and 14 whose employment put them in the professional

category. In comparison with the general population of Canadian women of childbearing age who are in the labour force, this sample has a greater proportion of women in higher status employment and with higher educational qualifications (see Appendix 4). Thus, the sample includes a particular set of women who do not fully represent the diversity of Canadian women who are combining motherhood and paid employment. The particular characteristics of this sample have a number of implications for understanding the research findings. These implications are discussed in greater detail in the concluding chapter. Further details about the women who participated in the study are contained in Appendix 3.

### THE INTERVIEWING PROCESS

The initial stage of the study involved the development of a set of interview questions and three pilot interviews. To develop the interview questions I drew on relevant findings from other studies as well as on my own experiences and understandings about child care. For the pilot interviews I recruited three of my own acquaintances who were pregnant and planning to return to work after maternity leave.<sup>9</sup> Discussions with these women following the interviews focused on the content and flow of the questions as well as on their experiences of the overall interview approach. The feedback that they offered was congruent with my own perceptions in revealing the need for an interview approach that was less fragmented and that would allow for greater depth of response. To overcome this problem, I reframed the interview guide, opting for broader conversation topics in preference to interview questions. This revised approach held more promise of allowing women's stories to emerge without trying to fit these narratives into a preconceived structure. Conversation topics for the second and third interviews were based on learning from the initial interviews as well as on relevant literature.

Women were encouraged to choose the most comfortable setting in which to be interviewed, the options being their own home, my home, or another place of their choice. Except in a very few cases, women chose to be interviewed in their own homes. Four women chose my home as the location of the first interview but thereafter preferred that the interviews take place in their own homes. Only one of the interviews was carried out in a place of employment. Because most of the women were working full-time, the majority of the first interviews were conducted during the evening, as were most of the third interviews. Second interviews were primarily done during the daytime as women were on maternity leave. In the case of second and third interviews, these were frequently done with the baby present. Apart from myself and the respondent, no other adults were present during the interviews.

On the basis of learning that emerged from the pilot interviewing process, I developed interview guides to orient the discussions to the topics that I wanted to explore during each interview (see Appendix 2). The interviews were flexible and loosely structured to encourage women to tell their own stories in their own ways and to raise questions and issues of their own choosing. At the same time, they were focused enough to ensure that the interview topics were thoroughly explored with each participant. This interview approach is best described as semistructured in that, as interviewer, I introduced predetermined themes and topics. Although I used the interview guides to remind myself of areas to be covered, I endeavoured to approach each interview as a 'guided conversation' (Kirby and McKenna 1989, Oakley 1981, Rubin and Rubin 1995) in which my part was to elicit depth, detail, and rich description relative to the topics of discussion. My questions were oriented to introducing the broad topics and to encouraging women to elaborate on or clarify responses. This approach to interviewing gives respondents more control over the process and allows their responses to be integrated and contextualized rather than being fragmented by interviewers questions (Graham 1984, Hooper 1992).

My style of interviewing was consistent with perspectives on feminist research practice that reject the notion of the interviewer as neutral and detached and advocate reciprocal relationships that minimize hierarchical relations between researcher and researched (Crouch and Manderson 1993, Kelly 1988, Oakley 1981, Rubin and Rubin 1995). I made every effort to establish mutually respectful, personal relationships with the women who participated in the research. This involved giving honest accounts of my own life both spontaneously and in response to women's questions. It meant that a substantial portion of the time we spent together was devoted to informal conversations of a mutual nature. It also meant that I sought to minimize disruptions in their lives as a result of participating in the research.

Miller has drawn attention to the importance of "creating a space in which women feel able to voice their personal narratives" (1998, p. 66) and has identified a number of factors that have an impact on whether and how women are able to voice their experiences during interviewing. These include the way in which access to respondents is negotiated and the way in which the research is presented to and perceived by participants. As a woman interviewing other women, I was well aware of the position of trust that I held and of the imperative to respect this position. In approaching the women about participating in the study, and again in the initial interview, I made every effort to convey to women that their agreement to participate was in no way binding and that they were free to withdraw from the study at any time. I also reassured them about the confidentiality of their responses and their anonymity.

At the beginning of the first interviews I spent some time discussing the research, talking about what participation in the study would entail, and answering women's questions about the research. The description of the research that was distributed to potential respondents was intended to impart to women that their experiences in making child care decisions were important and valuable in contributing to a broad understanding of child care choice. However, this description offered little detail about the underlying research questions and concerns. In an effort to clarify what the research was about, I focused the initial conversations with participants on clarifying the depth and breadth of the study. For example, I indicated that some of the questions would be about their perspectives on their paid work and their feelings about resuming work after childbirth. Thus, the women were prepared for very wide-ranging discussion about many aspects of their lives that had implications for their child care decisions.

It became clear that once the women felt relaxed and safe in the interview situation, most were prepared to share very personal aspects of their lives with me - often beyond the bounds of the interview questions. Many women talked about the difficulties they were experiencing in their relationships with their partners, about problems they had had in getting pregnant, about their experiences with postpartum depression, and in several instances, about abuse they had experienced in childhood. During the second and third interviews in particular, there was an increased ease of conversation and tendency toward self-disclosure. Women in the study appeared to recognize me as a sympathetic listener with a genuine interest in how their lives were unfolding. Most expressed considerable pleasure in having the opportunity to talk about their lives and in the prospect of having their stories included in a research study.

In addition to questions about my own life, many women expressed interest in the experiences and perspectives of other women participating in the study. In particular, they wanted to know whether their own difficulties in finding appropriate child care were experienced by other women in the study and, if so, how others were able to resolve those difficulties. I answered such questions with no hesitation. However, questions that called upon me to share my own knowledge about the local child care system initially caused me some anxiety. While recognizing the inevitability of research participants being affected by their participation in research (Parr 1998), I was nevertheless concerned about the extent to which I might be exerting an influence over women's decisions by providing information. However, since I could not feel comfortable about withholding information that might be helpful, I decided to provide such information when asked, but to avoid in any way

portraying myself as having any particular expertise in this regard. The final interview concluded with questions about women's experiences of being interviewed. Most women felt that their participation had afforded them an opportunity to think more consciously about child care issues and that this had been helpful in their decision making. The chance to talk to a sympathetic listener about wide-ranging topics from motherhood and child care to relationships with husbands and family members was also named by many as a benefit of participation. Other researchers (Kelly 1988, Parr 1998) have observed the satisfaction that interview participants often derive from opportunities to share their experiences with willing, interested, and empathetic listeners.

An open-ended, conversational approach to interviewing makes for lengthy interviews. All of the initial interviews lasted between two and three hours, and the second and third interviews were, as a rule, slightly shorter. The first interviews were particularly wide ranging, delving into aspects of women's life histories, current work situations, and marital relationships; and exploring their views about motherhood, children, and child care. The second and third interviews were more specifically focused but also included topics that had been raised during previous conversations and that required further exploration.

When I telephoned the women to schedule the second interview, it was with awareness that they had given birth in the interim and that by virtue of this event, their lives were profoundly changed. Miller (1998) has noted that "in research which is attempting to capture stories *through* periods of transition the need to *renegotiate* access becomes crucially important" (p. 69; emphasis in original). In this case, renegotiating access entailed being sensitive to the changes in women's lives and determining their willingness and ability to continue participating in the study. I began the second interviews with the assumption that the event of childbirth would probably be uppermost in women's minds, and this was indeed the case. It seemed natural then to begin these second interviews with conversation about the experience of childbirth and of becoming a mother. Invariably, women were anxious to talk at length about their childbirth experiences and about how their lives had changed with motherhood. While these topics were not directly relevant to the aims of the study, they provided rich contextual background of use in understanding women's responses.

Although it was my preference to tape-record all interviews, women were given a choice as to whether they wanted the conversations taped. In the event, only one woman objected to the interview being recorded, and she was willing to have the second and third interviews taped. In addition to taping the interviews, I took detailed notes that proved valuable later in deciphering unclear portions of the transcripts.

My initial research plan had called for returning the transcripts of the initial interviews to the women so that they could confirm, change, or elaborate on their accounts.<sup>10</sup> However, the realization of how much additional time this would involve dissuaded me from following this plan. I had not indicated to the women that I would return their transcripts, and there appeared to be no expectation that I would do so. For some feminist researchers, returning transcripts to interviewees in order to validate, revise, and expand upon their accounts is a key component of feminist research practice in that it allows for joint interpretation of meaning to take place (Kelly 1988, Reinhartz 1992). Although I was unable to include this step in my study, I did review the content of each interview prior to subsequent interviews and on this basis was able to raise questions, seek clarification, and expand upon women's accounts. While this was not intended as a substitute for returning the transcripts, it did serve essentially the same purpose in terms of joint interpretation of meaning.

Between interviews it was necessary to telephone women to inquire about their plans for returning to work as well as to schedule interviews. In many cases, these telephone conversations became unexpected but valuable sources of data as women spontaneously shared their experiences of looking for or using child care. Usually, their need to talk about what was happening was associated with difficulties in finding appropriate care, a lack of help from husbands in searching for care, or problems with care placements. I made notes of these conversations and included them with the interview data.

## DATA ANALYSIS AND INTERPRETATION

The work of analyzing and interpreting qualitative data may well be the most challenging stage of the research process given the critical importance of maintaining the integrity of participants' accounts and of ensuring that participants' voices remain central in collective representations created by researchers (Fontana and Frey 1998, Mauthner and Doucet 1998). However, as Mauthner and Doucet have pointed out, qualitative data analysis is a neglected area in research texts, and little guidance concerning data analysis is available from research accounts of specific studies. Reflecting on possible reasons for this, they suggested that data analysis may be:

difficult to articulate because in doing so we are directly confronted with the subjective, interpretive nature of what we do—having to interpret respondents' words in some way, while realizing that these words could be interpreted in a multitude of ways. (1998, p. 122)

An important contribution of feminist researchers has been in drawing attention to the need for reflexivity on the part of the researcher about the subjective judgements that

are made in every stage of the research process. It has become increasingly clear that decisions about the interpretation of data - what to include and what to leave out, how to represent the voices of participants, and how to translate private narratives into public accounts - are critical in shaping the outcomes of research projects and therefore call for a high degree of reflexivity (Code 1995, Edwards and Ribbens 1998, Mauthner and Doucet 1998).

Just as researchers filter the accounts of research participants through their own subjective perceptions, research respondents make choices about what and how much to disclose of their own experiences and about how to voice their experiences and perspectives to be congruent with public accounts (Miller 1998). In research that focuses on the personal realms of motherhood and child care, women may be particularly inclined to exercise subjective judgements about how to tell their stories. While, on the one hand, motherhood and child care are private and personal areas of women's lives, they are also subject to public definitions of what constitutes 'good mothering'. Thus, it is inevitable that women sharing their experiences of these aspects of their lives will be self-conscious about how to voice their personal narratives. In this study women's responses often reflected a consciousness about whether their perspectives and actions were congruent with predominant understandings of good mothering. For example, several women prefaced comments about their eagerness to return to work with such statements as "you will probably think I'm a terrible mother for saying this, but . . ."; or "I know this sounds awful for a mother to say this but . . . ."

In drawing attention to these 'double subjectivities' (Lewis and Meredith 1988), I am not suggesting that they are problematic or implying that they undermine the validity of research findings. Indeed, interpretive research seeks subjective meanings and multiple truths and sees these as a natural part of the research process (Chapman and Maclean 1990, Stanley and Wise 1993). The point is not to minimize subjectivity but to be aware as a researcher of the ways in which subjectivity is introduced into analysis and interpretation of research findings. In this research process, I tried to bring such awareness to analysis and interpretation, being particularly sensitive to my own perceptions and responses in relation to research participants. Through ongoing critical reflection on the research process and detailed descriptions of the data collection, I have aimed to be explicit about the subjectivities reflected in the research.

In this study, the interviews yielded a great wealth of material, which presented considerable challenges as to how the material could best be analyzed. Although I had planned to transcribe each interview fully, once I appreciated the

amount of time that it would take to type each transcript (on average, 10 hours), I realized that this was not realistic. I decided, with much reluctance, that not all interviews could be transcribed. The result was that complete transcripts were made of all of the first interviews, 14 of the second interviews, and 12 of the third interviews.<sup>11</sup> In total, 51 of the 74 interviews were fully transcribed.

In making decisions about which interviews to fully transcribe, I was guided by my own understanding of which narratives would be additive to the learning that was emerging from the analysis. In this respect, the process was similar to the notion of 'theoretical sampling' that is a critical element of grounded theory (Strauss and Corbin 1990). Nevertheless, I struggled with the issue of how to include the interview material from the tapes that were not transcribed, feeling that it was important to do justice to the women's full narratives. The solution I developed to this dilemma involved two processes. First, I listened closely to the tapes and extracted important points and sections of narrative to add to my written interview notes. I then examined these notes carefully for support for themes that had emerged from the transcribed narratives, for negative cases, and for stories of experience that would illustrate key themes. Although these notes were not entered into the Nudist data base, they were included in the analysis of data.

In addition, I used transcripts, written interview notes, and interview tapes to construct meta-narratives for all of the women who participated in the study. These meta-narratives summarized important information about each woman, including her personal and family characteristics and the process that she followed in looking for child care (see Appendix 3 for the contents of the meta-narratives). The meta-narratives served the purpose of linking the sequential interviews together to reflect the process elements of decision making for each woman who participated in the study. By including process elements in the meta-narratives, I was able to take account of changes over time as well as congruency between anticipated and actual elements of the process.

The data from the study consisted of interview transcripts and notes, written accounts of telephone conversations, the meta-narratives, and my own field notes of observations and reflections relative to data collection. The women's stories, gathered through the interviews, combine retrospective accounts of their lives (life histories), reflections on their current experiences and perceptions, and prospective accounts of what they anticipate or plan for the future. The fact that the research follows aspects of the women's lives over a period of approximately one year adds a critical time dimension to the women's accounts.



I had initially anticipated analyzing the data from the interviews using a traditional data analysis framework from the qualitative research field (for example, Kirby and McKenna 1989). However, once the interviewing was completed, I decided instead to use a computer software program and, accordingly, chose the Non-numerical Unstructured Data Indexing Searching and Theorizing program (NUD\*IST). The use of computer software to facilitate analysis of qualitative data has been a matter of frequent and often heated debate within the fields of qualitative and feminist research. Proponents of computer-assisted analysis have pointed to the practical benefits for handling large quantities of data and have argued that computer programs enhance rigour in the analysis process (Kelle 2000, Richards and Richards 1998). On the other hand, some researchers have urged caution in the use of computer programs, citing in particular the potential for allowing computer software to determine the form and content of data interpretation (Denzin and Lincoln 1998). As Mauthner and Doucet have pointed out, computer programs have their place in the analysis of qualitative data, but "we need to think critically about how and when we use these programs" (1998, p. 123). In the analysis and interpretation of qualitative data, meaning emerges as both common and disparate themes and concepts are identified. The task of the researcher is to weave these themes and concepts into broader explanations that are linked to the research questions (Rubin and Rubin 1995). In this study, NUD\*IST was helpful in identifying these underlying themes in the data and in sorting and organizing data; however, this did not equate with the process of interpretation. It fell to me as the researcher to interpret and draw meaning from the themes and to use the women's accounts to develop explanations. Indeed, whether or not computer software is used in the analysis of data, in qualitative research "inevitably, interpretation must still be accepted as an intuitive, creative process" (Chapman and Maclean 1990, p. 133).

I took advantage of NUD\*IST software to organize the data, facilitate the identification of emerging themes, and enable easy retrieval of data. All of the interview transcripts and the meta-narratives were entered as documents, and themes within each document were identified and sorted through repeated readings of the documents. The use of NUD\*IST allowed me to search data documents for patterns of similarities and differences in the data and to seek explanations for differences through exploring relationships between categories.

Research that follows an interpretive approach cannot be neatly divided into separate stages of conceptualization, data collection, analysis, and interpretation as can social science research undertaken within the positivist tradition. In particular, data collection and analysis are not independent of one another but are closely

interconnected (Denzin 1998, Kirby and McKenna 1989, Mauthner and Doucet 1998, Rubin and Rubin 1995). As Hill has suggested, "analysis should be a constant companion of data gathering and recording" (1984, p. 105). Preliminary analysis that begins in concert with data gathering reveals important themes and concepts that may refine the focus of the study. Analysis that takes place after data collection is complete is the work of interpretation of themes and elements that contributes to broad explanations and ultimately to implications for knowledge and practice.

The experience of making decisions about child care creates an area of common ground among the women interviewed and thus offers an opportunity to generate explanations of important aspects of women's lives and decisions. In addition to focusing on common themes and dilemmas, I paid particular attention to diversity of experiences and perceptions and to the implications of differences for conceptualizing themes. In keeping with the aims of the study, I sought to understand how experiences are shaped by diverse factors in women's personal lives, by the nature of their relationships and social networks, and by broader social, political, and economic factors. While the interpretation emphasized the shared experience of making decisions about child care, it was important not to lose sight of the fact that each woman's story reflects a separate and unique experience. Thus, I attempted in interpreting the data to do justice to the integrity of the women's individual stories.

## **CONCLUSION: ADDRESSING DILEMMAS OF FEMINIST AND QUALITATIVE RESEARCH**

In addition to describing and reflecting on the research methodology used in this study, this chapter has outlined a number of issues and dilemmas associated with qualitative and feminist research methodologies. In terms of research design, data gathering, and interpretation, the issue that emerges as most critical is that of ensuring that, as fully as possible, women's voices are reflected in research accounts of their private lives. Through the work of feminist scholars we have come to recognize the many ways in which research has had the effect of taking over or drowning out women's voices (Edwards and Ribbens 1998, hooks 1990, Mauthner and Doucet 1998, Reinharz 1992). Accordingly, a central focus for some feminist researchers has been on transforming social research conventions such that women's subjugated voices are heard and represented in ways that remain true to their meanings. The researcher who seeks to privilege women's voices through the research process confronts a range of dilemmas with respect to research design and practice.

A central dilemma, on which Edwards and Ribbens (1998) have offered important insight, concerns how researchers can remain faithful to women's voices while at the same time facing constraints imposed by the necessity of interpreting and representing women's accounts within a context of academic and public discourse. Any research that seeks to reveal aspects of women's private and personal lives inevitably requires the researcher to make decisions about how to translate, interpret, and present women's voices in the interests of producing public research accounts. The essential contradiction facing feminist researchers was summed up by Mauthner and Doucet as lying "between two of the principles that are fundamental to feminist research: the commitment to listen to women on their own terms and the recognition that it is the researcher who ultimately shapes the entire research process and product" (1998, p. 140).

Such dilemmas are not easily resolved. However, awareness of these issues and of their critical importance is a necessary first step. Researchers who have been sensitive to these issues have also offered some suggestions to guard against the problem of the researcher taking over the voices of research participants. For example, Edwards and Ribbens have emphasized the need to adopt "high standards of reflexivity and openness about the choices made throughout any empirical study" (1998, p. 4). They have also concurred with others (Duffy et al. 1989, Smith 1987) that researchers need to seek out and listen closely to the everyday mundane elements of women's lives. hooks (1990) and Denzin (1998) have argued that a multivoiced text can partially overcome the problems associated with the ascendancy of the researcher's voice. Introducing an important note of realism into discussion of this issue, Mauthner and Doucet (1998) have noted the futility of believing that we can represent the true and 'authentic' voices of research participants in our research accounts. Instead, they have suggested that "there are ways in which we can attempt to hear *more* of their voices, and understand *more* of their perspective through the ways in which we conduct our data analysis" (1998, p. 140; emphasis in original). In the following chapters, I aim to heed this advice by reflecting as fully as possible the voices of the women who shared with me their stories.

## ENDNOTES

1. There are, however, a few other researchers who have focused on process; for example, MacIntyre (1977) in a study of how single pregnant women make decisions. In the realm of child care research, Brannen and Moss (1991, 1998) are among the very few who have taken a process approach to their research.

2. This research draws on the framework commonly used to contrast two approaches to epistemology: the positivistic approach and the interpretive (or naturalistic) approach.

3. Much the same point has been made about qualitative research; that is, that essentially any method can be incorporated into qualitative research. (See, for example, Denzin and Lincoln 1998).

4. This is the approach that has been followed in the majority of research on child care choice. For further discussion on this see Chapter Two.

5. Indeed, there is some research that supports this assumption; for example, Meyers and van Leuwen (1992).

6. It should be noted that midwifery in Alberta is practised under private auspices and is not associated with hospitals and physicians as it is in the UK.

7. I asked the prenatal instructors to distribute the information to all participants in their classes. Follow-up phone calls to the instructors indicated that they had done so.

8. This number does not include the three women who participated in pilot interviews.

9. Only the initial interviews were pilot tested.

10. In planning to do so, I was hoping to confirm with women who participated that I had appropriately represented what they had said. In part, I was influenced in this intention by the practice of phenomenology.

11. These numbers apply only to the 25 women who have been included in the study.

## **CHAPTER FOUR**

### **WORK, FAMILY, AND CHILD CARE IN WOMEN'S LIVES**

Underlying this research is the assumption that any exploration of women's decisions about child care must take into account "the powerful, interactive link between women's work and family decisions" (Gerson 1985, p. 20). Specifically, for mothers of young children, decisions about the nature and extent of labour force participation are, in effect, decisions about child care, just as the opposite is true. Yet, despite their interconnectedness, work and family continue to represent competing interests, with the result that decisions about either frequently entail some degree of conflict.

Critical to an understanding of women's work and family decisions is an appreciation of how these decisions emerge from the social and political contexts in which they are made (see Chapter One). However, equally important is an understanding of the ways in which women shape their own lives through their personal choices about family, employment, and education. Although women's choices are profoundly influenced by structural constraints, there is considerable diversity in how they respond to the constraints and opportunities in their lives. Women create their own particular combinations of work and family "based on their personal preferences and social positions, and their interests as they perceive them" (Duffy et al. 1989, p. 13).

The women whose experiences provide the data for this study had in common the fact that they were intending to return to work (or find employment) following the birth of their first child. Their decisions to return to work were rooted both in the meanings they gave to work and family in their lives and in their personal and family circumstances. The experience of combining work and family differed considerably among the women depending on their particular patterns of employment and family responsibilities, their work conditions, their personal and household incomes, and their family circumstances. Nevertheless, their accounts indicate clearly that they faced many similar dilemmas and concerns.

In Chapter One I discussed the broad social and political contexts that shape women's work and family lives. In this chapter I focus more closely on the personal contexts of the women who participated in the research. The first part of the chapter draws on the women's narratives to consider their orientations to work and family. It also traces women's thinking, their intentions, and their actual experiences with respect to returning to work. The second part of the chapter focuses on the women's

child care options from the perspective of their personal circumstances and the local context of child care provision.

## **WORK AND FAMILY: WOMEN'S ORIENTATIONS AND EXPERIENCES**

### **Family Patterns**

The women who participated in this study belong to a generational cohort that, with regard to work and family patterns, contrasts sharply with previous generations (Gee 2000, Gerson 1985, Luxton 1997). The normative pattern for their mothers and grandmothers was one in which women left the workforce when they married or had children. The lifelong combination of work and family responsibilities that the majority of mothers of young children now face represents a significant departure from this 'traditional' path.<sup>1</sup> As a result, women in the current childbearing generation face a substantially different set of decisions about family, fertility, and employment than did their mothers (Gerson 1985, Mandell and Momirov 2000). Commenting on this dramatic shift, Gerson has observed that the current generation of mothers "is on the cutting edge of social change; . . . they have become both the recipients and the agents of far-reaching changes in work and family life" (1985, p. 10).

The great majority of women in this study grew up in families that they described as traditional in that their fathers were the primary breadwinners and their mothers did not work outside the home. Most of these women believed that their mothers had been content in staying home rather than participating in the workforce. In contrast, several women took a more negative view of their mothers' lives, feeling that their mothers had sacrificed too much in giving up their careers for domestic responsibilities. Linda, for example, commented on her mother's unhappiness in being at home:

There is absolutely no doubt in my mind that my mother was miserably unhappy being at home. Her depression was obvious even when I was eight years old. She is a highly intelligent and educated woman with a degree in chemistry. And she was doing nothing with that for all of her life. And if my father wasn't around for his kids, he wasn't around for her either. She was so unhappy. And I suppose that influenced me to think that if I did the same thing, I'd be unhappy too. That was part of the source of my ambivalence about having children. (Linda: first interview)

For mothers who had stayed at home, this did not necessarily preclude nondomestic labour. Farm families are an important variation on the traditional family in that women often play a key role in the work of the farm (Keating and Munro

1988). Six women in this study had grown up on farms, and, in all but one of these cases, their mothers had been very much involved in the farm work. These women were thus combining work and family in one setting without formally being in the workforce. Typically, children accompanied their mothers or their fathers as they did their farm work or were cared for by grandparents who lived on the family farm.

Seven of the women in the study had mothers who had worked outside the home when their children were preschool age. In these cases, fathers, grandparents, and other extended family members provided nearly all of the care when mothers were not available. Only two women had experienced extrafamilial care, and this consisted in both cases of short periods of time in day care centres.

### **Work Orientations and Decisions**

In keeping with the aims of the study, all of the women interviewed were planning to return to work or find work within the six-month period following their children's birth. When they were recruited to participate in the study, 23 women were employed and two women were in educational programs through which they were participating in practical employment placements. All of the women who were employed when the study began intended to return to their current jobs. The two women who were students both intended to find permanent jobs in their fields when their babies were five to six months old. Women's employment histories varied considerably, with some having been employed for less than two years and others for as long as 17 years. A few were struggling to establish themselves in the work world and were employed in temporary positions until they could find jobs commensurate with their interests and abilities. Most women however, were well established in their positions and did not foresee any significant changes in their employment situations.

Asked about the importance of paid work in their lives, all of the women identified financial need as a key motivation for working. Most felt that their income was essential to the financial well-being of their households, and in five cases women were the primary earners in their families. A small minority of women (six) felt that they could 'get by' solely on their husband's income but noted that this would entail significant changes in their financial goals or standard of living. For these women, their employment income was not defined as essential but was important in taking the pressure off their household finances and in paying down mortgages more quickly. The critical importance of women's financial contributions to their household incomes becomes more apparent in light of information about their husbands' employment and income situations. More than half of the women described their husbands' employment situations as unstable or insecure,<sup>2</sup> and two women were essentially the

sole providers because their husbands were full-time students. Thus, the majority of women in the study felt compelled to continue working for financial reasons. Although nearly all of the women who described themselves as primary providers were in the professional group, women in both groups were equally likely to emphasize the importance of their income to the household.

Notwithstanding the central importance of financial motivations for working, women spoke eloquently about the meanings of paid employment in their lives beyond the financial considerations. Nearly all of the women described their work as being a very important element in their lives, and most felt generally positive about their current jobs. As women talked about their paid work and its place in their lives, a number of key interrelated themes emerged which offer insight into their diverse motivations for working.

Most commonly, work was seen as a source of personal satisfaction related to increased self-esteem and a feeling of accomplishment. Women voiced a sense of pride in having achieved their current status through education, training, and upward occupational mobility. For many women, their jobs conferred a sense of competence that further fuelled their work aspirations. Women who expressed these kinds of feelings about their work were also likely to define their jobs as careers, thus further reflecting the importance of employment in their lives:

You know, I'm really proud to be a teacher, and I don't know that lots of people could say that about their work. I just feel that we're really professionals, and I try to be that way in public too. It's my career and it's a big part of my identity. I still identify myself, first and foremost, as a teacher—a professional person, a career person; you know, that kind of whole identity thing. I know that I'm good at what I do, and that gives me a lot of satisfaction. (Bonnie: first interview)

I love my work. It's so interesting and busy, and there's never any lack of work to do. Working means a lot to me because my self-esteem is pretty well wrapped up in my job. I don't know why really, but I know I'm at a point where I get lots of praise in my job. And there's a part of me that says that there's intellectual value in what I do, and that's important. All of the work I did to get where I am and the education—that's a pretty big investment, and I couldn't see giving all that up. (Dianne: first interview)

Although nonprofessional women were less likely to emphasize feelings of pride and esteem associated with their work, a majority used the term 'career' to describe their work, and they too derived personal satisfaction from working. Keri, for example, saw potential for her current job to lead to a higher position in the professional ranks:



I like my job very much. It's a career for me, and that's why I'm planning to go back. I'm always learning new things, and I'm working with intelligent people. There is the possibility of taking some courses and moving into a higher position—a professional position—so I think I'll be pursuing that. Basically, I love going to work. (Keri: first interview)

A second meaning attached to paid employment was the deep sense of satisfaction that some women derived from doing work that made a difference for others. These women talked about their work in terms of making a contribution or doing something meaningful, worthwhile, or socially useful. Again, women in professional jobs were more likely to experience this source of satisfaction in their work. In particular, those in the 'helping professions' emphasized the rewards inherent in doing something that makes a difference to others. Marie, a nurse working in palliative care, described the gratification that her work provided:

Working now gives me great pleasure. It's a personal pleasure because I know that I'm doing something good for people. I'm good at my work. I know I'm a good nurse. I know my limits and I know my strengths, and it gives me a kind of boost in my life. So my job is very important to me. It's a great personal satisfaction that I can do something for someone who needs me and make the last bit of their lives better for them. (Marie: first interview)

While Leanne's work did not involve helping people in such a direct sense, she also derived satisfaction through making a difference to people:

I actually feel quite passionate about what I'm doing, about the history of science in general, because I feel that people are frightened by science and science controls so much of our lives that it's very important to realize that science is just made from people's minds. So I feel a kind of evangelical nature to what I do. I really love what I do. I spent ten years going to university to be able to do this, and I can't imagine myself doing anything but being an academic. (Leanne: first interview)

Women in both professional and nonprofessional employment emphasized the importance of their employment in offering the opportunity to get out of the home and do something that they felt was challenging and purposeful. The workplace was frequently contrasted with the home, the former being seen as offering mental stimulation, social connections, and opportunities for learning; while the latter was described as isolating and boring:

I don't like my job, but I enjoy getting out of the house and feeling that I'm doing something useful rather than just sitting around at home. When I stay at home I'm really bored because there's nothing to do. I enjoy the people I work with, and I like being at work. (June: first interview)

Going to work is important for me. I just don't get satisfaction out of staying home. Financial independence is part of it, but it's also the feeling of being productive, stimulated, challenged, and working with other people. I particularly like working with other professionals. It gives me a whole sense of purpose. (Marla: first interview)

For several women, work was such an important source of identity and gratification that they could not imagine being good mothers without also having a career. Sheila, for example, felt that having a focus outside of the family was essential in enabling her to be a good mother and wife:

I love my work, and I find it very gratifying. I've worked hard at school and to be able to sustain myself if I was on my own and to have a career. It's what I do and what I'm good at, and I'm not sure that I would want to give that up even for my own family. That might sound awfully terrible, but I think I would be a better mother if I was also having something for myself, because I truly believe you can't help others be happy or help others self-actualize unless you're happy yourself with what you're doing and who you are. Because I get so much out of what I do as a teacher, I think I would be a better mum and a better wife. (Sheila: first interview)

Paid work took on particular meaning for some women in the context of their marital relationships. These women emphasized the financial independence they derived from earning their own living and felt that this gave them a degree of decision-making power in their relationships that they would not otherwise have. Financial independence was equally meaningful to professional and nonprofessional women.

### **Reflections on Returning to Work**

Despite the personal and financial importance of paid work in their lives, the majority of women were profoundly ambivalent about the prospect of returning to work after having their babies. It was not possible for most women to say unequivocally whether their intention to return to work favoured financial or personal reasons. While financial necessity emerged as a major impetus for returning, there were a number of other factors underlying the decision to go back to work. Typically, women said that their financial circumstances left them little choice about returning to work but that, even if this were not the case, they would probably return anyway because they

preferred to work. Most anticipated that they would have great difficulty in staying home and would feel isolated, lonely, and bored. "I would go crazy if I had to stay home" was a common refrain; in fact, well over half of the women made this point in very similar words. Several worried that, in a child-centred world and without the stimulation of work outside the home, they would lose contact with an adult world and would have little to share conversationally with their husbands and friends:

I've been very critical, I guess, of some stay-at-home moms whose lives seem pretty empty to me—looking from the other side. And I know that having a child can be very fulfilling—I guess I'll find out—but there's a lot of boredom and loneliness too that goes with that. Kurt has said his biggest fear is that once you have a child you sort of turn into an idiot who can only talk about diapers and things like that. And I guess that's what I'm afraid of too—being able to talk about nothing but the kids and the garden. (Dianne: first interview)

Moreover, many women were concerned that if they took any appreciable amount of time away from work it would be difficult for them to re-enter the workforce at the same level or even, in some cases, to get a job. They worried about losing their confidence in themselves, their qualifications and abilities to do their work, their occupational identity, their connections with the work world, or their professional certification. In light of the substantial costs that women face as a result of labour force interruptions, such worries are clearly justified (Irwin and Lero 1997, Joshi 1991, 1998, Pascall 1997).

For some women, a key disincentive for giving up their jobs and staying home was the loss of their own income, and thus of their independence:

Another thing that would happen if I stayed home is that I wouldn't have my own money, and that's really important to me. One of the things we said when we got married is that we would each have a car no matter what. We still have separate bank accounts, so I have money that I can spend on what I want. I'm not going to ask him for money just to go to a movie or something like that. I think it would just really bother me not to have that independence of having my own money. (Bonnie: first interview)

I'm going back to work after the baby mostly because I like the independence. I always wanted to be independent and provide for myself. I never wanted to be dependent on men. I wanted to feel good about myself. (Joyce: first interview)

Previous research (Brannen and Moss 1991, Luxton 1990) has shown that labour force participation on the part of mothers does not necessarily coincide with

their approval of maternal employment. However, the great majority of women in this study maintained that the issue of whether or not mothers of dependent children should work outside the home is very much a matter of individual choice. While a few women felt that it is acceptable for mothers to be employed only in circumstances of financial necessity, most were unequivocal about the rights of mothers to work if they chose to do so, regardless of circumstances. Marie's comment is typical of this perspective:

I hear lots of opinions on the question of whether mothers should stay at home. But I think it all boils down to what your personal values are and your own personal decisions. It's up to women to decide whether they go back or not after they have the baby. (Marie: first interview)

As they reflected on what they understood to be prevailing values with respect to maternal employment, the women drew attention to the conflicting or 'mixed' messages that they had received from various sources. On the one hand, they felt that beliefs and values emphasizing the importance of the mother-child bond and exhorting mothers to stay at home with their children continued to exert considerable power over women's decisions. On the other hand, they felt that the predominant view was one that supported mothers resuming work, at least in some circumstances. A few went further, suggesting that there is now a strong societal expectation that mothers should return to work and should be able to combine employment and motherhood with relative ease. In fact, several women raised concerns about the emergence of the 'superwoman' image, which they saw as placing unreasonable expectations on employed mothers. Many contrasted current values with those that held sway when their mothers had had their children, emphasizing the extent of change in the intervening years:

I think there's a lot of mixed messages nowadays about whether mothers should stay at home or go out to work. For our generation, there's probably a little bit of guilt because what we're doing is so different from what our mothers did. Most of our mothers were at home. That was sort of their main thrust in life—taking care of the kids. But role models, I think, have really changed. I still think there's mixed messages, but in my generation most people accept mothers going back to work—at least part-time. (Jocelyn: first interview)

I think that people nowadays know that it's really tough for women to stay at home with just one income coming in. They know that housing is expensive and living is expensive, so most people just accept that women have to go back to work. People aren't asking me *if* I'm coming back; they're asking me *when* I'm coming back. (Darlene: first interview)

I think society is basically saying "What do you mean, you're only staying home to raise your kids. You're not working?" Society really dictates that you have to be out there working. It's kind of expected that you should be a mother as well as a full-time career person and be able to juggle things. (Penny: first interview)

With regard to their own social networks, most women felt that their decision to return to work was congruent with the beliefs and values that predominate in these networks. Although many women could identify some friends or family members who were likely to disapprove of their decision, overall they anticipated understanding and support for returning to work. Indeed, most of the women in this study felt that it was taken for granted within their social networks that they would return to work after taking maternity leave. Because returning to work after childbirth was the normative pattern in their social networks, many felt that a decision to stay at home would have generated surprise and possibly criticism among their friends.

I think for the most part, because most of our friends are in similar lifestyles and are more career oriented, they would think it quite strange if I decided to stay home, or they would really question that, because they wouldn't consider it something they would do. They would think, "I can't believe Bonnie's staying home." That would be something that would be uncommon among my friends. (Bonnie: first interview)

The majority of our friends have children, and the women are still working. They just assume that they have to have two incomes to survive. I'd say it's the norm among our friends and family for the women to go back to work, so nobody would question my going back. (Carol: first interview)

Judging by what women said about their husbands' views, most husbands did not seem to have expressed strong opinions about whether their wives should stay home or return to work. A majority of husbands had taken the position that the decision was one that their wives should make themselves. Some husbands would have preferred their wives to stay home but recognized this course of action as being unfeasible in light of financial realities.

Regardless of whether the views of others were supportive of or hostile toward maternal employment, the influence of these views upon women's decisions was minimal. As was true for the respondents in Brannen and Moss's (1991) study, women in this study regarded the decision about returning to work as being essentially a personal decision that they had made with little input from others. Support from others for their course of action was experienced as helpful but, ultimately, was not

relevant to their decision. With few exceptions, the women did not frame the decision about whether to return to work as a joint decision that took into account the perspectives of their husbands. This was true both for the women in professional jobs and for those in nonprofessional jobs. Only two women indicated that the decision had been made jointly with their husbands. One other woman, while disagreeing with her husband's opposition to her returning to work, felt constrained by his views to the extent that she stayed home in the daytime and took an evening job.

As is evident from the preceding discussion, a number of forces were acting in combination to draw these women back into the labour force once they had had their babies. Financial necessity predominated, but most women also cited other motives for returning, these reasons being primarily related to the meanings of work in their lives. Moreover, in the context of what they saw as overall acceptance of maternal employment, most women did not feel significant external constraints on the decision to resume work. However, despite the apparently strong pulls toward resuming work, ambivalence about returning was widespread and profound. There are several possible explanations for this ambivalence.

One explanation lies in what might be called 'anticipatory motherhood'. As they looked ahead to resuming employment after maternity leave, most women were aware that becoming a mother would inevitably have an impact on how they viewed their work and family roles. Thus, while they intended to go back to work relatively soon after childbirth, many also recognized that their inclinations to return could very well change if they were strongly drawn to being a full-time mother. With clear insight, these women acknowledged that without having had the experience of motherhood, they were uncertain as to what it would be like to be a mother and how that would influence their feelings about paid work. While very few women considered staying home to be a realistic option, they nevertheless characterized the period after childbirth as a 'rethink' point with respect to their decision to return:

I don't think I could stay at home, only at home. I really enjoy teaching, and it's such an important part of my life. But who knows, maybe I'll love being a mother and want to stay home. It's kind of hard to say because I haven't lived that experience of being a mother. So I'd want to say that I have the option of staying at home, but I'm not sure realistically that I could because of my husband's job security. (Penny: first interview)

If I had my choice and money was not a problem, my choice would probably be to go back to work. I think if I stayed home I'd really miss work. I don't think I could stand to be isolated with a little baby. And just giving up that paycheque would be really hard. I'm used to having

it and I'm used to being independent. But it could be totally different when I actually have this little kid. My priorities might change. I don't know how I'll feel about it when I actually have the baby. (Denise: first interview)

Actually, it's difficult to know how I really feel about going back. I really like my job and I'm going back not just because I need to, but because I want to. But then, I haven't had the experience of staying home with my child. (Keri: first interview)

Women were uncertain not only about how they would feel about motherhood and employment, but also about what the baby would be like. For some women, their return to work was contingent on having a child who was healthy and who would be likely to adjust well to a child care situation:

Another thing you have to think about is that you don't know anything about the baby yet. I mean, there could be a heart problem or anything like that so that you'd have to stay home. You don't want anyone else taking care of your baby if your baby's sick. (Norma: first interview)

Another source of ambivalence about returning to work was the anticipation of what it would be like to combine employment with mothering. Most women admitted to concerns about how they would cope with trying to juggle motherhood and employment and wondered whether they would be able to simultaneously be both a 'good mother' and a 'good worker'. They knew from the experiences of others that being a working mother would entail some conflicts and strains. Typically, women said that motherhood would take precedence over their work and anticipated that if there were conflict between the two, it would be their work that would suffer the consequences. While many women talked about the need for 'balance' between work and family, they recognized that this would most likely mean a decrease in the effort that they expended on work. Like most other women, Sheila made it clear that family would come first:

Having a child will have a big impact on my work. My whole perspective will change a little bit. I think I certainly am not going to be able to put in the time and planning that I have in my lessons. In terms of the participation in committees and councils that I have done in the past six years, that's going to be cut back because I prefer to spend my time with my family. I hope it won't be too detrimental to what I do in the classroom. I don't think it will. I think I'll still do a good job. (Sheila: first interview)

Anxiety about finding acceptable child care contributed to the ambivalence that some women felt about returning to work. As will be seen in Chapter Five,

women were profoundly concerned about finding appropriate child care. Thus, for some, the actual decision about returning to work was dependent on the availability of a child care placement that they could trust:

I'll have to feel good about the place before I leave my baby there. If I don't feel good about it, I'm not going back to work until I do find a place I feel good about (Norma: first interview).

When the women were interviewed for the second time, after they had had their babies, their ambivalence about returning to work was even more pronounced. Most, but not all, felt strongly drawn to staying at home with their babies full-time. They expressed discomfort or anxiety about leaving their babies and, in some cases, anticipated feeling guilty when they did return to work. Several drew attention to the fact that they would be returning to work just as their babies got to a 'more interesting stage', and they expressed regret about having to leave their babies with other caregivers at this stage.

During the second interview, most women voiced specific concerns about returning to work, citing problems in the work environment, the demands of long work hours, and the challenges of reintegrating into a work setting as some of their concerns. They worried about whether they could handle the demands of full-time work combined with motherhood. Yet, at the same time, they talked about how much they missed their work and emphasized many of the positive aspects of being employed. Moreover, women commonly indicated that, while staying home had its positive aspects, it was not something they could imagine doing over the long term. Their accounts after several months of staying home frequently emphasized the negative aspects such as feeling bored and isolated and dealing with the demands of being with a baby all day. Like Brannen and Moss's respondents, many "had been able to put up with being at home only because they knew it was a temporary phase" (1991, p. 98).

Thus, the ambivalence that women felt about returning to work did not manifest itself in a strong preference to stay home, but was rather reflected in anxiety about returning to work and an increasing interest in working part-time rather than full-time. In fact, when they were interviewed for the second time, well over half of the women said that they would prefer to return to work on a part-time basis. This preference for part-time work was equally true for professional and nonprofessional women and did not appear to be related to overall positive or negative feelings about employment. Of the women who had intended to return to work full-time, many were reconsidering that decision by the time of the second interview and were either



thinking about or actively exploring the possibility of returning on a part-time or job sharing basis.

Although the great majority of women experienced ambivalence about returning to work, not all women felt this way. Four of the women were unequivocal about wanting to go back to work. For these women, there was no desire to stay at home and no reluctance to return to work:

I can hardly wait to get back to work. It probably sounds like I don't like being a mother, but that's not it. But staying home is definitely not for me. I don't think I could be with kids all day. I miss the adult conversation, and I miss doing something interesting. I've always found my work interesting. (Linda: second interview)

### **Resuming Employment**

As noted in Chapter One, the great majority of employed women in Canada return to the labour force after giving birth. Of the women who gave birth in Canada in 1993 or 1994, one in five had returned to work within one month after childbirth, and 86% had resumed work within the first year (Statistics Canada 2000). One of the most important factors in determining return to work and length of maternity leave is the availability of maternity benefits. Indeed, in the study cited above, mothers who were not eligible for benefits were six times more likely to have returned to work within the first month after childbirth than were those who received benefits (Statistics Canada 2000).

Among the women in this study, the majority were eligible for some maternity benefits. Three women had no access to benefits, either because they had not been in the labour force or because they had not completed the 20 weeks of work necessary to qualify for benefits. Six women were eligible only for employment insurance benefits. The other 16 women had employment insurance benefits enhanced by their employers in the form of top-ups or sick leave provisions. The amount and duration of compensation available through employer sponsored benefits varied widely. For some women such benefits offered minimal additional income, whereas for others they raised the value of benefits to 95% of their salary (see Appendix 6).

Of the 25 women who participated in this study, all but two returned to work within the time period of the research.<sup>3</sup> One of these two women had a strong preference to return to work but had been laid off during her maternity leave. The other woman decided shortly before she was to return to work that she would not go back. For the women who did return, the average length of maternity leave was six months, with the range being from one month to 14 months. This is consistent with

national figures showing that the average length of maternity leave in 1993/94 was 6.4 months (Statistics Canada 2000). Most women returned to work at the end of their planned period of maternity leave, although three women extended their period of leave.

All but two of the women who returned to work had worked full-time or been in school full-time before taking maternity leave. A majority of these (13) resumed full-time work. Some would have preferred to work part-time; however, either for financial reasons or because a part-time position was not available through their current employer, they settled on full-time employment. A substantial minority (eight) returned on a part-time basis.<sup>4</sup> Six of the women who changed from full-time to part-time work did so by choice, indicating that they preferred to spend more time at home with their babies than would be possible with full-time work. These women were more likely to work in professional occupations with relatively high earnings. Two other women who had worked part-time prior to childbirth resumed working part-time. Most women (19) returned to the same job after maternity leave. The two women who had been full-time students both found jobs (one part-time and the other full-time), and two women went to new jobs. Further discussion of women's decisions regarding part-time and shift work and the implications of these work patterns for child care are included in Chapter Seven.

#### **THE AVAILABILITY OF CHILD CARE OPTIONS**

A critical element of the context in which women make decisions about child care is the availability of child care options. Availability is determined by local provision of different types of care, access to care by relatives or friends, costs of care, number and accessibility of child care spaces, and policies affecting the use of child care. This section briefly considers women's situations with regard to the availability of family members and friends to provide care and describes the availability of child care in Edmonton at the time of the study.

Evidence from a number of other studies on child care suggests a widespread preference for care by relatives (Brannen and Moss 1991, Cleveland 1990, Klysz and Flannery 1995). However, there are indications that access to such arrangements is decreasing due to growing geographical mobility and increases in women's labour force participation (Dyck 1996, Irwin and Lero 1997, Pungello and Kurtz-Costes 2000). Geographical mobility is particularly relevant in Alberta, where a resource-based economy and a strong economic position relative to other provinces have resulted in significant in-migration. Of the women in this study, approximately half had moved to Edmonton as adults and, in most of these cases, had no relatives in the

city. When relatives were located nearby, in most cases they were not potential sources of child care due to their own employment, poor health, or unwillingness to spend their time providing care. Thus, fewer than one quarter of the women had relatives who were available to provide care on a full-time basis.

With very few exceptions, husbands were not available as primary providers of child care. When they were first interviewed, four women anticipated that their husbands would be available for full-time care; however, due to changes in employment situations, only one husband was actually available to provide full-time child care. Several others were available on a part-time or shift-work basis.

In many respects, the child care situation in Edmonton reflects the broad approach to child care in Canada as a whole (see Chapter One). However, given the central role played by provincial governments in determining child care policy, there are also some significant differences. Key among these is the part played by the for-profit sector in providing day care. Whereas in most provinces day care is provided primarily under non-profit auspices, in Alberta the reverse is true in that about 80% of spaces are within the for-profit sector. Moreover, it is widely acknowledged that standards governing both day care and family day home settings in Alberta are among the lowest in Canada and that monitoring of standards is inadequate (Doherty 1997, Friendly 1994). Municipalities play no role in the licensing and regulation of pre-school care in Canada, with the exception of publicly sponsored centres in Ontario. However, until recently (2000), the City of Edmonton offered supplemental funding to as many as 18 non-profit day care centres that met certain standards exceeding those required under provincial legislation. By doing so, the municipality made an effort to improve access to high quality care for Edmonton families.

At the time when the women in this study were deciding about child care<sup>5</sup> there were 281 day care centres in the Edmonton region providing 12,846 day care spaces. As is true of Alberta in general, most of the day care centres (80%) were in the for-profit sector as opposed to the nonprofit sector. With an overall vacancy rate in day cares of 30%, it may be assumed that day care placements are not difficult to find. However, with only 14% of spaces designated for infants (19 months and under), placements for children in this age group are disproportionately scarce. Employer-sponsored child care is very uncommon in Alberta, and, in fact, none of the women in the study had access to such care.

By far the majority of child care spaces, particularly for infants, are in the family day home sector. In Alberta there are no licensed family day homes; rather, there are approved homes that operate under the auspices of family day home

agencies. At the time of the study, there were 15 family day home agencies in the Edmonton region offering 2,129 spaces in 740 homes. Approved family day homes are allowed to provide care to a maximum of six children under the age of 11, with the further stipulation that only two children can be aged two or under. While these approved day homes are monitored and supported through the agencies with which they are associated, the great majority of family day homes in Alberta are unapproved and unmonitored. Provincial regulations limit the number of children cared for in unapproved day homes to six, with no more than three children under the age of two. However, with no means of monitoring these settings, it is difficult to ensure that they are complying with the regulations regarding numbers or to discern the quality of care being offered. There is no way of knowing exactly how many family day homes fall outside of the approved category, but estimates suggest that about 80% of family day homes are unapproved.<sup>6</sup>

Another child care option is in-home care by a nanny or a babysitter. It should be noted, however, that nannies in Canada are usually not trained to provide child care. The term 'nanny' is used broadly to denote a person whose main responsibility is child care but who is often a babysitter-cum-housekeeper. As noted in Chapter Two, most nannies live with the families who employ them, in which case room and board become part of their remuneration. While care by a nanny represents a fairly costly option for one child, it becomes a less costly alternative to other types of care when there are two or more children in care (Arat-Koc 1990).

Fees for child care vary widely according to such factors as type of care, auspices, age of children, and hours of care. Specific costs of care are not relevant unless they are provided in the context of income. It is relevant to note, however, that day care fees are significantly higher than are fees for family day homes, and infant care is considerably more expensive than is care for older children.

For women seeking child care placements, little assistance is available from formal sources (see Chapter Six for further discussion). Whereas information and referral services are available in some parts of Canada, no such services exist in Edmonton. Lists of day care centres and licensed family day homes are available from the provincial government, as are booklets on what to look for in child care settings. Beyond these resources, however, there is no information or help for parents in finding and assessing child care.

## SUMMARY

The main focus of this chapter has been on the personal contexts in which the women in the study made decisions about paid employment and child care. My assumption in exploring these contexts is that, to understand women's child care decisions, it is important that we examine how women make sense of their everyday lives. The women's accounts illustrate the profound ambiguities that underlie women's orientations to work and family and the dilemmas that they face in making decisions about whether to resume employment or stay at home with their children. Although all of the women had decided to return to work, their accounts revealed the extent to which such decisions are not unequivocal but, rather, are tentative and contingent. Indeed, many women recognized the tentative nature of their decision to resume work and anticipated that the 'real' decision about going back to work could only be made after they had become mothers and had had the experience of staying at home. Nearly all of these women had strong positive orientations to paid employment and viewed their employment as an important element of their lives. Although being a 'good mother' was a prevailing concern for these women, for most this did not entail staying at home and being a full-time mother. Nevertheless, women felt deeply ambivalent about returning to work and voiced considerable anxiety about whether they were 'doing the right thing'.

Another important part of the context in which women make child care decisions is the availability of care options. As indicated here, women had very limited access to caregivers among their personal networks, meaning that most were faced with seeking caregivers in the child care market. As Dyck has pointed out, "Local conditions will specify the framework within which particular [child care] strategies are developed" (1996, p. 139). While there is no overall shortage of spaces in the local child care system, the paucity of spaces for infants, the high costs of care, and the lack of information about child care options and quality are just some of the challenges facing women in finding appropriate care for their children.

**ENDNOTES**

1. As used here, the notion of a 'traditional path' applies essentially to family life in the 20th century. It should also be noted that, while it is becoming something of an anomaly, it continues to be an option for many women.

2. The term 'insecurity' denotes a number of different circumstances. Some husbands were in probationary or term-limited positions, several were self-employed in businesses that were not very stable and which provided no benefits, and others were faced with possible layoffs.

3. Data gathering took place over a two-year period, but each woman was followed for a maximum of 14 months after childbirth.

4. See Chapter Seven for further discussion of women's part-time employment, including hours of work.

5. Figures used here are from June 1997 and were provided by Alberta Family and Social Services, Day Care Services, in response to my request. I am grateful to Linda Groves-Hauptmann for providing the information specific to my needs.

6. This information is based on a conversation I had with Alberta Family and Social Services (Day Care Services) staff on January 28th, 2000.

**CHAPTER FIVE**  
**WOMEN'S KNOWLEDGE, ATTITUDES, AND BELIEFS**  
**ABOUT CHILD CARE**

One of my primary aims in undertaking this research was to better understand why women make the decisions that they do with regard to child care. As indicated in Chapter One, the starting point for the study was my assumption that women's decision making about child care is complex and difficult and cannot be fully understood without taking account of the multiple and interrelated contexts in which such decisions are embedded. In particular, I wanted to explore and confront the notion that women's overriding concerns in choosing child care are cost and convenience. Thus, I set out to examine women's experiences of making decisions about child care in order to uncover the complexity underlying these decisions and to shed light on the factors that influence choices.

It is not my intention in this research to be able to state with certainty the reasons why women make particular child care decisions or other work and family decisions. Research cannot hope to provide a definitive answer to the question of why people choose a particular course of action, especially in a realm so complex and value laden as the care of children. What this research can and does provide is "rich and important information" (Scazoni and Szinovacz 1980) about women's decisions. This information is grounded in women's own accounts of their lives and adds to our understanding of the diverse factors that shape women's interrelated decisions about family, child care, and employment.

The interpretive framework that underlies both the research design and the data analysis takes into account the social, economic, ideological, and political contexts which form the backdrop for women's decisions and, to an extent, constrain their choices with regard to both work and family. It also stresses women's efforts to shape and define their own lives by making those decisions that represent the 'best' solutions for themselves and their families. Following from this framework, my assumption is that while women who combine work and family responsibilities confront many similar opportunities, constraints, dilemmas, and choices, there will be considerable diversity in how they respond to these conditions and thus in the decisions that they make (Dyck 1996, Pascall 1997, Ribbens 1994). The interpretive discussion that follows focuses on the similarities and differences in women's experiences of making decisions about child care and in the ways in which they combine their work and family roles.

### THINKING ABOUT CHILD CARE: WOMEN'S BELIEFS AND CONCERNS

In setting out to explore women's decisions about child care, I conceptualized decision making as a process that extended over time and had no clear beginning or end points. My decision to conduct the first interview with women during the third trimester of their pregnancies followed from my assumption that this would capture a relatively early point in the process of making decisions about child care. It seemed likely that, even though the women may have taken little action at this point toward securing child care or even toward deciding what type of care to use, they would have perceptions and experiences relating to child care that would influence their ultimate decisions. With this in mind, I focused a large part of the initial interview on learning about women's knowledge, attitudes, and beliefs about child care.<sup>1</sup>

At the time of the first interview, all of the women were intending to go back to work either full-time or at least half-time within a year after their child was born. They all knew that they would need some kind of child care for the hours they were working, but none had any arrangements in place at this time, and very few expressed certainty as to the type of care they were likely to use. While most women were able to indicate preferences for one or perhaps two kinds of care, many doubted that their choice of care would be available, or they acknowledged the possibility of changing their minds as they learned more about different kinds of care.

Nearly all of the women claimed to have thought very little, if at all, about child care when I first spoke with them. Yet the conversations revealed a considerable degree of 'thinking' about child care. Their thoughts, as they anticipated looking for and using care, were expressed as beliefs and concerns about child care in a general sense as well as perceptions about the advantages and disadvantages of different types of care. They were also able to speak with some certainty about what was important to them in a child care situation and to reflect on why they would or would not use various types of care.

As of the first interview, none of the women had taken any actions toward securing child care,<sup>2</sup> yet most seemed to know intuitively that searching for and deciding about child care was going to be a difficult and daunting task. In this early stage, their knowledge and beliefs about child care seemed to derive largely from experiences that had been shared by friends, family members, and co-workers about finding acceptable child care and from media stories reporting problems in child care settings.

The most striking feature of my initial conversations with these women was the prevalence and depth of their anxiety as they reflected on the impending task of



finding child care. Indeed, words related to fear, anxiety, worry, and risk permeated both the first and second interviews. The concerns that emerged from the women's accounts speak very strongly to their fears about whether they would be able to make the 'right' decisions about child care and about the consequences in terms of possible harm to their children of making the 'wrong' decision.

To varying degrees, all of the women spoke of their worries about the potential for their child to be harmed in a child care setting. However, 'harm' had a number of different meanings. Most commonly, it referred to personal safety in terms of the possibility of a child coming to serious physical harm, including death. Women were also concerned about the potential for neglect, by which they meant that their children would not be given adequate love, care, and attention:

There seem to be so many things that could happen, like child abuse and neglect. I just hope I can find something that my child won't suffer from. I don't know how you can be sure that some of these things aren't going to happen. How sure can you be? (Keri: first interview)

There's so much to think about when I think about putting my child in a day care or something. You listen to all these horror stories of what it's like. How do you take a good look? How do you know? Like that little girl who hung [*sic*] herself on the slide or the little boy who walked away from the day care and got lost. So all these things scare the hell out of me basically. The family day homes, to be truthful, are the ones that scare me the most. You don't know what happens there—like sexual abuse for instance. (Rebecca: first interview)

You hear about these places where the kids are sitting in front of the TV all day and they don't get any attention. Nobody picks them up and hugs them. What if they're hurt or upset or even just lonely for their mom? I'd be so worried that she wouldn't get the loving care she needs. (Sandra: first interview)

Although they were not asked specifically about their concerns and fears pertaining to the use of child care, the women invariably raised these issues during the course of discussion about their perceptions of child care. For many women, voicing their anxieties about child care appeared to give rise to both positive and negative feelings. On the one hand, talking about their fears seemed to make them more real and visibly created anxiety among some women as they reflected on the potential dangers of child care settings. Typically, women appeared embarrassed to have raised these concerns and often dismissed their own fears with such statements as, "I know this sounds really silly but . . ." or "you'll probably think I'm kind of paranoid . . .". On the other hand, women seemed relieved to have had the opportunity to voice their

fears and to confront them in the context of a broader discussion about child care. It emerged in our conversations that few women had discussed these fears openly with their husbands, friends, or family members. Sarah, for example, had not talked to her husband about her worries and was reassured to know that she was not alone in harbouring such fears:

I haven't even talked to [husband] about this because I think he'd think I was crazy, but you know, I worry so much about what could happen in some of these places. You hear about these awful things, like at some of these day cares, and you just wonder if they're going to happen to your child. . . . I'm glad I'm not the only one who's worried about these things. (Sarah: first interview)

Although they did not necessarily name it as 'harmful', several women had concerns about their children being exposed to values and beliefs that were substantially different from their own. The problem was not so much the diversity of values as it was the potential for particular values to negatively affect the child's development. Leanne, for example, was concerned about the potential for her child to be exposed to beliefs and values that contravened her own and realized that she would have little control over this element of care:

I've thought quite a bit about the philosophy of child care and what my values are *vis-à-vis* childrearing. And [husband] and I talk about it quite a lot. And one of my concerns is about the messages he'll get from someone else who's looking after him. I mean, ideologically, what kinds of ideas and values will he be getting? So I'm very much aware that he'll be getting care, but he'll also be getting something else. And what can I do about that? It frightens me. (Leanne: first interview)

The strength and pervasiveness of women's fears about the potential for their children to be harmed in child care settings raises questions about the sources of such fears. There was nothing in the women's accounts to indicate that their concerns were grounded in their personal experiences. Nor did the stories of experience in using child care that they had heard from friends, family members, or co-workers indicate any reasons to believe that children might come to harm in these settings.

A more likely explanation is found in women's accounts of media stories focusing on child care and of how these media stories have influenced their perspectives. It is noteworthy that, around the time that I was conducting the first and second interviews, the issue of abuse and neglect in child care settings was particularly visible in the media. Two episodes of a popular American television program, the *Oprah Winfrey Show*, focused on abuse or neglect by nannies and babysitters, and another program addressed the poor and often dangerous care found

in some day care centres and family day homes.<sup>3</sup> At the same time, incidents at two Edmonton day care centres received high profile coverage in the media, one being a case in which a child died by choking when her clothing became entangled in a piece of play equipment and the other a case in which a child wandered away from a day care centre and was missing for several hours. Although I did not initiate discussion of these media stories, nearly all of the women themselves referred to them in the course of sharing their concerns about child care. Some of these references were specific to particular programs or to the local incidents mentioned above, while others were more general to media portrayals of child care. Invariably, they emphasized the potential for children to be harmed in non-familial child care settings:

I'm so hesitant about day care and babysitting. You know, I watch stuff on television—I watch *Oprah*, and they have this stuff on nannies from hell. And *Prime Time Live* is another that had something on about day cares; . . . and you think, "Why would I want to put my child in one of those places? . . . Why would I want to do that to her? (Bonnie: first interview)

When you read in the paper—like about that little girl that died—or you hear stories about children being abused in some of these places, it's scary to think about who you're going to be leaving your child with—and what could happen. (Joyce: first interview)

You see in the news about this day care and that day care, and they have all the staff, but they don't pay any attention to the children and they die. It's scary. There's a dilemma in that somebody else is raising your children. How do you find somebody who's got the same kinds of ideas that you do? I've seen some TV programs about nanny abuse—showing nannies abusing children. That's sort of daunting. You don't know what you're getting yourself into. (Keri: first interview)

These powerful images of child care as being potentially harmful loomed large in women's accounts as they shared their thoughts about child care.

Of course, media stories focusing on problems in child care and portraying child care as harmful are nothing new. Over the last two decades the media have repeatedly drawn attention to unacceptable incidents in child care settings and have thus undermined public confidence in child care (Colwell 1995, Michel 1999, Morrison 1989). It is clear that, for the women in this study, the 'horror stories' they had heard through the media and in conversation with others had a strong influence on their views and, in particular, fuelled their fears about child care. However, negative media attention cannot, on its own, adequately account for women's fears and anxieties about child care. Rather, the negative media image of child care both reflects

and is upheld by cultural norms that emphasize the primacy of mother care and continue to view care outside the family as suspect.

The belief that non-maternal care is potentially harmful to children is an important element of the cultural beliefs that shape women's child care decisions, becoming a kind of 'common wisdom' that women take into account as they begin to think about the necessity of finding child care. In particular, for women who are faced for the first time with the task of finding appropriate child care, who view themselves as knowing very little about what is available or how to go about finding it, and who are very much aware that the onus is on them to find good care, this common wisdom holds a great deal of power:

I saw a program on television about the abuse of children in day care in the United States. But that was before I was pregnant. I think when you have a child or you're going to have a child, you become much more aware of things like that. I mean, it's disgusting for anyone to see things like that, but if you think of your child being put in a situation like that due to a lack of government regulations, it's pretty awful. And how are you supposed to know what to look for—to make sure that things like that don't happen to your child? (Susan: first interview)

Closely related to concerns about potential harm to children is the issue of "trust" which was raised repeatedly by women in their reflections on finding child care. There was a strong perception running through the women's stories that they could not trust the child care system. This lack of trust related not only to women's concerns about the potential for children to be harmed in child care, but also to their assumption that child care providers intentionally put forward a misleadingly positive image of what they have to offer, or take measures to conceal their shortcomings:<sup>4</sup>

As far as I'm concerned, I'm sure they put on a show. And how do you know if it's real—that what you see when you go in there is what really happens? (Bonnie: first interview)

Of course, they want you to leave your child there. So when you're there, they're showing their best, so it's kind of artificial. You don't get a sense of what it's really like. (Dianne: first interview)

The issue of trust also emerged in relation to women's confidence in their own judgement in terms of making good decisions about child care. Underlying their anxieties seemed to be the question, "can I trust myself to find good care?" Women's comments as they anticipated searching for child care reflected an image of themselves as novices embarking on a task for which they were ill-prepared and which, from what they had seen and heard about child care, appeared very

challenging. Most were uncomfortably aware of what they did not know about the system and of what to look for in child care settings. With few exceptions, they expressed a lack of confidence about being able to make the 'right' decision; that is, a decision that would not result in harm to their children:

The way I'm feeling now, I'm quite apprehensive about having to look for child care. I don't really know where to start. I know next to nothing about what's out there or how to rate different places. (Bonnie: first interview)

There's a fear of having to use a stranger and not knowing where to go or what to look for. There's an anxiety about not knowing and not being able to find out these things. . . . As far as child care is concerned, it's just the fears of having to actually look and how much is involved in looking. I don't know anything about how to find out about child care because I haven't looked into that. (Darlene: first interview)

The initial interviews revealed a widespread tendency to view the task of finding child care as 'risk taking behaviour'. That is, it was understood that all alternatives have drawbacks and that no ideal solution exists. Several women spoke specifically about the risks involved in looking for and using child care. Others, while they did not use the term 'risk', talked about the world of child care as 'the unknown', where 'anything can happen':

Just the idea of having to take my baby to someone else is scary because you hear so many horror stories. It could be someone you know but who you don't really know. There is such a risk involved—which is that the unknown is scary. (Penny: first interview)

I really don't know what I'll do. I don't trust a whole lot of people. How do I know what's really happening once I leave the place? No matter what you do, unless you stay home and take care of your child yourself, there's going to be some risk and there's going to be guilt. (Rebecca: first interview)

The fact that, at least initially, their children would not be able to talk and thus would be unable to alert them to problems in the child care setting was raised by several women in accounting for their anxieties:

I'd rather wait until the baby can talk before I get a job and he has to go to day care or somewhere. So then if anything is wrong he can say what's happening. The world's too scary, and I don't want anything happening to my baby. (Norma: first interview)

In summary, women's accounts from our initial conversations revealed profound and widespread fear and anxiety about finding safe and appropriate care for their children. The primary concern of the women as they anticipated the use of non-maternal care was with finding care that would not be harmful to their children.

### **WHAT WOMEN KNOW ABOUT CHILD CARE**

A central preoccupation of feminist research has been the exploration of women's ways of knowing and of what constitutes women's knowledge (Belenky et al. 1986, Code 1995, Edwards and Ribbens 1998, Smith 1987). Of particular relevance to the present study is a conceptualization of women's knowledge as constituting public, private, and personal dimensions (Edwards and Ribbens 1998, Miller 1998). According to this distinction, public knowledge derives from professional definitions and carries the authority of professional expertise. Private or 'lay' knowledge is that which is transmitted within women's personal networks and which is often based on women's stories of experience. The term 'personal knowledge' is used to convey what women know that is grounded in their own understandings and experience and "which may challenge or contradict both these professionally defined and/or lay 'knowledges'" (Miller 1998, p. 59).

Applying this framework to the present study, it is evident that public, private, and personal knowledges are all reflected in women's accounts and that these diverse ways of knowing are often contradictory. As child care has become increasingly subject to public debate and intense media scrutiny, women have been confronted with an extensive and complex body of knowledge about the care of children. As is true for mothering and childrearing in general, the realm of child care has historically been dominated by the voices of experts, particularly those in the field of child development (Dahlberg et al. 1999, Michel 1999, Pascall 1997). The extent to which expert discourses have permeated cultural understandings of motherhood and the care of children has been well established in feminist research (Ribbens 1994, Glenn 1994). In addition, the growing use of non-maternal care means that first-hand experiences with using care are more widely accessible. Although the media has not been specified in the above framework, media voices are clearly represented in women's accounts as a critical source of public knowledge.

Despite the fact that women were able to talk at length and in depth about child care, they perceived their knowledge of child care as being very limited indeed. When I first spoke to them, the women made a point of indicating to me how little they knew about child care. In the context of an interview that focused on child care, many women expressed discomfort or embarrassment about how little they knew

about this topic. The anxiety and lack of confidence that women typically felt about their ability to find safe and appropriate child care was often seen by them as stemming from their inadequate knowledge about child care.

I don't know much about child care, to tell you the truth. I know that there are day cares, and I've just found out about home care or day homes. But really that's about the extent of it. I know I should be finding out more about it by now, but I don't know how or where to find out. I don't even know where to start. (Marie: first interview)

Because right now it hasn't been part of my life, so I don't know much about it. I don't even know enough about different kinds to have an opinion. I don't know anything about whether they're supposed to meet certain standards or not. Really, I hate to say it, but I feel like I know nothing about child care right now, so I don't know how I'm going to be able to find a good child care place. (Beth: first interview)

I feel embarrassed to say it, but I really don't know anything about child care. I mean, I know what kinds of places there are, like day cares and women who look after kids in their homes, and nannies of course. But that's about it. I don't even know how much it costs for child care. (June: first interview)

In light of what appeared to me to be quite extensive knowledge about child care, it is interesting to reflect on women's meanings when they claimed that they knew little or nothing about child care. It appears that women did not define what they knew through personal and private means as constituting 'knowledge'. Rather, they interpreted knowledge in terms of factual information about the child care system and about how to choose good care. Moreover, the complex and contradictory nature of child care knowledge to which women had been exposed contributed to uncertainty and bewilderment about child care which may have been interpreted as 'not knowing'. As many women put it, "you don't know what to believe."

In the child care literature, knowledge is often conceptualized as a resource that parents use in choosing from among types of child care or in selecting a specific child care setting (Bradbard and Endsley 1980, Gravett et al. 1987, Olsen and Link 1992). Some researchers have focused specifically on parents' lack of knowledge about the child care system and the implications of this lack of knowledge for choosing 'good' child care (Bogat and Gensheimer 1986, Joesch 1998, Olsen and Link 1992). For example, Olsen and Link suggested that parents have difficulty in distinguishing quality care from 'less than quality care' because they "often lack knowledge to effectively evaluate and balance program quality in relation to the factors of cost, hours and location" (1992, p. 459). Knowledge in this sense denotes

factual information on the availability and features of different types of child care and expert opinion as to what constitutes quality care. In defining knowledge in such narrow terms, these researchers have overlooked the critical importance of understanding women's particular ways of knowing.

The conviction among women in this study that their knowledge of child care was limited needs to be viewed in the context of the meanings they associated with the concept of knowledge. Indeed, at the time of the first interview, most women did have limited knowledge about the child care system. Few understood how licensed family day homes differ from unregulated home-based care, and fewer still indicated that they knew the difference between for-profit and nonprofit care. In particular, women felt at a disadvantage when they considered how little they knew about specific care providers and programs that they could consider using. Cost of care was another area in which a majority of women had little information. While most were aware that the provincial government had regulations in place governing quality of care, very few knew any of the standards or how they were monitored, or what kinds of care were subject to regulation. Moreover, women's accounts reflected some substantial inaccuracies in their information about the child care system (see below).

Given that this information about the child care system is not readily available, it is not surprising that women were uninformed or, in some respects, misinformed. As will be seen in Chapter Six, by the time they were in a position to make child care arrangements, most women had sought out information about child care and had learned a great deal more about the child care system.

#### **WHAT WOMEN CONSIDER TO BE IMPORTANT IN CHILD CARE**

Very few researchers have asked parents directly about the elements that are important to them in choosing child care. For the most part, those who have addressed this question to parents have used a predetermined list of features (for example, Bogat and Gensheimer, 1986) or have relied on retrospective accounts of the features that parents looked for in choosing the type of care that they currently use (for example, Atkinson 1994, Herscovitch 1996, Hunter et al. 1998). Asking parents to retrospectively identify factors that influenced their decisions raises the issue of *ex post facto* rationalization (see Chapter Three) as well as concerns about recall. Bogat and Gensheimer, in reporting on factors considered important to parents in selecting care, pointed out that, "because most researchers inquire about these issues once parents have already selected a facility, it is not apparent whether parents conduct their searches with these factors in mind" (1986, p. 160).



In this study I asked women to identify the features that they considered important in any child care situation and that they would have in mind when looking for child care. More specifically, I asked them what they considered to be important for their children as well as for themselves. Because these questions were asked before any child care arrangements were made, the respondents were not constrained by feeling that they had to justify a decision that had already been taken. These general questions elicited a wide range of responses with varying degrees of specificity (for example, "someone who will cuddle my child" and "good quality care"). When women named general concepts such as 'quality', 'trust', or 'safety', conversation was then focused on generating more specific meanings for these concepts.

Women's responses to the question of what is important to them in child care tended to fall into a number of main areas that I have grouped into four categories: qualities of care that enhance the well-being of children, qualities of the caregiver, qualities of the care setting, and practical aspects of care arrangements (such as cost and location). These categories are used to organize the discussion that follows.

### **Qualities of Care that Enhance the Well-Being of Children**

Consistent with their concerns about children being harmed in child care, nearly all the women in this study named safety in the care setting as the most important element of care for their children. What women meant when they used the term 'safety' was closely related to the risks that they perceived in child care situations. For example, some women talked about their child's safety in terms of the child not being actively harmed by the caregiver. Others viewed the risk in more passive terms and saw the safety of their child as being contingent on appropriate supervision such that the child would not come to harm.

Although women were not asked to rate the importance of the factors they named, many women made a point of saying that the safety of their child was *the* most important factor to them, and that without safety, other factors were essentially irrelevant:

I think the safety of the baby is the most important thing to me. I don't want the baby exposed to anyone that might hurt them, whether that's a worker or even a relative. Whether there are lots of bright toys around isn't as important to me as the safety of my child. So I'd have to say that nothing else is as important as knowing my baby's safe. (Alice: first interview)

The most important thing for me would be—well, it's hard to say that the safety's more important than emotional nurturing, but I guess when you get right down to it, physical safety probably is the most important thing. (Beth: first interview)

The first thing I'll be looking for is safety. There are other things that are important, but safety is the number one factor. If I thought it wasn't safe, there's no way I'd leave my child there. (Marla: first interview)

Another powerful theme in women's accounts was the importance of warm and loving care for their children. Nearly all of the women voiced a desire for their child to be in the care of someone who would provide emotional nurturance and warm, compassionate care. It is interesting to note that most women avoided stating directly that they wanted their child to be loved by the caregiver. They were more likely to talk about loving as a property of the caregiver or the environment. Tracy, for example, emphasized that:

I want my child to have a caregiver who loves children, someone who is in the child care field because they want to be with children—because they have love and compassion for children. (Tracy: first interview)

A third element that women considered to be of crucial importance for their children was interaction between caregiver and child that would support appropriate child development. Most women (more than three quarters) stressed the importance of care that would nurture their child's development and help them to learn and grow. In fact, many women explicitly rejected the notion of a caregiving situation that offered only custodial care or that did not offer appropriate stimulation. Given that women were talking about the care of infants, it is significant that they would place so much emphasis on the importance of child development:

I don't want my child just to have their physical needs being looked after—which I think is an easy kind of trap you can fall into with a baby. You know, you feed them and change them and they're quite happy. To me it's important to do different things with them so that some stimulation is going on. (Denise: first interview)

There's a lot of stuff that's important for psychosocial development. It's not just looking after their physical needs. There has to be a lot of other things happening in regards to developing their self-esteem, developing them as persons, developing their creativity. (Marla: second interview)

For the most part, women's comments seem to reflect a broad understanding of child development rather than specific ideas about developmental stages or about activities associated with achieving developmental milestones. Women were anxious for their children to receive the kind of care and stimulation (intellectual and physical) that would meet their developmental needs and allow them to realize their full potential. Typically, the emphasis in women's comments was on 'general developmental concepts such as growth and learning. Although a few women mentioned the importance of their children having the opportunity to be with other children, social development did not emerge as a major concern, at least in the initial conversations:

In some of the reading I've done, they talk about stimulating a baby even from a very early age. So that's a consideration for me—finding someone who knows something about child development and can stimulate my baby to grow and learn. (Jocelyn: first interview)

I want my child to learn and grow, so I'd like somebody who's going to be active with the child—helping with the child's teaching and learning. (Darlene: first interview)

In summary, in considering what they wanted child care to offer to their children, women attached greatest importance to safety, warm and loving care, and attention to appropriate development. Each of these three elements was mentioned by a majority of women. Other concerns that were alluded to with less frequency but were nonetheless important included appropriate discipline, happiness, and good health.

### **Qualities of the Caregiver**

Women's accounts reflected a great deal of certainty as to the elements they believed to be essential for the well-being of their children. The obvious question that follows from this knowledge about the essential qualities of care concerns how women can ensure that a child care situation offers these qualities. Knowing what women want their children to get from care provides a context for understanding why particular qualities of care are considered important and for understanding preferences with regard to type of care. As will be seen from the discussion below, there was substantial consensus among women on the qualities of caregivers that would most likely be associated with the elements of care that they named as important. There was considerably less agreement on the types of care that women believed would meet their child's needs.

For women in this study, finding safe and appropriate child care meant, above all, finding a caregiver who they could trust. Given the concerns and fears that they expressed about child care settings and caregivers, it is not surprising that trust would emerge as the main criterion by which to choose a caregiver:

I guess what's really most important for me is my trust in the person. I have to feel that I can trust them before I'd be willing to leave my baby with them. (Rebecca: first interview)

There's lots of things that are important, like knowing that it's a safe place and having someone who understands about child development; but for me, what's more important than any of these other things is having someone I can really trust. I mean, if you can't trust the person who's caring for your child, none of these other things matter. (Susan: first interview)

Of particular interest in the women's accounts is the way in which they talked about trust. Even though they were obviously concerned with features of a caregiver that would reflect trustworthiness, they rarely spoke about trustworthiness as if it was an inherent quality which caregivers either did or did not possess. Rather, they spoke of trust in terms of whether or not they themselves could trust the caregiver. This is a subtle distinction, but it is important in emphasizing the extent to which women feel the weight of responsibility for making good judgements about child care. In the case of choosing a provider, they felt that it was up to them to determine whether particular caregivers could be trusted to take care of their children and ensure their safety. Faced with this responsibility, most women felt some apprehension about their ability to judge caregivers accurately in terms of their trustworthiness.

The extent to which women tended to view trust in terms of their own feelings and judgements reflects an understanding of trust as being essentially intuitive. At the same time, trust was typically viewed as an emergent quality of a relationship with a caregiver that develops over time. This posed a difficulty for women who, faced with the necessity of choosing a caregiver, were aware that time would not allow for trusting relationships to develop before making their decision. Hence the concerns raised by both Marie and Sandra as they reflected on how they could develop trust:

And how do you develop trust in such a short time? I can interview someone thoroughly and ask her all sorts of questions, and I will still never really know how she will act. I just have to go by my gut feelings and hope I'm right. (Marie: first interview)

I don't really know how I'll know if I can trust someone. It's one of those things that when it comes down to making a decision, I'll just know in myself if it's the right person. I mean I'm pretty good at summing people up, and I think I'll know if I can trust them, or at least if I can't trust them. But I don't see that happening overnight. It could take time to figure out if I can trust someone with my child. (Sandra: first interview)

For the most part, being able to find a caregiver who could be trusted was viewed as a significant end in itself. However, as Beth pointed out, being able to trust the caregiver has implications for women's experiences of their work and even for the decision about whether to remain in the labour force:

If you can trust them, it's going to be easier for you to do your work. When you're there all day, it's stressful enough without having to always have that extra worry on your mind about whether you can trust the person who's looking after your child. And I can see that that's when some people would just start questioning: why don't I stay home and not have to worry. If you're paying for it and you're always kind of worried and you're not sure if you can trust them, you'd start wondering if it was worth it. (Beth: first interview)

While on the one hand, women were inclined to see trust from this intuitive, relationship-based perspective, they were also able to name important attributes of a caregiver that would increase the likelihood of their being able to trust the person. Perhaps the most important of these was that the caregiver be known beforehand. Almost half of the women stressed the importance of having someone they knew taking care of their child. Indeed many indicated that they would not even consider having a stranger as a caregiver. For some, the significance of having a caregiver who was known to them was that they could trust someone they knew not to harm their child. A stranger, on the other hand, represented the 'unknown' and a potential threat to the child's safety:

The most important thing for both of us is having someone we know. There's a fear of having to use a stranger and not knowing what they're doing with your baby. I know I'd worry a lot less if someone we knew was looking after our baby. (Darlene: first interview)

For others, having someone they knew taking care of their child increased the likelihood of similar approaches to raising children and meant that, in all probability, their own beliefs and values would be reinforced, or at least, not undermined:

So if I could set something up with one of our friends—either to pay them or on some kind of swap system—I'd feel okay about that, Because then I would know them and I could trust them because I'd know what their child-rearing ideas and techniques are. (Veronica: first interview)

You want to leave your child with someone you know and trust, because what's important to me in someone looking after my child is that they have the same ideas I have for raising a child. So someone I know and who has the same beliefs as I do is the main thing. (Susan: first interview)

In his study of shared care, Hill noted that parents' explanations for their choices of care "did not reveal all of the factors affecting choice" (1987, p. 86) in that certain attributes appeared to be taken for granted. For example, it was rarely specified by his respondents that care providers should be women or should have experience in caring for children, and yet these attributes were strongly reflected among the caregivers chosen. Similarly, women in the present study did not usually specify that the care provider should be female, and yet their accounts revealed clearly that, as they talked about caregivers, they were referring to women. Only two women made a point of specifying that the caregiver should be female, yet all of the women used exclusively feminine pronouns in referring to potential caregivers.

That the caregiver would be a mother or would have experience in caring for children did not seem to be taken for granted. About a third of the women specified that the caregiver should be a 'good' mother, and several others felt that it was important for the caregiver to have had experience caring for children:

Whoever I get, I would want them to be a mother. Like this one friend, I'd forgotten about her actually, but now that I think of it, she'd be really good. She's a great mother. (Veronica: first interview)

Whatever kind of care we use, I think it's definitely important that they have some kind of experience in child care. It wouldn't have to be a formal education. It could be someone who's raised seven children of their own, or like in the case of my cousin—she just had a baby, and from what I see of her and what I see of him and how he's developing, I can see that she provides for him physically, emotionally, and that sort of thing. So I'd say that she's a good mother. (Louise: first interview)

Although not all women specifically indicated that the caregiver should be a mother, a striking similarity in the women's accounts of what is important to them in child care is what might be termed the 'motherly' qualities that they seek in a

caregiver. In one way or another, all of the women stressed the importance of the caregiver being nurturing, loving, and compassionate. Typically, they gave examples of what they would consider to be appropriately caring or loving responses to a child, such as picking up and comforting a child who was distressed. There was also a frequently expressed expectation that the caregiver's motivation for working in child care would be their love for children:

I just want someone who's, you know, really loving. I mean, especially for an infant, I'd be looking for someone who'd be like, loving and just willing to pick her up and cuddle her and hold her and that kind of stuff. (Denise: first interview)

What I really want is someone who will love her like I do. If she's going to cry, I want them to cuddle her—not want to throw her out the window if they lose patience with her. So it's important for whoever it is to be someone who loves children and really wants to be doing this. (Sheila: second interview)

The priority accorded to caring and loving behaviour on the part of a caregiver is consistent with the findings of a U.S. study in which a warm and loving caregiver was the factor most frequently cited by parents as being important in their choice of child care arrangements (Olsen and Link 1992). Such caring behaviour is not, of course, the exclusive purview of women. Yet, the accounts of women in this study suggest that they were looking to other women, and preferably women who were themselves mothers, to provide a kind of care that is akin to mothering. Indeed, women commonly used the term 'motherly' in describing the important attributes of a caregiver. When asked how they would define 'motherly', women invariably invoked images of women who were warm, nurturing, and patient with children.

Overwhelmingly, women in this study described the important qualities of care in terms of female caregivers with attributes that are commonly associated with mothers. Males were not so much rejected as caregivers as they were almost completely absent from most women's reflections on caregivers. A few women expressly indicated their discomfort with the possibility of males being present in the caregiving setting. For these women, males had no place in the care of children except in the case of the child's father or possibly other close relatives. However, not all women shared this perspective. Two women made a point of criticizing the extent to which child care environments are almost exclusively 'feminine'. As one woman put it:

day care is a very feminized environment which I think is too bad. It would be nice if there was more of a mix. We need to have more men involved in looking after children. (Leanne: first interview)

Another important attribute of caregivers that was closely related to trust was similarity of beliefs and values. Over half of the women stressed that they wanted a caregiver whose beliefs and values corresponded closely with their own. However, asked about the particular beliefs and values on which congruence was important, most women gave general answers such as "well, in how you raise children," or "things like children and family being important":

It's definitely important that they have similar values and morals to what we have and believe in the same things. If you know they have the same values as you do, you're more likely to trust them. *[Prompt]* Well, like believing that kids are really important and precious, and you have to treat them with care. (Louise: first interview)

Only a few women articulated their values and beliefs more specifically, noting that they would want a caregiver who shared and promoted these values. In naming specific values, women emphasized the importance of tolerance, gender equality, appropriate discipline, and self-respect:

I'd undoubtedly look for people who, when I talked to them, were kind and generous and not racist. So I'd want a place where I felt that equality was being stressed and non-gender-specific roles were being stressed. . . . And there are other things that are important to us, things like discipline; we have some pretty strong views about that. And our ideas about gender roles. So, for instance, we wouldn't want him to be given only boys' things to play with or be discouraged from crying or things like that. (Leanne: second interview)

Thus, women felt most inclined to trust a caregiver who was known to them, who held similar beliefs and values about the care of children, who was female, and who was able to offer loving or 'motherly' care.<sup>5</sup> The emphasis that they placed on these particular attributes reveals the critical importance to women of finding a caregiving situation that, as closely as possible, replicates the care that they would provide themselves. Thus, as they consider the question "how can I get what I want for my child?" the answer seems to be "by finding someone who, in all important respects, is like myself." Dyck (1996) came to a similar conclusion in her recent study of mothers in Vancouver who had found care within their social networks. In making child care arrangements, the women in Dyck's study had attempted to find a caregiving situation that would be a 'home away from home', by which they referred



not only to a home-like environment, but also to a caregiver who would offer the kind of loving care that they themselves would provide.

This desire on the part of women to find caregivers who will replicate their own mothering is consistent with the prevailing discourse on motherhood which, though it is ever shifting, continues to extol the virtues of mother care and to stress maternal responsibility for the care of children (Dyck 1996, Luxton 1997, Michel 1999, Silverstein 1991). While there is increasing acceptance for mothers working outside the home, this acceptance is tempered by the prevalent value that, at least with regard to young children, care by someone other than the mother is second best. Following from this assumption is the strongly held expectation that if mothers are not available to provide full-time care themselves, they are responsible for finding caregivers to adequately replace themselves (Brannen and Moss 1991, Dix 1989).

Thus, there continues to exist a powerful injunction for mothers either to provide care themselves or to find a substitute caregiver who will provide appropriate care. The accounts of the women in this study shed light on how this injunction comes into play in women's thinking about the kind of care they want for their children and, ultimately, in their decisions about child care. The ambivalence that women expressed about whether they ought to be working and thus leaving their children in the care of others (see Chapter Four), is one reflection of the way they hear and respond to the discourse that asserts that the mother is the best person to care for her child. Their desire to find caregivers who will essentially replicate their own caring is revealing of their attempts to interpret and resolve the conflicting claims of being a paid worker *and* a 'good mother'.

Brannen and Moss (1991) have offered further understanding of women's thinking about finding caregivers to replace themselves. They have likened the ideology of the mother-child bond to the ideology of monogamous love between adults in that both types of love are based on exclusivity of the relationship. Women in their study reflected this 'monogamous' nature of the mother-child relationship as they talked of finding caregivers as substitutes for, rather than additions to, themselves.

For the most part, women in this study alluded to their desire for a caregiver as much like themselves as possible through naming important attributes of a caregiver. However, several women conveyed this desire more directly, as Beth did, by invoking the notion of 'cloning':

If I could just clone myself I'd feel much happier about it. You know, I think you just wish you'd be able to find somebody who would do the very same things as you—just love it as much and be just as careful.  
(Beth: first interview)

The primary concern shared by the women in this study was to ensure safe and loving care for their children that would come as close as possible to that which they would provide themselves. Understandably, then, their main emphasis was on finding a caregiver who would offer warm, nurturing, mother-like care. At the same time, however, a substantial number of women (approximately half) stressed the importance of caregivers having specific knowledge or training in the development and care of children. The kinds of expert knowledge and training that they identified are most often associated, not with mothering, but with professional child care provision:

I would like someone who understands child growth and development, someone who has had experience with children and who is trained in child psychology, in physical development and cognitive development, someone who would be able to stimulate a child to become the best person possible, someone who has knowledge about nutritional values for little children. (Marie: first interview)

I'd be looking for someone who was trained in child development *and* is a mother, because I know that just having a diploma in child care isn't necessarily saying much about how they treat kids. But, I think it's really important to have training—mostly just for behaviours and how they treat kids and how the kids interact with each other. I just like how they handle those things better, and so I'd be looking for that.  
(Beth: first interview)

On the surface, this emphasis on knowledge and training may appear inconsistent with the desire for a caregiver who offers 'motherly' care in the context of a close, nurturing relationship. However, viewed in terms of women's concerns about finding the best possible care, there is no real inconsistency. As noted previously, a majority of women stated a strong preference for care by relatives or friends, yet most did not have access to such care. Knowing that they would be obliged, in most cases, to avail themselves of care by a stranger, they were looking for assurance that the caregiver could be trusted to provide the best possible care. Thus, it is not surprising that they would place their trust in credentials that would seem to offer some assurance of the caregiver's competence. The ability of a caregiver to provide warm and loving care cannot easily be assessed, especially when the caregiver is a stranger. Knowledge and training, on the other hand, can be assessed on the basis of

credentials. As Penny's comments indicate, training is less likely to be an issue in situations in which the caregiver is known:

If I can get my girlfriend, the one I've mentioned, I know she's never had any training in child care, but because I know the way she's raised her child, I would be very comfortable with that. But if I have to choose between two people that I don't know, then I would definitely look at somebody that has had training. So whether training in child care is important depends on whether it is somebody I know or not. (Penny: first interview)

This concern with finding caregivers who have training and expertise is congruent with the growing emphasis on the importance of the early years in establishing the conditions necessary for optimal child development. The discourses of mothering and child development converge in emphasizing the responsibility of mothers for ensuring the cognitive, social, and emotional development of their children and, thus, for producing well-adjusted individuals (Brannen and Moss 1991, Luxton 1997b, Ribbens 1994, Tom 1992/93). Women who are unable to devote themselves full-time to this activity are still held accountable for their children's development. It is not surprising that, under the burden of such a responsibility, many women hope to find caregivers who are qualified to take on this critical role. Again, we see evidence of women's concern with replicating the conditions of mother care.

It is one thing to say that all of these qualities are important in a caregiver and quite another to expect to find them in any one situation. Few women who are at home caring for their own children and offering care for others are also trained in child care provision and early childhood development. Professional care offered by trained caregivers may incorporate qualities of loving and nurturing, but it is not intended to replicate mothering. Several women themselves acknowledged the dilemmas that arose with regard to their expectations of caregivers. For example, Veronica realized that she was unlikely to get all of the qualities she wanted in a single caregiver:

It's really important to have somebody we know, like a friend or neighbour. But if that doesn't work out, we might go with a day home. Whoever I get, I'd want them to be a mother. And they'd have to give the child a lot of love, and basically someone who holds the same values as myself. I'd definitely want to have someone who had training in child care. Oh, but day home people don't usually have that training, do they? Well, I don't know. I guess I'd really prefer someone with training. Well really, I don't know which is more important—they're all important. (Veronica: first interview)

## **Qualities of the Child Care Setting**

Asked about the elements they considered important in child care, women had relatively little to say about qualities of the child care setting. Those who did offer comments on aspects of the setting (about one third of the women) focused mainly on safety, cleanliness, and a homelike environment. As indicated above, safety was critically important to most of the women in the study. While safety was seen as being primarily associated with the caregiver, a number of women stressed the importance of child care facilities being safe and secure. In particular, these women drew attention to recent incidents in which harm had come to children in child care settings due to inadequate security, faulty equipment, or poor supervision. Thus, their comments about the child care setting emphasized the importance of security (for example, fences, gates, and locked doors) and safe surroundings, toys, and equipment. Marla offered this specific view of what she would consider to be a safe setting:

Safety is an important factor. What's the home like? Are there lots of stairs? Is it cluttered, spacious, open, clean? Is it child-proof basically? What kind of space is available? What kind of play area is there? Are they going to have a back yard or a room with no windows? If I thought the place wasn't safe, there'd be no way I'd leave my child there. (Marla: first interview)

Others noted the importance of cleanliness, linking it to health concerns. For example:

I think cleanliness is really important as well. I want some place clean and healthy. I want to know if they use the same towels to wipe off the tables as they do to wipe the children's faces" (Alice: first interview).

Given the importance to women of replicating as nearly as possible their own care, it might be expected that they would indicate a homelike environment as one of the more important element of the setting. Yet, in naming the important qualities of child care, very few women specified that the setting should be homelike. However, when they shared their perspectives about different types of child care, many of those who stated a preference for family day homes identified a homelike environment as an important positive feature of this type of care.

## **Practicalities of Care Arrangements**

### Costs of Care

As noted above, I had a particular interest in learning about the significance that women attached to cost and location in making decisions about child care. In fact, only a small minority of women mentioned either of these factors as they talked about

what they considered important in child care. This does not mean, of course, that cost and location were not important to women in this study. However, it can be taken as evidence that, as women reflect on what kind of care they want for their children, 'inexpensive' and 'convenient' are far from being the primary factors that they have in mind. When they were asked specifically about these factors, women had much to say that sheds light on the meaning of cost and location in their deliberations about child care.

It was revealing that, in the first interview, almost two-thirds of the women commented that they had no idea of the costs of child care. However, there was also a widespread belief that child care was going to turn out to be an expensive proposition. Veronica's comment is typical of what women said about their knowledge of child care costs:

I have no idea how much it costs for any kind of child care. I haven't even thought about that. Really, I haven't a clue. But I have an idea that it will be pretty expensive. (Veronica: first interview)

Cost of care was clearly important to women in this study. Indeed, most shared some feelings of anxiety as they considered the effects of child care costs on their earnings. However, I found little evidence to suggest that cost of care was a deciding factor in women's choices regarding type of care or particular care setting. The exception to this was care by a nanny, which was generally viewed as being too expensive to consider, especially for one child. As far as other types of care were concerned, women showed no inclination to choose one type over another on the basis of differential costs. In fact, several women (about one-quarter) made a point of saying that they would be willing to pay whatever was necessary to secure good quality care:

I don't think that cost really comes into it for me. I don't know how much it costs to take a baby to day care, but if we find the best care and it's a bit out of our price range, then we'll just cut down on something else in our budget. We're not going to settle for something that's not so good just because it's in our price range. (Alice: first interview)

I don't care what I have to pay, as long as I know it's good care. If I know that it's good, I'll feel better, and that's worth a lot. (Carol: first interview)

On the other hand, a few women did recognize that cost was likely to come into play in their decision. Bonnie, for example, framed this as a matter of realism as opposed to the ideal:

It's easy for me to sit here and talk about all these wonderful things I'd like to see in the ideal child care. But I can see that the nitty-gritty of it is often probably just as important—that probably being location and cost; you know, those sort of things. When you get right down to it, I'm sure those things can make the difference in what you end up with. (Bonnie: first interview)

Another way in which cost of care was seen as a factor in choosing care was related to paying for care for two or more children. Several women mentioned that having a second child would make a considerable difference in terms of what kinds of care were affordable. In this case, they would reconsider their child care arrangements to take into account the affordability of various kinds of arrangements.

One might conclude from women's comments on this matter that, for most, cost of care played a relatively minor role in their deliberations, at least at this point in the process. Yet cost of care did carry more weight than this conclusion would suggest. As they reflected on the probable costs of care, many women raised the issue of whether or not it would be worthwhile to return to work given that a considerable proportion of their income would end up going toward child care expenses. While all of the women in the study had initially stated their intention of returning to work, about half of them alluded to the possibility of staying home if child care costs proved to be too high to justify their working:

There's no sense in working just to put your child in day care. If that's all you're working for, you might as well stay home. Let's just say that this is going to cost me \$500 a month, . . . and I only make \$700 or \$900. Is it really worth it? Because the only thing I'm getting out of it then is getting out of the house—getting away from the child that I'd actually like to be with. So if the income isn't going to be there, or it isn't going to be a decent contribution to our income, there's no sense working. (Rebecca: first interview)

Costwise, it really plays a big part in whether you are planning to go back to work or staying home and looking after the child. If you spend too much it's sort of defeating the first purpose of working. What we are going to pay for care will come from what I make. So if child care costs ended up being almost as much as I earn, then probably [husband] would want me to just stay home and look after the baby. (Darlene: first interview)

It is evident from their comments that a significant majority of women regarded the cost of child care as a charge against their own earnings. Indeed, when asked specifically about this, over half of the women agreed that, regardless of where the money actually came from, child care expenses would be seen as being weighed against their own income rather than household income or their husband's income.

This finding is congruent with the results of other research (Brannen and Moss 1988, Dix 1989). Based on a study of new mothers returning to work, Brannen observed that, "it is significant that mothers were responsible for the costs of the dual earner lifestyle, namely childcare, which they regarded as 'the price' they paid for going back to work" (1987, p. 14). However, as Brannen herself noted, the context of that study was 1980s Britain, where very few women resumed employment after having their first child, and maternal employment was widely opposed. In contrast, the context of the present study was one in which the resumption of work following the birth of a first child constituted the predominant pattern. Moreover, the women who participated in this research felt either that they were expected to return to work or that there was little opposition to them doing so. Given this context, it is interesting to observe that so many women regarded child care expenses as a burden only on their own income and thus, to some extent, as a disincentive to resuming paid work.

This finding within the particular context attests to the durability of one of the key elements constituting the ideology of motherhood: that it is mothers who are primarily responsible for the care of children, and that this responsibility involves either providing care directly or arranging for someone else to do so. In other words, what appears to be a widespread acceptance of mothers of young children engaging in paid work is conditional on child care responsibilities first being met.

The tendency of women to regard the continuation of their employment as contingent on the cost of child care also draws attention to the extent to which women's work continues to be viewed as different from and secondary to that of men. The ideology of motherhood emphasizes women as mothers and obscures the importance of paid work in women's lives, with the result that women's work is seen as representing a voluntary decision (Brannen and Moss 1991, Duffy et al. 1989, Walby 1999). The majority of women I interviewed made it clear that their paid work was not optional. While they were able to name several other benefits of paid work, they were all working because of financial necessity. As noted in Chapter Four, many were making more money than were their husbands and/or were in more stable employment. Yet the sense of contingency that characterized their own employment was not applied to the employment of their husbands.

Women in both professional and non-professional work, and at all levels of income, tended to weigh child care costs against their own income and, on this basis, to question their intention of resuming paid work. However, as might be expected, nonprofessional women with lower incomes were more likely to express serious concerns about the costs of care. These women faced a significant dilemma in that their income really was critical to their families, yet was likely to be so seriously

depleted by child care expenses as to leave little to contribute. Doherty and her colleagues (1998) have noted that for women in many clerical and service occupations, average fees for regulated child care total about half of their after-tax income. Thus, when Rebecca questioned whether it would be worthwhile financially to return to work (see above), she really was facing the prospect of bringing home only a few hundred dollars a month if child care costs were subtracted from her income. Yet, her income was essential to the financial well-being of her family. Whether or not women want to be influenced by cost, there is no denying that it is a critical factor, limiting women's choices as to child care options as well as those related to labour force participation (Doherty et al. 1998, Friendly 1994, Irwin and Lero 1997).

### Location of Care

As they talked about the features that were important to them in child care, very few women mentioned location. Yet, when they were asked specifically about location, nearly all agreed that it was an important factor. Nevertheless, none of the women anticipated that location would be an important factor in their decisions as to type of care. It was more likely to come into play in choosing a particular setting within a type of care, in which case most women expressed a preference for a location that was convenient. Even so, women were quick to point out that a good location would be a feature that would be 'nice to have' rather than a 'must have':

Location is important, but it's certainly not the most important factor. It will be a consideration because with my husband in school and me busy with a career, it could make our lives a little easier if it was a day care that was fairly accessibly located. That definitely won't override some of the other factors that I consider more important. (Sarah: first interview)

Location wouldn't be the number one factor, but I think it would definitely be something you'd look into just so that it would be convenient. We wouldn't want to drive to the west end when we're living on the south side. How feasible is that? (Penny: first interview)

Knowing that location of care is somewhat important to women tells us little. We need to understand the meanings that women attach to the notion of a 'good' or 'convenient' location and to appreciate why location of care is significant. Geographic analyses, undertaken for the most part by feminist geographers, have drawn attention to the complex time and space budgeting problems faced by women as they struggle to combine domestic and paid work (England 1996, Truelove 1996). Literature on the geographies of working women has made it clear that location of child care must be



considered in the context of the interconnections between home and workplace. Truelove, for example, suggested that what looks like convenience in women's choices of child care settings is actually most often necessity. Choice of care is dependent upon accessibility of care settings, access to transportation, time constraints (often associated with working hours), and availability of subsidized spaces. Women are responsible for the vast majority of trips to and from child care (England 1996, Michaelson 1988) and are much more likely than are men to combine commuting with trips to child care and running errands (England, 1996).

When they talked about location, about half of the women in this study expressed a preference for finding care that was close to home. The reason most commonly given for this preference was that it would be possible for their husbands, and in a few cases friends or relatives, to drop off or pick up the child if necessary. Four of the households had only one car, making a location close to home particularly important in terms of access for both parents.

The fact that women were considering location in terms of their husband's involvement in taking the child to and from the care setting did not necessarily mean that they envisioned this as a shared task. The great majority of women anticipated that this responsibility would fall primarily on them. Their concern seemed to be predicated on the expectation that their husband would need, on occasion, to take on this task. As one woman put it:

We'll look close to home. I don't want to look close to work because then if I get stuck late at work and can't pick the baby up, he'll have to come way over to the part of the city where I work. It would be really hard for him to get there. (Bonnie: first interview)

While close to home was the preferred location, about a third of the women felt that it would make more sense to have child care close to their place of work. In all cases, these women were concerned with being able to get to the care setting quickly if there was a problem. Several also mentioned the possibility of visiting their child on lunch or coffee breaks.

And I was thinking the other day that it would probably make more sense to have child care close to your work, especially when they're very little, because I thought, well, if they're sick or if there's a problem, you have access to them. If it's closer to home, you wouldn't be able to get there so easily. It would be my work we're talking about here. (Beth: first interview)

The few women who did not note a preference in terms of proximity to work or home felt that it was important that the child care setting be somewhere along their

commuting route. For the two women who began work at 7:30 a.m., having child care located on or near their route to work was of critical importance. It is noteworthy that none of the women referred to the possibility of child care being located near their husband's place of work, or on his commuting route.

As women expressed a desire for a close or convenient location for child care, it was clear that close did not mean 'around the corner' or even in their immediate neighbourhoods. Rather, they were talking about finding child care in the same part of the city in which they lived or worked and about not wanting to travel across the city. Thus 'convenience' meant finding care in a location that would not significantly complicate their lives by requiring them to travel long distances beyond the home-to-work commute.

#### **ATTITUDES AND PREFERENCES REGARDING TYPES OF CHILD CARE**

In the first interview I asked women to talk about their views with respect to different kinds of child care. The questions that guided this discussion were focused on women's perceptions of ideal child care, their preferences for one type of care over another, the types of care they would consider using (and those that they would not consider), and what they perceived to be the advantages and disadvantages of various care options.

##### **Ideal Child Care**

Asked to indicate the type of care that they would consider ideal, a large majority of women identified care by family members or friends as what they would choose if such care was available. More specifically, over half of the women felt that care by a family member would be the ideal situation, with most naming their mothers and sisters as preferred caregivers.

The ideal situation would be for my mom to look after the child here at home. She's wonderful, and I would trust her implicitly with anything that would happen. But she wouldn't be willing. She told us early on in this pregnancy that she wouldn't be at all interested in babysitting. And I don't blame her. (Beth: first interview)

While women frequently identified their mothers as ideal caregivers, most acknowledged that this was not a realistic option. A majority of women indicated that their mothers were not available to offer care (see Chapter Four). However, there was also a commonly shared view that asking their mothers to provide care would be unfair given that they had already raised their own children:

The ideal for me would be to have my mom babysit. That would have been my first choice. But then I got to thinking that it wasn't really fair to her. She's already raised her children, and she and my dad have lots of other things in their lives now. (Louise: first interview)

Friends were identified as ideal caregivers by four women, primarily on the basis of shared values and approaches to childrearing. However, another advantage ascribed to friends as caregivers was the potential for reciprocity. Two women named their husbands as ideal caregivers. However, it should be noted that in both cases the women anticipated that their husbands would be available to provide care, whereas for most other women in the study husbands were not available as caregivers.

Those women (six) whose ideal care was not within the realm of social networks were evenly divided in identifying day care, family day homes, and nannies as their ideal. Women in this group were more likely to question the notion of 'ideal' child care, seeing their first choice of care simply as being better than the alternatives. Leanne summed this up succinctly when she said:

I'm not sure that there is any ideal child care situation. I don't think that me staying home and being a traditional mother is ideal in any way, and I don't think that children being shunted off to day care or any other type of care all the time is ideal. I suppose flexibility is sort of key for me, so I suppose an ideal situation would be one where there would be day care there when I needed it, but that I didn't have to use it all the time. (Leanne: first interview)

A majority of women recognized the improbability of being able to make the kind of child care arrangements they had identified as ideal. For most, their perception was that their ideal simply was not available in reality. To shift the focus of discussion from the ideal to the real, I asked women to talk about their preferences for specific types of care and their perceptions of the advantages and disadvantages of each. I also asked them to indicate their willingness to use day care, family day homes, and nannies.

### **Perspectives on Different Types of Child Care**

Women expressed strong views about different types of child care and definite preferences for some types of care over others. It seemed that the most strongly held views were those concerning day care. A minority of women (six) expressed a preference for day care over other types of care. Some cited as an advantage the more public nature of day care as compared with in-home care. Their comments reflected a perception of day care as more open to scrutiny both internally and externally. One woman who had expressed fears about sexual abuse felt that day care would be safer

from this standpoint because adult males were unlikely to be found in day care settings and "women aren't as known for that" (Rebecca: first interview). The presence of several caregivers rather than only one was seen as a means of monitoring practice and ensuring safety:

I rather think I'd be leaning toward day care even though I've been more exposed to day homes through some of the people I know. I think my fear is that there's more potential for neglect or improper care in a day home. What's important for me is that there be more than one person, that they can sort of check each other out, like an internal monitoring system, so that there's a group of people working there. (Tracy: first interview)

Another attribute that argued for the use of day care was the presence of caregivers who, by virtue of their training in child care, would offer care superior to that found in family day homes. In particular, it was noted that trained staff would know what to do in case of emergency and that they would be able to offer structured programs that would stimulate learning and development.

I see day care as potentially an addition to what I can do with my own children rather than just a substitute or a sort of poor babysitting service. I suppose that's one of the reasons why I feel more positively about day care centres than I do about more informal care—because I have this sort of image that the informal one can be just putting the children in front of the TV and hoping they won't make a lot of noise. It seems to me that there's more potential for fun activities and good quality care at a day care. (Leanne: first interview)

About half of the women (13) ruled out day care as an option, at least for infants. For the most part, their comments conveyed a very negative image of day care as an unsafe and inappropriate environment for young children. The most commonly cited concern about day care was that there were too many children in one setting. Additionally, there was a widespread perception that the ratio of staff to children in day care was much too high, with the result that children would be unable to receive individual attention and proper supervision. This concern seems to have been based on a misperception about child-staff ratios, which, in fact, are lower in day care than in family day homes.<sup>6</sup> Nevertheless, women's comments frequently reflected a vision of day care as an inadequately supervised and poorly controlled environment for young children:

I wouldn't even consider a day care centre. I've had experience visiting day care programs as part of a job I had. And now I'm really turned off day care: the number of kids, the unstructured environment, the noise

level, the safety concerns. So day care would be my very last resort. I'd have to be desperate. (Beth: first interview)

I refuse to use day care because I don't think the kids get enough attention. It's like a school. They run wild all day and it's like a zoo, and there's all this stuff going on. (Bonnie: first interview)

I definitely do not want to put my child in a day care, especially where there are twenty kids to one adult. We've discussed that if it ever comes to that, I'll stay home, and we will definitely do without the things we're used to. I really don't think that the child gets what they need in day care. (Penny: first interview)

Associated with this negative image of day care was a concern about day care centres being 'institutional' or 'regimented', so that children do not receive the kind of attentive, nurturing care they would get in other settings. Several women also pointed to a higher incidence of illness among children in day care compared to those in day homes:

I prefer not to put the baby in day care because I think, well, even for those that are licensed, I'd be concerned about the amount of attention the baby would get. Also, I've heard that if they're in day care and they're very young, they could pick up a lot of sicknesses. For some reason I have it in my head that when they're really little, they need more individual attention and a more homelike environment. It must be that socialization I've got from my mother. But somehow a day care seems too institutional to me for a young child. (Jocelyn: first interview)

I've pretty much ruled out day care. I wouldn't want to put a baby into such a big institution-like setting. It's probably the spread of disease that's the biggest thing for me. (Dianne: first interview)

Although there were a few women who were unequivocal in their negative views on day care, most were somewhat more ambivalent, tempering their criticisms of day care with an acknowledgement of the more positive elements. Several women spoke of the dilemma they faced in wanting some of the features offered by day care, yet not wanting to have their children in a day care setting:

It's kind of a dilemma because it's day care where they do have access to toys and educational kinds of things and staff who have training in early childhood and all of that. But my negative feelings about day care are so strong that I would be willing to sacrifice that in favour of a day home. (Beth: first interview)

Of the women who rejected day care as an option for initial care, almost half indicated a willingness to consider day care when their child was older. These women expressed the belief that as children become old enough to talk, to benefit from socializing with other children, and to take advantage of educational programming, day care may offer an appropriate environment.

Reflected in the negative comments regarding day care was evidence that for a few women it was not day care *per se* to which they were opposed. Specifically, it was the day care available in Alberta that they rejected because they deemed it to be, in general, of inferior quality. Three women acknowledged the existence of good day care centres but noted that, given the preponderance of poor quality day care, they would be unwilling to take a chance on using day care. These women were aware of the lower standards in Alberta relative to other provinces with respect to day care regulations and requirements for staff training. The image that day care has in a community is an important factor in shaping people's perceptions and choices. In Hill's (1987) study of patterns of shared care in Edinburgh, he noted that group care had achieved widespread legitimacy in that community. In contrast, centre-based care does not have a high level of legitimacy in Alberta and is commonly regarded with distrust.

Some women (about a quarter) expressed neither a preference for day care nor an aversion to it. These women were open to the possibility of using day care if their preferred type of care was not available.

Overall, the women in this study regarded family day homes more favourably than they did day care. About half (13) named family day homes as their preferred type of non-parental care. It is interesting to note that, with two exceptions, the women who stated a preference for family day homes were not prepared to consider day care as an option and in fact expressed very negative views regarding day care. Indeed, in explaining this preference, women did not seem to feel so strongly positive about family day homes as they felt negative about day care and thus were inclined to view day homes as the less harmful alternative.<sup>7</sup>

Nevertheless, there were several important qualities attributed to family day homes that accounted for the strong preferences some women felt for this type of care. One of these was a belief that it would be in a family day home that they were most likely to find mother substitutes who would hold similar ideas and values to their own, and who would offer loving attention and stability.

I think I would prefer a day home. Ideally, it would be someone I really trusted, who had a nice home according to my traditional standards of what that is and who would have a really similar outlook to mine and values in dealing with behaviours. I wouldn't have to worry about what was going on ever because I would just trust that person to do really similar things to what I would do like giving my child lots of love and attention. (Beth: first interview)

A related advantage ascribed to family day homes was that they are smaller and more 'family-like' than are day care centres, offering a 'home away from home'.

We're tending toward options of a much more intimate nature with a much smaller adult-child ratio as opposed to day care or even a big group day home. So we'll be looking specifically for a small day home that's really family-like. (Sheila: first interview)

Just as some women were unwilling to consider using day care, others could not envision using family day homes. For the most part, the reasons women gave for their reluctance to use a family day home were related to the private, and hence less readily monitored, nature of such facilities:

The family day homes, to be truthful, are the ones that scare me the most. You don't know what happens there. You don't know who comes into this lady's house. You don't know her husband or her brother who lives in the basement or the next door neighbour who drops by. So I'd be worried about the safety stuff (Rebecca: first interview).

As noted above, a majority of the women in this study would have preferred to use care by family members had such care been available. The main reason given for this preference was that family members could be trusted to provide safe and loving care. They would, it was assumed, have the best interests of the child at heart. In addition, many women noted the likelihood of family members holding beliefs and values that were congruent with their own. Yet, against this prevailing current of opinion regarding care by family members, several women expressed strong reservations about using relatives as caregivers. As a disadvantage they cited the complications that could arise in negotiating approaches to care in a context of close and long-term relationships:

I'd be concerned because if it's family, you could get into trouble. It could be really hard to work out problems because you're really reluctant to be critical. I've heard that—especially with grandmas. Even in our mothers' group, some of the women talked about how they had left their baby with the grandma and she has different ideas about how to do things—and then how do you work that out? (Dianne: second interview)

Although most of the women were attracted to the possibility of having a nanny, few actually gave serious consideration to this option. There seems to be a certain image associated with having a nanny that accounts for the appeal of this type of care. Thus, women's initial comments regarding nannies were commonly focused on the advantages of having a caregiver who would be there when needed, who would take responsibility for other aspects of household work, and who would provide one-on-one care. Additionally, women mentioned the advantage of having their child cared for in their own home. However, on further reflection, most women perceived several disadvantages to this alternative, and nearly all ruled it out as an option to be seriously considered. At the time of the first interview, only two women were actually prepared to consider using a nanny. However, three other women said that they would consider using a nanny when they had two or more children.

Oh, I would love to have a nanny, but we definitely couldn't afford it. A woman I work with has a nanny who lives with them, and I think it must be so wonderful to have this basically live-in babysitter who can also help with other things around the house. But as [husband] says, it's pretty hard to open your house to somebody. I don't know, I don't think I could do it. Maybe a nanny, but not a live-in. (Sandra: first interview)

Because of the cost of having a nanny for only one child, most women viewed this option as impractical. However, aside from issues of cost, several other concerns were raised. Few women felt comfortable having a stranger living in their home, seeing this as an intrusion on their personal space. The notion of a live-out nanny undermined the advantages associated with nannies and was viewed as little different from a babysitter. Perhaps more importantly, several women expressed concerns with having one person alone in their home looking after their child. As indicated above, there was considerable media coverage at this time that drew attention to abuse and neglect of children on the part of nannies. Another disadvantage cited by several women was the absence of other children and, thus, the lack of opportunity for their child to socialize with others. Two women offered a different reason for rejecting the option of a nanny, noting that they did not want their children to have such a close relationship with another caregiver. In this sense, the one-on-one relationship of nanny and child was viewed as a disadvantage:

I've thought about the possibility of a nanny, but I have mixed feelings about the idea. I'm not sure that I'd want to have someone else living in my house. It's an intrusion on your personal space. Also with a nanny, you've got someone else's ideas about child raising. This isn't so much of an issue in day care because it's much less personal. With a nanny, it's more about raising your child. So I really don't think a nanny is something I'd consider. (Carol: first interview)



### **CONCLUSION: THE CHALLENGES OF MAKING 'GOOD' CHILD CARE DECISIONS**

It is evident from the women's accounts that, while their perspectives on various types of child care differed, they held strikingly similar views as to the qualities of care that were important for the well-being of their children. Women were united in their concern with finding child care placements in which their children would be safe and would receive loving, emotionally nurturing care. Nearly all expressed a desire for a caregiver they knew and could trust and who could provide their child with individual attention. Less critical, but nevertheless important, was care that would foster their child's development in a variety of ways. The concerns and issues raised by women in this study demonstrate the powerful influence that cultural notions of motherhood and family life exert on women's work and family decisions. They represent women's own interpretations of what is required of them as 'good' mothers in ensuring appropriate care for their children. In considering possible child care arrangements, women felt that it was incumbent upon them to find caregivers who would, as nearly as possible, replicate the kind of care they would provide themselves.

Although when I first spoke with them these women were not yet mothers, it was clear that they accorded a high priority to finding appropriate care for their children. Yet most faced this task with considerable anxiety about the quality of care that would be available to them and about their own ability to make a 'good' decision as to a child care placement. The context in which they were beginning to make decisions about care was one in which little information was available to them about the kinds and quality of care available or about how to assess and choose child care. From a confusing and often contradictory set of knowledge about child care, what stood out for most women was an understanding of child care outside the family as being potentially harmful to children. The women's accounts point to the pervasive influences of the media in fuelling their anxieties and concerns about non-familial care. Most women perceived that, whatever kind of care they chose beyond parental care or care by relatives, they were taking a risk. Choosing one type of care over another, or even one setting over another, was seen as an attempt to find the least harmful alternative. The ambivalence that women expressed about returning to work may have exacerbated the anxiety they felt about being able to make the 'right' choice of care. However, it may also be that their perceptions of the difficulties entailed in finding care that would not bring harm to their children increased their reluctance to return to work and take the risks involved in using non-familial care.

While the women's views about the important qualities of child care were remarkably similar, there was more diversity as to the kinds of care arrangements that

would offer these qualities and very different perspectives about the relative advantages and disadvantages of various types of care. Most (but not all) women were in agreement that care by relatives was the best option if they or their husbands were unable to provide full-time care. Since few women had access to relatives as care providers, the two primary types of child care that were considered as options were day care centres and family day homes. Both were seen as having significant drawbacks as well as potential advantages. No kind of care was going to be perfect or to offer all that they wanted in a care situation for their children. In nearly all cases, the women felt that they would have to give up some important qualities to gain others. However, for most women, the disadvantages of day care seemed to outweigh those of family day homes. The concerns they raised about day cares being institutional and impersonal and not allowing for more intimate, one-on-one relationships between child and caregiver are consistent with the widely shared desire for care that will replicate the kind of care which mothers themselves would provide to their children. Family day homes held out the promise of offering mother-like care in a home-like environment. The minority of women who favoured day care over family day homes were no less concerned with finding warm, loving care for their children but were more inclined to emphasize the importance of a public setting in ensuring safety. Day care centres were also viewed as offering greater opportunities for programs that would enhance children's development.

There is no evidence from this study to suggest that women's views about the important qualities of child care vary according to type of occupation or income. The kinds of child care experiences that women wanted for their children were essentially the same regardless of whether they were in professional or nonprofessional employment and irrespective of personal or family income. Women were equally likely to name safe, warm, and loving care, and appropriate developmental support as critical qualities and to emphasize the importance of, as nearly as possible, replicating the care that they would themselves provide. Professional and nonprofessional women alike anticipated the task of looking for care with considerable anxiety. While there was substantial diversity among women as to the types of care most likely to provide the qualities they sought, this diversity did not appear to be related to occupational type or income. Contrary to the findings of previous research, women in nonprofessional occupations and with lower incomes were no more likely to prefer care by relatives than were professional and higher income women. Nor did professional women show a greater preference for day care centres than did nonprofessional women. Nevertheless, the anticipated costs of child care were a more pressing issue for nonprofessional and lower income women as they expressed

concerns about whether it would be worthwhile to return to work given the impact of child care costs on their income.

This chapter has focused on women's knowledge, attitudes, and beliefs about child care at a relatively early stage in the process of deciding about care arrangements. By examining women's perspectives on child care before they have begun to look for care, the study sheds light on the factors that influence their decisions. Although most women believed that they knew little about child care in general and, in most cases, felt anxious about looking for and deciding on care arrangements, they held strong views about particular types of care. Nevertheless, as will be seen from the following chapters, women's views were open to change as, through the process of making decisions about care, they gained knowledge, experience, and confidence.

**ENDNOTES**

1. Women's knowledge, attitudes, and beliefs about child care also emerged in the second and third interviews. The material in this chapter refers only to women's narratives from the first interviews.

2. Many women had, however, spoken to family, friends, and co-workers about child care (see Chapter Six).

3. Also, an episode of the Phil Donahue program entitled "Dumping Kids in Day Care" had been aired within the year prior to the beginning of this study.

4. It should be noted that these comments are not based on actual visits to child care settings. Rather, they reflect what these women had heard or what they assumed to be true.

5. This is in reference to non-parental care only. Most women indicated that they would feel comfortable with their husbands as caregivers.

6. Moreover, ratios are more likely to be exceeded in family day homes because of lack of monitoring. For information on child-staff ratios see Doherty et al. (1998).

7. Although, as noted, a few women held the opposite view.

## **CHAPTER SIX**

### **THE PROCESS OF MAKING DECISIONS ABOUT CHILD CARE**

In the previous chapter, I was primarily concerned with exploring the many interrelated factors that influence women's decisions about child care: the knowledge, attitudes, and beliefs that are brought to bear on their decisions. The emphasis in that chapter was on what women said about what they thought, felt, and knew about child care prior to actually looking for care. In this chapter, I shift the focus of inquiry to examine the active process by which women come to choose care. My concern here is with understanding women's experiences of gathering and assessing information about child care, searching for care, and coming to a decision. Against the backdrop of what women said about their beliefs and concerns about child care, I explore what they did to find acceptable care, how they conducted the search for child care, and how they assessed various care options (if indeed they had options).

Very few studies that address child care choice have examined the actual process of choosing child care. The strong emphasis in the literature on the outcomes of child care decisions tends to have obscured the fact that there is a process involved. Several researchers have drawn attention to this gap in recent years and have addressed such issues as what the search for child care involves, who does the work of finding child care, and the ways in which parents find and use sources of information about child care (Brannen and Moss 1991, Hill 1987, Leslie et al. 1991). Nevertheless, our understanding of the active process of searching for and deciding upon child care continues to be very limited.

Because the focus of the research was on understanding processes, I designed the research so that it could capture the dynamic process of decision making as it was happening. Involvement with the women over time, as they experienced looking for and deciding about child care, offered me the opportunity to glimpse the process of decision making as it unfolded. As a result, I was able to appreciate the complexity of the process and to discern changes in the women's thinking and actions over time.

The chapter begins with an overview of the process of looking for and deciding on child care. It goes on to examine the sources and nature of information and advice that women received with respect to child care. The second part of the chapter focuses more specifically on the women's experiences of looking for child care with an emphasis on the timing of the search, actions taken in looking for care, and the division of responsibility for looking for care. The chapter ends with women's reflections on their experiences of looking for child care.

### GATHERING, SIFTING, AND SORTING INFORMATION

In seeking to understand the process of deciding about child care, I began with the assumption that such a process does not have discernible beginning and end points. As with other processes of decision making, it is not possible to identify the experiences that mark 'the beginning' of thinking about and deciding about child care. Indeed, as Hill (1987) has demonstrated, parents' decisions about shared care are, to a large extent, embedded in their own life experiences from childhood through to parenting. Nor is there a point at which it can be determined that a decision about child care has been made 'once and for all'. There is ample evidence from my study and others that initial child care arrangements often do not endure, and parents find themselves having to 'rethink' their decisions (Brannen and Moss 1991, Dyck 1996, Folk 1994, Hertz 1997).

When I first interviewed the women who participated in this research, I was aware that the process of decision making did not begin with my designation of a starting point for the study. Rather, I was coming into a process that had already begun. In trying to understand this process, I focused these initial conversations on learning about women's knowledge, attitudes, and beliefs about child care; how they planned to go about finding and deciding on care; the actions they had already taken toward looking for care; and their place in the process of making decisions about child care.

As noted in the previous chapter, at the time of the first interview, none of the women had taken any overt actions that could be defined as 'looking for child care'. None had made any phone calls or visits to potential child care providers, and even the women who planned to ask a family member to provide care had not yet acted on this intention. Nor had any of the women sought information about availability, costs, or other specific aspects of child care options. In fact, in our first conversations, most women made a point of saying that they had not yet taken any steps toward arranging child care.

At first glance, this absence of overt action seemed to indicate that the women in this study had not yet begun to make child care decisions. However, without exception, the women spoke at length about their beliefs regarding child care, the features of child care that were important to them, their understanding about different types of care, and their concerns about finding appropriate care. The women's stories in our first conversations revealed that they had, in fact, gathered a remarkable amount of knowledge about child care from a wide range of sources and had thought in some depth about this information. Their considerable knowledge about child care

and their ability to articulate their knowledge and beliefs about care offered evidence of their involvement in an active process of gathering, sifting, and sorting information.

Because the process of gathering information was not overt, structured, and intentional, it was not at first visible, either to me or to the women I interviewed, as constituting action with regard to child care decisions. Women had not set out to collect particular information about child care and to assess it for the purpose of making a decision; that is, there was no strategy that dictated the collection of information. Rather, the process could be described as being organic in that it was integrated into women's lives through everyday activities such as conversations with family, friends, and co-workers, watching television, and reading newspapers and magazines.

As several women pointed out, until they became pregnant and the need for child care took on real significance, they were not particularly attuned to hearing about and thinking about child care issues. Pregnancy, along with the likelihood of returning to work, brought about a heightened consciousness about child care, and the information that had been there all along became more meaningful and more visible.

I guess maybe this stuff's been happening all along, but you're not really aware of it until you have to start dealing with it. Like with day care, these things have been going on for years and years and years, but because now it's affecting me, I'm taking notice of it. (Bonnie: second interview)

Other women at work used to talk about their child care—mostly about the problems they were having. I didn't pay a lot of attention because it didn't seem to have much to do with me. It wasn't until I had to start thinking about what I was going to do and worrying about finding something for my baby that I really listened. Now it surprises me how much there is about child care—like all these programs on TV and the women in my mother's group talking about it. (Sandra: second interview)

Several writers have drawn attention to the numerous and often conflicting voices that clamour for women's attention when they become mothers (Miller 1998, Ribbens 1998, Willard 1988). For women facing decisions about child care, there are many such voices speaking from diverse perspectives. Commenting on the impacts of these multiple voices, Willard noted that such global advice that women receive around mothering and childrearing "cannot take into account the situation of individual mothers who need, in fact, to make these decisions for themselves" (1988, p. 226). The challenge for women of making such decisions 'for themselves' involves

the continual sifting and sorting of information, misinformation, advice, and diverse opinions about child care.

Women gather information about child care through various means, such as engaging in conversations, listening to others' conversations about child care, asking questions, observing the care of children, reading, and being attentive to media stories. Initially, at least, all is important; no information is rejected. However, because the information gathered reflects many different voices representing different points of view, women need to be able to resolve the conflicts inherent in these other voices and eventually come to their own conclusions. Thus, a critical part of the process is the internal dialogue through which they can reflect on, sort out, evaluate, and accept or reject the information that they gather. For many women, this process also involves reassessing earlier experiences and giving them meaning within a new framework of understanding about child care. Louise worked in a community-based family services agency where she heard many women talking about child care. She also drew on her earlier experiences and those of her mother to inform her thinking about day care:

I've heard mothers talking about it here. I've heard lots of good things and some bad things. There are women who have their children in a day home and who say they would never put them in day care. Some of them have had bad experiences with day care. And for some women it's the opposite; they really like day care better than the idea of day homes. They say they wouldn't trust day homes because there's not enough people to check up on what goes on. And then I think of the day care that I worked at years ago and the one where my mom worked, and they were both very good day cares, so I think that there are probably some pretty good day cares as well as some bad ones.  
(Louise: first interview)

Conventional models of decision making have typically depicted the gathering of information as the initial stage in a stepwise process (Duffy et al. 1989). However, as will be seen from this study, gathering, sifting, and sorting of information is not a 'stage' in the process of looking for and deciding upon child care; it is ongoing, even after a decision has been made. In fact, the process of making decisions about child care involves continual gathering, sifting, and sorting as new information becomes available. As an impending return to work imposes a greater sense of urgency on the need to find child care, the work of gathering information becomes more purposeful, focusing on such specific aspects as availability of spaces and costs. In the following section, I consider the sources and nature of information about child care.



## THE SOURCES AND NATURE OF INFORMATION AND SUPPORT

### Social Networks as Sources of Information and Support

Women's social networks were by far the most significant source of information and advice about child care. The extent to which parents rely on social networks either to provide child care or to help them in finding care has been demonstrated by a number of researchers (Atkinson 1994, Brannen and Moss 1991, Dyck 1996, Powell and Eisenstadt 1982). My research confirms that women turn to their social networks as a first and primary source for finding care. Moreover, the research indicates that social network members provide input on child care that goes far beyond the provision of care or assistance in finding care. For women in this study, social networks were the main source of women's knowledge about child care. As discussed in Chapter Four, few women in this study had family members or friends on whom they could draw for the provision of child care. Nevertheless, all of the women used their social networks as a key source of information about child care, either in a general sense, or more specifically as contacts for finding caregivers or care settings.

Women's parents and parents-in-law were not significant sources of input with regard to child care. One reason for this was that parents and in-laws were often geographically distant and thus were not generally available as sources of knowledge and advice. In addition, some women felt that their parents did not have a great deal to offer in the way of information about child care, given that they had few, if any, personal experiences with non-familial care:

We haven't really talked at all about child care. I don't think my mom knows a lot about it. She was always home to look after us when we were kids, and when she wasn't, my grandmother was there. She hasn't said anything about child care or what she thinks about it. (Carol: first interview)

There were indications from several women that they avoided discussing child care with parents and parents in-law because they anticipated conflict around this subject. While a majority of women felt supported by their parents, and (to a slightly lesser extent) by their parents-in-law, in their decision to return to work, many felt that their decisions about child care were less likely to meet with approval. Conversations about child care had, in some cases, revealed different perspectives and generated discomfort or conflict. Leanne, for example, had determined to avoid further discussions of child care with her mother:

My mother definitely feels that I should go back to work. I know that. She's said that obviously to sacrifice my career would be the wrong choice. And yet we had a funny conversation this summer about day care. She asked what I was going to do, and I said I would probably find a day care centre. She said she feels that day care is just a convenience for parents and is always bad for children. I got quite upset. I don't think it was intended to be a criticism of me, but that's how it came out. Mom feels very much that children feel abandoned in day care. So I think she walks a tightrope between feeling that because it will be necessary for me, it will be okay, and on the other hand feeling that it's not the best solution. . . . I've made up my mind not to talk to her about again if I can help it. (Leanne: first interview)

On the other hand, a few women were strongly in accord with the views shared by their parents. One woman, an elementary school teacher, expressed serious concerns about day care that clearly echoed the views of her parents:

My mother, who is also a teacher, has seen children who go to day cares as opposed to children who have more contact with mom or dad, and she sees real differences there. Also, my dad has seen children that have been in day care, and he said to me the other day, "Whatever you do, don't put them in a day care." And I agree with them. I can just tell the kids who are not with mom. (Sheila: first interview)

With the exception of Sheila's father (mentioned above), fathers and fathers-in-law offered no opinions on child care. Input on child care that came from mothers and mothers-in-law was more likely to be spontaneously offered than actively sought. For the most part, this input took the form of general advice, perspectives on different types of care, and stories that were passed on about others' child care experiences. In only one case was a parent a source of connection for making child care arrangements.<sup>1</sup>

Input from other family members such as sisters, sisters-in-law, and cousins was more relevant than that from parents and parents-in-law in that it was primarily based on firsthand and often recent experiences in finding and using child care. Thus, many women in the study were able to benefit from hearing about or observing both the positive and negative experiences of these family members. Nevertheless, there were very few instances in which sisters, sisters-in-law, and cousins were able to provide immediate and specific information about child care and no cases in which they were the source of recommendations about particular caregivers or sites.

By far the majority of input that women received on child care came from what could loosely be described as 'friendship networks'. Most women did not make rigid distinctions between friends and other acquaintances. They used the term

'friends' broadly to encompass a wide range of social connections including individual and couple friends, co-workers, neighbourhood connections, people with whom they socialized at church, and others. Depending on their individual circumstances, women drew on some or all of these various types of friends for information and support in finding and deciding about child care. Most important, friends who were able to offer advice, support, and information were, with few exceptions, women who had similar experiences in terms of returning to work and using child care.

Work colleagues who were also working mothers were particularly important sources of information because most had experiences in looking for and using child care. Most women in this study had work colleagues who either had used or were currently using child care and who were able to offer information and advice. In fact, women turned to co-workers more than to other members of their personal networks for information and support around child care. The few women who did not have work colleagues who could offer information and advice felt the disadvantage of lacking a potentially valuable source of information:

I think that most of what I know about child care comes from what I hear from the other teachers here. Quite a few of the women here have their kids in some kind of care. One has her kids with her mother. That's beautiful. I mean, you can't ask for anything better. All the others seem to have day homes or day cares. One uses a day home near here, and I've talked to her about what it's like and how she found it. And I've talked to a couple of women here about their day cares, although I know I'm not going to go with a day care. (Penny: first interview)

I think what I'll do is, I'll probably turn to the women that I work with because they're the easiest, most accessible source of information, and I've worked with all of them for four years, and I know that they all want the best for their kids. So I will probably end up asking them. (Sandra: first interview)

The people I work with are all older and don't need any child care. It's too bad because there's no one there I can talk to about what they are doing. (Veronica: first interview)

A few researchers have shed light on the part played by neighbourhood networks in offering help and advice with respect to child care (Dyck 1996, Hill 1987). Dyck's study of the localized social networks of a sample of women in Vancouver reveals the extent to which such networks are "an important aspect of the informal child care solutions" (1996, p. 126) developed by women. However, as Dyck pointed out, the women in her study had developed their neighbourhood social

networks around child-centred activities.<sup>2</sup> Also, most of her respondents had fairly tenuous connections to the labour force. Because the women in the present study were not yet mothers and most had been involved in full-time work, few had developed friendship networks within their neighbourhoods. Moreover, many had been in their present neighbourhoods for a relatively short time and had not had opportunities to form local friendships. Several women expressed a desire to find someone in their neighbourhood to provide child care, but they did not have the connections that would enable them to do so:

It would be lovely to find someone in this area, but I don't know how realistic that is. We just moved into this house last year, and we really don't know anyone in this neighbourhood. I've thought about advertising in the community newsletter or at churches or something like that. I'm not sure how else to find someone around here. (Joyce: first interview)

While friends were an important source of information and advice about child care, not all women had friends apart from work colleagues who could offer useful input. Some women were the first in their social groups to have children and thus were not able to draw on the experiences of friends. On the other hand, a few women who were 'older' mothers were in a similar situation in that they had few sources of child care information within their social networks. As one woman in this situation put it:

I don't have a lot of people to talk to about child care. My friends' kids are all older and don't need child care any more. Being an older mother, I feel a little isolated; there's no one in my group who's going through what I'm going through. The only people I've really discussed child care with are the other women in my new-mothers' group. (Jocelyn: second interview)

Typically, women did not begin by seeking specific information on child care from their friends and co-workers. Rather, they engaged in somewhat generalized conversations about child care which were often initiated, not by them, but by friends or co-workers. Most often, these conversations focused on stories of experiences and on opinions about different types of care. Many, if not most, of the stories shared by friends (as well as those shared by relatives), reflected negative experiences with various kinds of child care. Frequently, women were offered widely divergent views about different types of child care or perspectives that ran counter to their own inclinations. Darlene was a hairstylist who had close relationships with a number of regular clients who she counted as friends. She described some of the 'talk' about child care that she heard in conversations with clients and co-workers:

A lot of my clients ask about what I'm going to do when I come back to work, whether I'll be putting the baby in day care or having my mother look after it. And they talk about what they've done and what their daughters have done. There's a lot of talk and a lot of advice, a lot of feedback about day cares and about how children nowadays are being raised. A lot of them are asking their moms to look after their babies because they don't trust day cares. Some of the stories I'm hearing about day cares are about children being abused or not looked after properly. And day homes too—people have had problems with them. One girl took her child to a day home, and the lady just wanted a baby who'd sleep all day. She didn't want to have to do anything with the kid. One fellow was going to university and working part-time in a day care. He said he'd never take his child to that day care because the women there are very cruel to the kids. The other women I work with have talked a lot about it too. My boss and one of the other girls took me for coffee and they said if I put my child in day care, I'm not going to like it at all. My boss had her son brought up in a day care, and she said it's not worth it; you miss too much. This other girl put her son in a day home and the lady was just there for the money. So you don't really know what's the best thing to do. From what I've heard, I don't like the idea of day cares or day homes. (Darlene: first interview)

Although she did not lack for advice on child care, given the largely negative and conflicting accounts that she heard, Darlene felt far from confident in making a decision about what type of care to use.

Alice had thought it likely that she would use day care but was having misgivings about this possibility based on the experiences that friends were sharing with her:

I have a friend who's working in a day care, and she hates the place a lot. She says that the woman who runs it isn't very good. For example, she takes the food that one child brings and divides it among the other children. And she gets upset with the staff if they spend more than a few minutes with the babies when they're changing them. And during nap time, the children have to sleep whether they want to or not. It sounds just horrible. Another friend had her little girl in a day care centre and she said it was always kind of crazy there, and the kids were always getting sick. It really worries me about finding a day care that's not a bad one like the ones I'm hearing about. Maybe I'll change my mind and look for a day home instead. (Alice: first interview)

While, on the one hand, women found these conversations about child care valuable, there was an extent to which other peoples' stories added to their confusion and anxiety about finding appropriate care for their own child.

As women came closer to the time when they would have to begin looking for child care, they became more intentional and focused in their efforts to gather information. This shift was apparent from the first interview to the second. By the time they were interviewed for the second time, the women had begun to seek more specific information and help. They turned primarily to their friendship networks for this kind of input, consulting friends, co-workers, and others about how they could find good child care. For the most part, they drew on the knowledge and experiences of other women who were working and using child care.

Of primary importance to women as they approached friends for information and advice were recommendations for specific child care arrangements that had worked well for others:

I want someone to say to me, "This is the child care I use, and I'm very happy with it. These are the things that make it good child care as opposed to other places that are not so good." (Bonnie: second interview)

If I could just get some ideas about some places that are good, that other friends have used and that have worked out for them, so they know they're good places. I've called nearly everyone I know to ask for recommendations. (Keri: second interview)

I think we would probably decide based on references from other people we know about what they've used. I think we would have to speak to people and see what their personal experiences were with this person or this situation. (Penny: first interview)

In seeking recommendations for specific child care settings, women sought reassurance that they were choosing good child care, as 'proven' by the firsthand experiences of trusted others. Despite the value that most women placed on recommendations, very few actually received any recommendations that led to finding a child care situation.<sup>3</sup> In fact, only three women in this study made child care arrangements on the basis of a firsthand recommendation. Two other women found child care through personal contacts with people who had heard about 'good' child care settings.<sup>4</sup>

Although few women were able to draw on their friendship networks for recommendations, they were nevertheless able to look to friends for other important information and advice and for support in the process of looking for care. Other working mothers who had firsthand experience of using child care were valuable for the information they offered about how to begin looking for child care, what to look for in choosing care, how to assess care settings, and what to expect to pay for care.

Several women had access to friends and acquaintances who worked in the child care sector and were able to offer specific advice. Bonnie, for example, had a friend who ran a nonprofit day care in another part of the city and who was able to point out the differences between profit and nonprofit care. The friend's input was instrumental in changing Bonnie's views about day care:

Then I talked with a friend who runs a nonprofit day care in [name of] school, and she was telling me the differences between profit and nonprofit. And nonprofits are more expensive, but the staff are better trained; you know, they have class three instead of class one. I think just the word 'nonprofit' makes me feel better, so I'm thinking that I'll start looking around for nonprofit day cares in this area. (Bonnie: second interview)

Other women who had no experience in using child care but who were themselves in the situation of looking for care were often important sources of support and information. New mothers support groups played a key role for some women in offering support and input around finding appropriate care. Just over half of the women attended new mothers groups that were organized by the local health clinics, and nearly all of these groups had discussed child care. Conversation about child care in these groups tended to focus on sharing concerns about finding appropriate care and on pooling knowledge about local child care possibilities and what to look for in child care settings. However, in only one group was outside expertise made available to provide information about child care options:

At the new moms' group I went to, we discussed the issue of child care because we were all going to be heading back to work within a month or two of each other. So we discussed it in terms of "what do you think of this or that?" Some of the others were starting to look a little earlier than I was, and some were pretty sure about what kind of care they wanted. Like, one women wanted a day home for sure and didn't even want to look at day care. We all managed to get the brochures from the government on day homes and day cares, so that gave us something to talk about. (Keri: second interview)

The discussion in my mothers' group about child care was quite useful. I think it gave me a broader perspective on how to go out and look. It gave us some ideas of things to look for because even though it was biased toward day care, it made me ask whether all these things are important to me, what is and is not important. (Marla: second interview)

The opportunity to talk about child care with friends was viewed by most women as extremely valuable, even though such conversations often increased

anxieties about finding good care. However, despite the critical importance of friendship networks to women who are making decisions about child care, the extent of knowledge and help available from this source should not be overestimated. Indeed, most women, while acknowledging the input they received, expressed surprise and disappointment about how little concrete information and help they were able to get from friends. Brannen and Moss also pointed this out with respect to their respondents, noting that "it would be wrong . . . to give the impression that there existed a great pool of knowledge about sources of child care within respondents' social networks and beyond" (1991, p. 234).

### **Professionals as Sources of Information**

It may be that friendship networks stand out as vital sources of input in contrast to the lack of information and help from other sources. It might be expected that, to at least some extent, professionals would serve as sources of information and advice. However, this was not the case. Apart from two women who had acquaintances in the child care field, women generally received no information or advice directly from professionals. One exception was a woman who was considering day care, but who decided to look into the possibility of a family day home on the basis of a discussion with her general practitioner.

As indicated in Chapter Four, Alberta has no local referral and information services that offer help in finding child care, as do some other jurisdictions in Canada and other countries. Local social services offices and public health centres may give out lists of day cares and family day home agencies in their districts, but they offer no other assistance and no assessment of the care settings. Several women anticipated being able to contact a referral source when they were ready to begin looking for care, and they were surprised and disappointed that no such source existed:

I think we'll check first with friends who've used day cares. And as well, there must be some place that would be able to tell us about different day cares, which are the best ones and which ones we should avoid. I imagine we'll go by the recommendations we get from them and from friends. (Alice: first interview)

I really thought we'd be able to get more help in finding out about good and bad day cares, like a list that would rate them or at least tell you if there were any complaints about them. But when I checked, there was nothing like that; you're just on your own. I can't believe they wouldn't have more information to help you in finding care. (Alice: third interview)



I'm just really disappointed. It's so hard to find information on how to choose day care. I thought I'd be able to get more from social services, like which ones are good and what it is that's good about them. Give me some scenarios so that I can make some comparisons. But they don't want to tell you anything. They give you all kinds of information on how to dress your child, how to feed your child, how to bath your child—the whole bit. They give you that even if you don't want it. And then you say you want to know about day cares and day homes, but they say it's so individual, they can't give you any information. They say it's up to you, depending what you're looking for. (Bonnie: second interview)

About two-thirds of the women in this study had, by the time of the second interview, obtained copies of the booklets produced by Alberta Family and Social Services to help parents in knowing what to look for in choosing day cares and family day homes.<sup>5</sup> Most women had obtained the booklets through public health centres, although a few had requested them directly from Alberta Social Services. With few exceptions, women indicated that they found the publications useful. Typically, they read the relevant booklet before going to visit day care centres or family day homes so that they would know what questions to ask and what features to look for. For most, the booklets served as a general guide, often confirming what they were already thinking about child care. However, useful as they may have been, these publications were no substitute for direct information and advice and, as Bonnie pointed out, the information is not really 'what you need to know':

I went through the booklets, and yes, there's lots of good stuff in them, but it's not very practical. They don't say anything about the different levels of training, and they don't even mention the profit versus nonprofit thing. Nobody even mentioned these things until I talked to my friend. And they don't tell you anything about where to start looking. It's helpful, but it's not really what you need to know. (Bonnie: second interview)

I read the booklets that I got from the province about what to look for, and it certainly was the common sense of what I would have looked for anyway. It certainly didn't tell me anything I hadn't already thought of. I didn't go through it line by line, but we did use some of the questions in it. So I thought it was a good, comprehensive list for sure, even though I would have thought of those things on my own. (Leanne: third interview)

In response to questions about other sources of child care information, women indicated that they had received no information or advice from other sources. Books, magazine articles, and prenatal classes were key sources of information for women on a wide range of issues related to childbirth and parenting. However, information about

child care was noticeably absent from these sources. Although all the women had attended prenatal classes, none had received any information about child care in these classes. Most women had read one or more books on parenting but had not seen anything in these books relating to child care. Beth's comments sum up this situation:

I can't recall seeing anything about child care in any of the books or magazines I've read. It isn't a common theme for sure. And that's strange because, you know, it's the opposite when I'm talking to people. The women I know who've had kids, finding a day home or a day care has been their most frustrating and major concern. That's in reality, but the magazines and books don't seem to show that at all. And I don't remember anything at all about child care in my prenatal class. (Beth: first interview)

This paucity of useful information about child care is in direct contrast to the visibility of child care as a social issue. As indicated above, nearly all women were aware of the problems inherent in finding appropriate care and had been repeatedly exposed to television programs and newspaper articles drawing attention to the negative aspects of various types of child care. To the extent that these 'horror stories' predominated over useful and supportive information and advice, it is hardly surprising that women were anxious about finding safe and appropriate care.

## **THE EXPERIENCE OF LOOKING FOR CHILD CARE**

As noted above, the *process* of looking for child care has been largely invisible in previous research because researchers have, for the most part, emphasized the outcomes of child care decisions. In this section, I examine the process of looking for child care with a view to understanding what this process entails and how it is experienced by women. The main elements considered here include timing of the process, the actions that women took in looking for care, the ways in which they assessed different care options, and the respective roles of women and their husbands in searching for care and making decisions.

### **Timing of Looking for and Deciding on Child Care**

As I indicated in the first part of this chapter, none of the women had actively begun looking for child care when I first spoke with them. At that time, most women anticipated that they would begin to look for care about three to four months before returning to work. Only one woman said that she planned to begin her search before the baby was born, once she had begun her maternity leave. Even the women who hoped to have relatives provide care did not seem to be in any hurry to make arrangements until closer to the time of returning to work.

In reality, most of the women who used non-parental child care did not begin looking until three to four months before they returned to work. There were no differences in this respect between women who used family day homes and those who used day cares. Women whose primary caregivers were relatives tended to make these arrangements a little earlier. However, none of the women began looking before their babies were born. This is in sharp contrast with Brannen and Moss's (1988) respondents, most of whom began looking before the birth and, in a few cases, even before conceiving. This substantial difference in the timing of the child care search likely reflects key differences in the child care contexts in Canada and the UK and, more specifically, differences with regard to local circumstances. For example, many of the women in Brannen and Moss's sample who were planning to use nursery care had a particular nursery in mind and knew that it would be necessary to reserve a place early to be sure of getting one. In this study, none of the women who used group care had prior knowledge of child care facilities they would consider using. Moreover, none of the women appeared to be aware of the shortage of spaces for infants both in day care centres and in family day homes.<sup>6</sup>

It was evident when I first talked to the women that they felt no pressure to begin looking for child care any earlier than they did, nor did they feel that their timing would be in any sense 'too late' to begin looking for care. Asked about when they planned to start looking, most said that they would start 'quite early', this being defined as three to four months before returning to work. Beth's comments are typical of what women said about the timing of their search:

I'll probably start looking quite early. I like to really be prepared and feel like things are in place. I'll probably start the process, like talking to friends, about four months before I go back, because I'd really want to check things out and feel good about the choice I'd made. (Beth: first interview)

It may also be that women did not want to begin to look for child care until they were certain about returning to work. Although all of the women who participated in this study intended to resume work, many expressed considerable ambivalence about the return. It is not surprising, therefore, that they would want to delay the search for child care until a return to work was more definite. In fact, several women alluded to uncertainty about the future with regard to the baby or their return to work, attributing their reluctance to begin looking for child care to the fact that "none of it seems real":

I'm really quite comfortable with the idea of going back to work, and I think it's going to be successful. But I gather some kids just don't do well in child care settings while others really thrive. My sister-in-law went back to work full time, and her baby didn't do well at all without her around. If my baby is a colicky baby or something, I might have to reconsider going back; . . . and I guess there's a little part of me saying that it's senseless to plan all this stuff when, . . . well, I had a friend who lost her baby a few weeks before she was due. So part of me is saying that until there's this baby, I'm not making any plans about child care. (Dianne: first interview)

I've got information that I've just kind of stored in the back of my head, thinking that I'm not going to do anything until I absolutely have to. And it sounds like a lot of people do that. My cousin's done the same thing; she's just procrastinating and hoping that it doesn't happen. I'm still thinking that almost for sure I won't go back now until the fall. So there's no sense looking until I'm sure. (Bonnie: second interview)

Returning to work may not simply be a matter of taking up the same job with the same hours at the same location. For many women in this study, the period around the birth of their child was also a period of transition in their work situations (see Chapter Four). Thus, from a practical perspective, some women felt unable to begin looking for child care because of uncertainty about what their work would entail with respect to hours of work, location, and, for some, the job itself. For example, several women had requested a change from full-time to part-time hours but did not find out if their requests had been granted until shortly before going back to work. For those using non-familial care, the search for care was necessarily delayed until they had a better idea of the hours for which they would need care. The two women who had been students when I first talked with them had to find jobs before they could begin to look for child care. Two others changed jobs either before or during their maternity leave. Thus, almost half of the women in this study faced some such uncertainties around their work situation, with the result that the timing of their search for child care was affected.

For most women, the timing of their search for care worked well, and they had care arrangements in place in plenty of time before returning to work. However, a few of the women who used family day homes encountered some difficulties around timing that they attributed to problems on the part of day homes or day home agencies.

I was kind of annoyed because I started phoning the day home agencies in May, and they said it was way too early and to phone back at the end of July. So when I phoned in July, they said there were not

very many spaces left, and I wouldn't have much choice. It worked out okay because we did get something we're happy with, but we were quite panicked about finding a place in time. (Leanne: third interview)

It was the last two weeks before I went back to work—in September—that I found anything. And I had started looking in early July. The day home agencies I called said they shouldn't have any difficulty finding something for me. But then they didn't come up with any names. I was phoning the agencies every second day asking if there were any places available, and they kept saying no, there was no one available, nobody who had a space for that age of baby. I ended up finding someone myself, so I was pretty disappointed in the day home agencies. (Denise: third interview)

### **Searching for Care: Considering Options**

Women who decide to resume employment after having a child have in common the need to arrange child care for the hours that they are in paid work. Consequently, they need to engage in a process of decision making as to an appropriate care arrangement. While there are many common elements in this process, there is also considerable diversity in women's experiences of looking for and deciding about child care. The primary factor in accounting for this variation is the extent to which women have choices as to care arrangements. As other researchers (Hill 1987, Moss 1986) have pointed out, there are two main elements involved in choosing child care:

- choice in relation to types of care or categories of people, and
- choice of specific care situations within each type

However, the extent to which there is real choice with regard to type of care *or* specific arrangements depends on a number of factors, such as availability, affordability, preferences, and personal circumstances.

For a number of reasons, the child care options available to most women in this study were limited. Few had husbands, family members, or friends who were able to provide care on a regular basis. Nannies and babysitters were widely available in general, but neither type was seriously considered as an option for care. None of the women in the study had access to workplace child care. For the great majority of women, there were essentially three child care options to consider: family day homes, day care, or combination of arrangements that allowed them to maximize parental care.

Some women were restricted in their choice of child care by personal circumstances such as their hours of work or their husband's work schedule. Denise,

for example, was hoping to use a day care centre. However, her own job in a day care often required her to work until 6:00 p.m. and since no day care centres stay open past 6:00, day care had to be ruled out as an option. Part-time work also restricts access to both day care centres and family day homes in which part-time spaces are not available. For some women, a change in circumstances substantially altered their plans regarding child care. For example, several women whose husbands were at home during the day (either unemployed or working shifts) had anticipated that their husbands would be the primary child care providers. However, in all but one of these cases, changes in the husbands' employment situations precluded this arrangement, and these women were thereby forced to consider other options.

Adding to the complexity of the process of looking for child care is the fact that some women change their minds about what they are looking for as they learn more about child care, about what is available, and about the relative merits of different kinds of care. This was the case for several women in this study who, in the process of looking for care, discovered much about child care that they had not known previously. One woman who was sure that she would be looking for a day care centre heard about some positive experiences of family day homes and eventually decided to focus her search entirely on day homes. More often, women shifted toward more positive views of day care. Three women, for example, who in the initial interview had indicated that they would not consider using day care, came to believe that day care would offer a positive child care environment; and two of these women did, in fact, end up using day care centres. Sheila's story illustrates such a shift in thinking:

*First Interview:* We've talked about day care, but we've pretty well ruled that out as an option because of the experience I've had with day care in terms of seeing the students in my Grade One classroom. There's a huge difference in how they perform socially, affectively, and even academically. In almost all ways they're so different. So day care is not one of our favoured options.

*Second Interview:* I hadn't even considered looking for day care when I first thought about finding a place for [child]. But when it came to looking for child care, I was feeling quite nervous about it. I wanted it to be a public situation because she is quite young and she would not be able to verbalize what was going on in the day. So I wanted it to be public enough so that there would be enough staff members around and other children who might be able to verbalize how the day was.

I didn't actually know about any of the ratios or anything before I started looking at day cares. But when I found out that there was a very small ratio of one to three for infants I liked that. Now I would consider day care as an option. I would for sure. Because I think there's some very good programs out there in day care. And I must admit that,

as a teacher, all I ever got into was the stereotype of "Oh well, that child is behaving that way because they've spent most of their time in a day care." But now I don't think that at all.

Two-thirds of the women said that they would consider more than one type of child care. It is interesting to note that all of the women who had family members available to provide care indicated a willingness to consider other kinds of care, in some cases family day homes and in others, day cares. However, considering care in the abstract is different from actually looking for care placements. In reality, only six women in the study actually took any action toward looking for more than one type of care.

Not all women were in a position of having to actively set out to search for child care. Some women found available caregivers among family members and did not search any further for care, and others organized their work schedules such that non-parental care was not required. On the other end of the spectrum were women who engaged in extensive and exhaustive searches for child care. Of the women who remained in the study (25),<sup>7</sup> 19 set out to actively look for care. The following section will be concerned with the search processes undertaken by these 19 women.

### **Undertaking the Search for Care**

One of the most daunting aspects of looking for and deciding on child care is the unfamiliarity of the task. For those seeking care for the first time, there are few, if any, models to follow in the process of looking for child care. It is not surprising, therefore, that when they were asked about how they planned to go about looking for care, most women initially expressed great uncertainty about how to begin their search:

As far as looking for child care is concerned, I don't know where I'm going to start or what we're going to do. I mean, where do you start to look? (Carol: first interview)

To tell you the truth, I haven't a clue how to start looking. (Rebecca: first interview)

Despite this uncertainty, most women seemed to take it for granted that friends, family, and co-workers would be the logical starting point for finding out about potential child care placements. Thus, they began the process of looking for care by contacting members of their social networks in an effort to identify recommended settings. However, as mentioned above, few child care arrangements were made on the basis of recommendations and contacts from family, friends, and

co-workers. In the absence of firsthand information about placements, one of the difficulties that women encountered was simply finding out about what child care facilities were available. While there are listings of day care centres and family day home agencies available from some health clinics, there appears to be no uniform policy on their distribution and no attempt to inform people of their availability.<sup>8</sup> Only one woman in the study contacted her local health clinic and obtained a list of child care facilities in her area. Most women turned to other strategies to identify day care centres and family day homes, such as using telephone directories, driving or walking around to look for possible places, and, in two cases, advertising in church or community newsletters.

Typically, having identified a number of potential sites, women telephoned to seek further information. In most cases, these telephone calls provided an opportunity for initial screening of sites and care providers. By asking questions about availability of spaces, hours of operation, other children at the site, and specific features of the environment (such as whether it was a smoke-free environment), women were able to rule out some sites and get a better sense of what was available. Many women indicated that, on the basis of a telephone conversation, they knew unequivocally that a day care or family day home was not going to be acceptable. Keri's child care search was one of the most extensive and, from that perspective, may not be typical; however, her account offers an interesting glimpse of this screening process:

So one day I decided to begin, and I sat down and went through the Yellow Pages and I wrote down all those that were on the south side and proceeded to phone them alphabetically. And I asked them if they had a place for an infant of her age. A couple I struck off the list right away because of their phone answering manners. They were rude on the phone, which seemed indicative of how they would behave in person. Some places didn't have room. Others, . . . well, their English was almost nonexistent; I felt we just weren't communicating on a basic level. What I found out was that some had spaces, some had waiting lists, and some wanted deposits to hold spaces. Those that impressed me from the phone call got a tick that I should visit them. Others got crossed off, like if they didn't take infants or if there was something I didn't like. So I short-listed the ones that seemed like possibilities. (Keri: third interview)

For women who actively considered family day homes, there was often an additional step involved in the process. Most (nine) of these women began by telephoning family day home agencies, through which they were given names and phone numbers of day home providers based on the criteria they identified for a care setting. Thus, for women using a day home agency, an initial level of screening had



already been done. This is not to say that women were necessarily happy with the screening on the part of day home agencies. At least half of the women who used these agencies expressed dissatisfaction either with the small number of contacts they were given or with the quality of the day homes that were recommended.

As noted in Chapter Two, several studies have drawn attention to the 'limited' search processes undertaken by parents in their efforts to find acceptable child care (Bogat and Gensheimer 1986, Powell 1997, Rapp and Lloyd 1989). In particular, there is often an implied criticism of parents for failing to carry out an adequate number of visits to child care sites or to adequately assess care settings. Indeed, respondents in some studies have arranged child care without visiting any sites beforehand (Bogat and Gensheimer 1986). In the present study, the numbers of site visits made by women varied widely; however, all of the women who eventually arranged care in family day homes or day care centres visited at least one site. Five women visited only one site and took the space that was offered to them at that site. Of these, two women were in the position of having a very short period of time in which to find child care. Joyce was called back to work two months before the end of her maternity leave and, because she was offered a permanent and more senior position, she felt she had no choice but to return early. She had less than a week to arrange child care and settled on one of two places identified by a family day home agency after visiting the home once. Norma had no job to return to but found a position when her baby was four months old. Because she had to begin work within a week, she took a space in a day care centre across the street from her home, having paid one visit to the centre. For Joyce and Norma, time did not allow for multiple visits to child care sites.

The other women who had visited only one site had found family day homes through personal contacts (in two cases, on the basis of recommendations) and, after making one visit, felt that there was no need to look any further. The remaining eleven women made visits to multiple sites, either day care centres or family day homes, or in some cases, both. Six women visited five or more sites, and one woman visited thirty. The average number of sites visited was five. In addition, several women revisited some sites several times before making a decision. For example, Keri visited the day care centre that she eventually chose a total of three times before she felt sure that it was going to be acceptable and "better than the others I'd seen" (third interview). There is, of course, no way of determining an optimal number of visits in the process of looking for child care, but the accounts of women in this study appear to indicate no lack of effort in seeking the best possible care.

### Assessing Care Options

The anxiety that women felt about finding adequate child care is clearly reflected in their responses to my questions about how they would anticipate assessing potential child care settings. Asked in the first and second interviews to think about how they would evaluate care, most women expressed considerable uncertainty both about the approaches they would adopt and the criteria they would use in assessing care. This is not surprising given that women typically felt that they did not know what to look for in child care.

While women may not have known exactly what they would be looking for, they were almost unanimous in stressing the importance of checking out potential sites very carefully and of having opportunities to talk to potential caregivers. They viewed their task as being to thoroughly 'inspect' or 'investigate' the settings before making any decisions. Several anticipated spending some time in family day homes or day care centres that they were considering in order to observe how the caregivers interact with children:

I think we'll make our decisions about child care very carefully. I know I'll be very particular about who's looking after our child so there'll be lots of scrutiny when we check places out. (Sheila: first interview)

I'll probably start with some of the day cares that are fairly close to us, and I expect the way I'll start is by just going into them, fairly unannounced. I'd want to inspect them pretty carefully, and I certainly don't want to walk into a contrived Kodak moment situation by virtue of telling them when I'll be coming. (Sarah: first interview)

Interestingly, three women who considered care by family members said that they would check out these places as carefully as they would non-family child care settings.

Women also placed a strong emphasis on making decisions on the basis of what might be described as 'objective' criteria. While few were able to say specifically what criteria they would use, most women put their faith in being able to evaluate potential sites according to whether or not they met particular requirements or how they compared to other sites. About half of the women anticipated that they would use some sort of checklist as they visited sites, although most were unsure about how they would find or develop a checklist and about what such a checklist would include:

When I get some ideas of places, I'll probably go and really check them out carefully. I'll probably have a kind of checklist for myself; you know, things that I won't be able to tolerate or things that I might be

willing to tolerate depending on other circumstances. *[Prompt regarding kinds of items on checklist]* Well, I'm not sure; maybe like smoking. If it was someone who smoked, I'd probably put an X next to that. (Beth: first interview)

One woman was more specific about how she would assess care settings. Marla described the approach that she intended to use:

So my plan is to put together a whole questionnaire—a telephone questionnaire and a home visit questionnaire—and go from there. I've got a brochure on what to look for, so I'll use that for questions. For places that don't come through the day home agency, I'll be asking them in regards to police clearance. If they couldn't produce one, I wouldn't consider them. If, in making a decision, it comes down to being really close and I'm not sure which one to choose, then I'll use a point system and tally it up. I tend to use that system if I have trouble deciding on things. (Marla: second interview)

The desire for objective measures by which to assess child care is congruent with the lack of confidence that women feel in their abilities to choose good care. Nevertheless, despite this emphasis on objective measures, most women also recognized that subjective elements would play a part in their assessment of child care options. They anticipated that they would have specific criteria that they would be looking for, but at the same time they knew that they would rely on their 'gut feelings' in ultimately making a decision. Marla, for example, in spite of her belief in the use of questionnaires and point systems, was also aware of the importance of trusting her own feelings when it came to making a decision. She followed her comments above by saying:

I trust my gut feeling in making a decision. What's my actual level of comfort and gut feeling here? That's what I'm most likely to go on. (Marla: second interview).

When it came time to actually look for care and to assess various options, slightly more than half of the women used a checklist or questionnaire of some sort. Most of these checklists were derived, at least to some extent, from the provincial government brochures on what to look for in day care or family day homes. Some women used the checklists more or less as they were, and others added some of their own questions or criteria and deleted others.<sup>9</sup>

There is no question that the checklists were helpful to women in the process of choosing care. However, the value of checklists seems to reside not so much in their use as assessment and comparison tools as in the focus that they bring to

women's thinking about the important elements of care. None of the women in the study felt that they had made a decision about a child care placement solely on the basis of the checklists they used. However, they did say that they felt more confident having determined the features that were important to look for and that they felt much more prepared to evaluate different care settings. In some cases, women felt that checklists had been helpful in confirming their more subjective assessments.

Women's accounts of how they actually assessed various care settings suggest that subjective factors played the major part in their decisions about which ones they would reject and which they would consider using. Most women who visited more than one site said that they knew very quickly which sites would be acceptable and which would not:

I talked at length with a friend who's a day care director. She gave me some things to look for when I visited places, but she also said I should go with my gut feelings. She said, "Draw on your own instincts. You'll know when someone is being honest when it comes to kids, if it's genuine or not." So when I went to the day homes, I walked in with an idea as to how the person made me feel when I went in. . . . I looked for certain things such as how they interacted with the other children and how they interacted with [child]. And then the most important thing - my gut feeling about it. And I think I got that within the first ten minutes. (Denise: third interview)

I looked at all kinds of centres and I had a detailed list of things I was looking for. But I guess what it came down to for me was gut feeling about the day care. I got a phone call from someone else who was going through the same thing. She was asking my advice, and I said it was gut feeling—does it feel right? (Keri: third interview)

Not all women, however, felt that they could depend on their feelings to point them toward the right child care setting. Sheila visited about thirty day homes and day care centres without experiencing the positive feelings she was expecting. In retrospect, she felt that using a detailed questionnaire may not have been the best approach:

I developed a long questionnaire that was kind of harsh, I guess—at least that's what my mother and husband said. I just wanted to try to get to know the people. And everyone was saying, "You'll just know by your gut feeling", but I just never had that feeling when I met anybody. (Sheila: third interview)

## WHO DOES WHAT? WOMEN'S AND MEN'S ROLES IN FINDING CHILD CARE

In recent years several researchers have focused attention on who does the work of making child care arrangements. Studies in Canada, the United States, and Britain all indicate that women are much more involved in looking for and deciding upon child care than are men (Brannen and Moss 1991, Hertz 1997, Hill 1987, Leslie et al. 1991, Luxton 1990, Pungello and Kurtz-Costes 2000). In this study I was interested not only in who does the work of making child care arrangements but also in the congruency (or conversely, the gap) between women's expectations of their husbands' involvement in finding child care and their perceptions of their husbands' actual involvement.

When I first spoke to them, women were unanimous in believing that looking for and deciding on child care should be a task shared by both parents. The great majority expected that they and their husbands would share the work of looking for care and that the ultimate decision about child care arrangements would be made jointly. In most cases, women referred to their relationships with their husbands as being based on equality and made a point of saying that "we make all important decisions together." Moreover, they made it clear that they needed and valued the involvement of their husbands in making child care decisions and, in some cases, attributed particular abilities or skills to their husbands that would be helpful in looking for care:

I think we will both work together on finding care. I don't think he'd want me to do this by myself, just because it's such an important decision for both of us. The way I see it, we'll both be doing the work together, and we'll sit down together and make a decision. We haven't ever disagreed on anything major. So to find day care, I think we'll be very close in our opinions. (Alice: first interview)

Both of us, as much as possible, will do the looking and the interviewing. I'm pretty sure that we can agree. We haven't disagreed on anything yet as far as this baby is concerned. He's better than I am at asking the right questions in such a way that you're going to get the answer that you want rather than the one they think you want, so it's to my advantage to have him there. So I think we'll both be involved. (Bonnie: first interview)

We haven't talked about it yet, but given our decision-making pattern, I'd say it would be a joint decision. I can't see one or the other of us dictating a decision. I'm sure it will be a joint process, and we'll both go and visit the day cares and talk to people and read the books. I can't imagine one of us letting the other do it. (Leanne: first interview)

Only three women anticipated that they would have the major responsibility for finding child care, and all three expressed dissatisfaction or frustration with this situation. Rebecca saw the task of finding child care as being left to her because she anticipated conflict with her husband over returning to work and using child care. While she was clear about both needing and wanting to return to work, she foresaw a struggle around this and commented that "I think we'll fight about child care." Both Dianne and Denise wanted their husbands to be involved in looking for and deciding on child care, but neither felt hopeful of securing more than minimal involvement:

I suspect that I will have most of the responsibility for child care—for finding it, making arrangements, and so on. In our case, I think that this is just a personality difference. I think that if I pushed it, he'd get more involved, but I just know he doesn't want to. Really, he wants to leave all of that up to me. (Dianne: first interview)

Although most women said that looking for child care would be a shared task, further discussion revealed that 'shared task' did not necessarily mean 'equally shared'. Some women did indeed expect their husbands to take on equal responsibility for looking for and deciding on child care. Others, while holding to the importance of a joint decision, acknowledged that they would probably do more of the initial searching because they would have more time while on maternity leave to make phone calls and visits. There were also a few women who felt that, while their husband's opinions would be important, their own would hold more sway in the final decision because, as mothers, they would be more attuned to their child's needs and aware of the necessary qualities of caregiving:

I think at this point the feeling that we have is that with me being home to a larger degree, I'm sort of the one who will be initiating more of these things—like doing more of the getting names and phoning places. But it will very definitely be a decision that we make together. (Sarah: first interview)

I think that men should be just as responsible for child care as women are, and they should take just as much initiative to take care of their children as women do. I think when it comes to actually looking for child care, we will both be responsible, but I will have a little bit more input. But here I am talking about 50/50, yet I'm trying to put a little more emphasis on the mother. But I think that because of staying home with the child and having more idea of what the child requires, and probably for my own peace of mind, I would probably do more research than [husband] would. We are quite good about sharing responsibility, so hopefully that will remain and we'll be able to make it a joint decision. But I'll probably be the one who'll do lots of investigation about child care. (Marie: first interview)

It was evident from the initial conversations with women that most were confident that their husbands would be, if not equally involved, at least substantially involved in looking for and deciding on child care. However, women's later accounts of the actual process of looking for care revealed a significant gap between their expectations and the reality of their husbands' involvement. Indeed, husbands rarely played more than a marginal role in looking for and deciding on child care.

Women reported that they had been primarily responsible both for the work of finding child care and for making and implementing decisions about care. The tasks of identifying potential placements and making initial telephone calls fell exclusively to women. Women also did the great majority of visits to sites on their own. Typically, it was not until women had tentatively chosen a site or narrowed the possibilities to two or three sites that their husbands got involved, at which time they may have visited sites and helped to make a final choice. Even so, by far the majority of women felt that the decision had been entirely or primarily their own, and that where their husbands were involved, they had done little more than confirm their choice. Based on women's accounts, it would seem that most husbands felt unprepared to play a significant part in looking for and assessing child care and were more comfortable in deferring to their wives' perceptions.

Of the situations that involved a search for child care, there were five in which the husband had no involvement in the search at all. On the other end of the spectrum was the sole husband who was very much involved, to the extent of visiting all three of the potential sites and having equal input into the placement decision. In all other cases husbands had some involvement, but for the most part, this was very limited. Two examples illustrate the division of responsibility for looking for and finding care as it was experienced by women in this study.

Sheila was clear from the beginning that she wanted her husband to be very much involved in looking for and deciding on child care. However, she was aware of some reluctance on his part to be equally involved:

I want him to be as involved in finding child care as I would be. I have no more say in it than he does as far as I'm concerned. From his perspective, he's told me, sometimes just in jest, that he's more comfortable if I make that decision, and I truly believe that he is. He'd be more comfortable if I told him—well, not told him, but suggested what would be the best thing. (Sheila: first interview)

Nevertheless, she was confident that she could secure his involvement in looking for care. Sheila undertook the most extensive search compared to other women in the study, visiting approximately thirty family day homes and day care centres. She made

all the initial contacts and visited each site on her own. Once she had narrowed her list to four potential sites, she asked her husband to visit these:

I short-listed some places, and he actually took a day off once because I had four that I wanted him to go and see, . . . because he had no idea about what I'd been seeing and why I was getting so uptight at home. So I said, "Well, you go and see." And they were my four best ones. So he came back with some comments and concerns, and I said "Well, you should see some of the other ones I didn't send you to." (Sheila: second interview)

Sheila eventually found a day home with which she was relatively happy, and when her husband visited the site, he agreed that it would be acceptable. Although her husband participated to some extent in the search for care, Sheila felt that it had essentially been up to her to find child care.

Keri also anticipated the full involvement of her husband in choosing child care, commenting in the first interview that "he will probably go with me to visit the centres. I know that he's willing to participate. I think we have a pretty equal relationship, so I don't foresee any problems with this" (Keri: first interview). Yet when it came time to actually search for care, it was Keri who phoned and visited all of the twelve day care centres on her list. In her words:

I went to see all of them and then told my husband about the ones I was happiest with, and I wanted him to go and see two of them without me and give me his impression. "You know", I said, "because this is our daughter and it's important to know what you think of these places." And he sort of wanted to leave it up to me. His concern when he came back was that the paint was peeling on the cribs. Finally, I made a decision. He was supportive of my decision about the centre I chose, and I'd say that he's pleased with it. (Keri: third interview)

In itself, the fact that women were overwhelmingly responsible for finding child care is unsurprising, particularly in light of similar findings from other studies. What is perhaps more surprising is that such a marked inequality of responsibility for finding child care should persist in the face of strong beliefs and expectations to the contrary. Clearly, there is a need for greater understanding of this discrepancy and, as Hill (1987) pointed out, of people's responses to this situation.

I did not interview women's husbands in this study and therefore, cannot speak to their perspectives regarding their involvement or lack of involvement in looking for and deciding on care. Women's responses to the limited participation of their husbands in looking for and deciding about child care were varied. Some women found ways to rationalize the lack of involvement on the part of their husbands:



He really ended up leaving it for me to do. He did come with me for the final interview but it was my decision. I'm actually okay with that because we were both really happy with the place I chose. I found the place and I had a really good gut feeling about it. He trusts my judgment so it worked out okay. (Marla: third interview)

He doesn't really say anything about what he thinks about the day care but I think he really doesn't mind it. I just simply made that decision because he was not comfortable making it. I guess it was just one less thing for him to worry about. Maybe men just can't do that sort of thing. (Marie: third interview)

For other women, the failure of their husbands to share the responsibility of looking for and deciding about child care engendered feelings of disappointment and frustration. In particular, five women defined this as a significant issue that placed strain on their relationships. Bonnie, for example, had been sure that the search for child care would be undertaken jointly by herself and her husband and was clear in identifying the potential value of her husband's participation. When her husband's involvement failed to materialize, she expressed anger and frustration. On one occasion when I telephoned her to schedule an interview, she was in a state of some distress about the difficulty of finding child care:

I'm down to having to make a decision in the next couple of days. It's just been terrible, and my husband hasn't been any help at all. I've had to do it all myself. I'm feeling very angry with him right now. It's really hard trying to make the best decision and to have to do it on your own. (Bonnie: telephone conversation between second and third interviews)

Denise's case is one showing how child care became a central issue in her relationship with her husband. Denise did not expect a great deal of participation on the part of her husband, noting that "he has pretty much dropped the child care thing in my lap." However, she did try hard to engage him in visiting possible sites and, for a time, was encouraged that he would play a part in looking for care. In the end, he did not participate in the search for care or in making a decision about a placement. Denise described this as consistent with his lack of participation in child care at home, noting that she was feeling very much "like a single mother":

It's come to the point that he's washed his hands of it all. He plays with her, but that's about it. When it comes to things like looking for a caregiver for when I go back to work, he doesn't want to have anything to do with that. And in a way, I'm kind of going along with it now because I don't want to fight over it any more. (Denise: second interview)

Denise and her husband separated for a period of time during the study, and Denise attributed this separation to her husband's refusal to become more involved in caring for their child and helping to find child care. By the time of the third interview, they had reconciled and Denise was happier with her husband's level of involvement in child care. She recounted the experience of looking for child care on her own:

All together I did seven interviews, and that was after making lots and lots of phone calls. Wayne had nothing at all to do with it. He just didn't want to. That made it very hard for me, and I wasn't very happy about it. It caused me a lot of stress because I just felt like I had the whole weight of this on my shoulders. (Denise: third interview)

Several researchers have made a distinction between caring for children and being responsible for the care of children, noting that while fathers may be increasing the time they are spending with their children, they are not taking on any additional responsibility for child care (Hochschild 1989, Leslie et al. 1991, Luxton 1997b). In this study, in almost all cases women were responsible for initiating and planning the search for child care as well as for making decisions about a care setting. As will be seen in the next chapter, they also had major responsibility for arranging details of care, negotiating with caregivers, and transporting children to and from care settings. The great majority of women, even if their husbands had been involved in the search for care, felt that the responsibility for finding care had been left to them:

I guess I feel that most of the work, as well as the responsibility of looking for child care has been mine. Because I did a lot of the initial communicating, with my friend and phoning different places, all of the communication has been directed toward me. [Husband] knew all about it and came to visit the place, and I wouldn't have made any decision without his input. But I'd have to say that it's been primarily me who took the responsibility for this, and he certainly saw the decision as being mine in the end. (Beth: third interview)

When I first spoke to the women, most portrayed their spousal relationships as being essentially egalitarian and described the division of labour in their households as being equally shared. Moreover, with a few exceptions, they anticipated a more or less equally shared division of responsibility for child care. Indeed, women reported that conversations with their husbands about becoming parents had emphasized the importance of shared parenting. However, when I talked to women after their babies had been born, most (three-quarters) described a situation in which they had primary responsibility both for child care and for general household work. Once they had returned to work, a majority of women felt that they had a disproportionate share of the responsibility for the household work and for child care. Thus, the transition to

motherhood seems to have been a turning point for these women in that household work and child care became more firmly fixed as their domain.

Understanding of the minimal part that men play in looking for child care as well as their lack of overall participation in caring for children is advanced by the small but growing body of research that examined women's social networks relative to motherhood (Bell and Ribbens 1994, Dyck 1996). For example, in their study of housewives in Britain, Bell and Ribbens highlighted the critical role of women's child-centred networks in exchanges that take place around childrearing and noted that "men are generally marginal" (1994, p. 233) to such networks. While the women in my study are not housewives and did not, at the time of the study, have such neighbourhood-based networks, they nevertheless had social networks that served as important sources of information and contacts with regard to child care. Men, on the other hand, seemed to have no such connections. There was no evidence that the husbands of the women in this study brought any information, advice, or contacts relative to child care into the process of looking for and deciding on child care. Moreover, most women expanded their child-centred networks through attending new-mothers' groups and through connections with other mothers using child care. A few women referred specifically to this difference in social connections:

And then the other thing is that he doesn't know as many people as I do, and he certainly doesn't have a set of friends who have young children. I'm really involved in our church, and there's several young mothers there, and I have friends at work who are mothers. Now I'm starting to get involved with a new-mothers group and with some mothers in the neighbourhood. So I know who to ask about child care, whereas he doesn't have a clue. (Dianne: third interview)

When we get together with our friends, the women talk about things like children and child care, but the men never talk about those things. (Susan: second interview)

#### **WOMEN'S ASSESSMENTS OF THE EXPERIENCE OF LOOKING FOR CHILD CARE**

Once the women had returned to work and were using child care, those who had sought non-parental care were asked to reflect on their experiences of looking for and deciding on care. Some women (about one third) said they had not found the experience particularly difficult. For the most part, these were women who had not had to search for child care or whose search had not been very extensive. Women who used family members as caregivers were least likely to describe the process as being difficult or stressful. Nevertheless, women who had found child care without much

difficulty did not necessarily take this situation for granted. In fact, several commented that they felt very fortunate in having avoided a potentially difficult search process. Dianne, for example, had found a family day home placement after several phone calls and one visit. She saw her own positive experience of looking for care as being an exception to the common experience:

When I hear stories from other women about the problems they have had with finding child care, and all of the places they have had to look, I feel fortunate, very fortunate that it was so easy for me, that I was just able to carry on with my life pretty much. (Dianne: third interview)

Beth's experience was perhaps the most positive in that she was able to take advantage of the very extensive search undertaken by a friend. While Beth made a few contacts on her own, she primarily relied on the research that her friend had done and was very pleased to get a placement in the same day home:

For me, looking for child care has been really easy, and I'm just so thankful because the friend who originally found this day home had to do the footwork. She was the one who went and found all the places and visited tons of homes and went and talked to the day home agencies and kind of did the work to find this home. So she did all of that last summer and went through all that stress for me in a way. So because of that, it's actually been easy, and I'm just so happy with the way it all turned out. If I'd had to do it myself, I don't know what I would have done. (Beth: third interview)

Most women found the experience of looking for child care to be, at least to some extent, difficult and stressful. For six women in particular, the search for child care was experienced as extremely onerous, so much so that they described it as 'terrible', 'painful', or 'awful':

Trying to find a place for her was awful. It was terrible. It took me two-and-a-half months to find something. When I think of the whole process of looking for child care, I think it's very scary. I mean, I've got a background in child care. I can't imagine what it would be like for someone who doesn't have any background because even for me, I was scared; I was frustrated. It was much harder than I thought and a lot more stressful. (Denise: third interview)

I hated looking for child care. It was an awful process. I went to all these different places - some day homes and some day cares - and some of them were just so awful. (Sheila: third interview)

Looking for child care has been awful. It's been really, really hard - like painful even. I didn't think it was going to be this difficult. (Bonnie: third interview)

Some of the difficulties involved in the search for child care derive from women's personal circumstances such as the need to find care to accommodate unusual work hours. However, as women spoke about their own experiences of looking for child care and shared their feelings about the process, three common themes surfaced that offer learning about why the experience is so difficult and stressful. The most widespread concern that emerged was a feeling of not knowing what to look for in child care settings and how to judge what is good care and what is not. Thus, many women felt anxious about making the 'right' decision. Often, women spoke of the difficulty of seeing beyond what was presented to them in child care settings—seeing 'below the surface', as it were. In this respect, checklists and questions were not necessarily viewed as helpful because they were unable to reveal the real nature of the child care setting and allow for meaningful comparisons between one setting and another. Moreover, some women said they were confused about the wide variation among day care centres or among day homes that were supposed to be meeting the same standards:

I'd say that what most people are looking for is someone who's going to take as good care of their child as they'd get at home—play with them, nurture them, help them along and make it safe. I mean what else can a day care offer? What makes them all so different other than just the people who work there? That's what's so difficult: You can't tell what's different. What was hard for me was, what do you look for in a day care? What is there to look for? What makes A better than B? If someone could have given me a scenario of what an ideal child care looks like—the ideal setting and the ideal people—then one that's not so good as well as a really bad one, it would have been easier. Then I could have thought, "Well, this is better than this one in these ways", and so forth. I could have compared what I was seeing. (Bonnie: third interview)

It was frightening that all of the day cares supposedly followed the same regulations, but they seemed so different from one another. And the same with the day homes; they seemed so different. It was really hard to judge what you were seeing. (Sheila: third interview)

I'd say that the whole process of looking for child care is really difficult. There's day home agencies in place, but you don't get a whole lot of information from them other than phone numbers. You really have to go out and do all the fishing around yourself. And you know that some are better than others, but it's really hard for people to judge.

You can't really see what goes on when you're not there. (Marla: third interview)

The problem is, you go to visit these places and you only see what they want you to see. They want you to think it's the best day care, so they try to sell you on it. So how do you know what they're really like? How do you choose between one and another when you don't even really know what you're seeing? (Sarah: third interview)

A second concern that emerged, and which is related to the problem of not knowing how to choose care, is the tremendous weight of responsibility that many women feel in being required to make a choice. The decision itself is a momentous one that women are well aware has implications for the welfare of their children and for their sense of themselves as mothers. Being called upon, as were most women, to make this decision on their own added to the anxiety entailed in looking for care:

You know, I was so anxious. It was really hard for me to do. It's very difficult to trust someone with your child. I mean, there's always this guilt feeling, and you wonder if it's a good thing to leave them with someone else at all. So there are a lot of emotions that you have to go through and decisions that you have to make during that time. I did care about the caregivers, but I had put my needs and my child's needs first. (Marie: third interview)

As discussed in the previous chapter, ideal child care for most women was that which came as close as possible to providing the kind of care that they themselves would provide for their child. Yet, it is probable that as women search for child care, they become aware of a gap between their ideal and the kind of care that is actually available. Thus, part of the struggle in looking for child care involves coming to terms with the likelihood that no one else is going to provide the kind of care that mothers can give to their children. As one woman put it:

It's such a big responsibility. The process itself may not always be so bad, but it's dealing with the mental responsibility that's hard—that I can actually trust someone else to take care of my child and relinquish him to them. It's an inside thing that you need to work through. And it's sort of saying, "Well, okay, it's not going to be identical to having me there" and having to do some trade-offs mentally with that, like saying, "This is okay because this need and this one are being met, and it's okay for me to be out there and working and not being there with him all the time." So it may not be perfect but, you have to live with it. So all that kind of stuff that you just have to work through. (Marla: third interview)

As Sheila set out to look for child care, she was attentive to the elements of care that caregivers would not be able to offer in comparison with what she, as a mother, would provide to her child. As she rejected one site after another, she came to realize that this approach was hindering her in finding an acceptable placement:

When I went to meet the women, I found myself saying, "Well, what are they *not* going to be able to give her that I would have given her?" And that was just not the way to go in. Very soon I realized that, and [husband] and I talked about it. And I realized that nobody was going to replace me or replace him. Nobody was going to give her what I would have given her. So I had to go in with a different mind-set when I met the people and ask them, "What are you going to offer her?" instead of "What aren't you going to be able to give her?" which made it a whole lot easier. (Sheila: third interview)

The third issue that women raised was the difficulty of finding a child care placement that was acceptable to them in terms of quality. Many women commented on the overall poor quality of the family day homes or day care centres they had visited. Their reactions ranged from feeling disappointed to being appalled with some of the child care settings they had seen. Exposure to such poor quality settings undermined the sense of choice and further compromised women's ability to trust child care providers. In doing so, it substantially increased the stress attendant on looking for child care:

When we had to start looking, the choices seemed much narrower than I had anticipated. When you start actually looking at what's out there and you start eliminating the places that don't even come close to meeting your requirements, you realize that there's not much available, at least not much that I'd consider using. So when I started to realize this I began to think, "Oh my God, we're just going to have to take what we can find." The possibility of finding a place that came close to our ideal seemed pretty remote. I felt that it was all quite restricted. (Leanne: third interview)

You wouldn't believe how awful some of these places are. I walked in and thought, "Oh my God, how could I leave my baby in a place like this?" One woman was smoking while she was making lunch and in another place, the kids were all in one small room with hardly any toys. I didn't know how I was going to find any place where I wouldn't feel terrible about leaving her. (Marie: third interview)

For many women, the experience of looking for child care added to the ambivalence they felt about returning to work. The relative absence of acceptable child care (or perhaps the abundance of unacceptable care), played on their worries about whether they were doing 'the right thing' in leaving their child in the care of

someone else. In particular, for women who felt that they had no choice about returning to work, the search for child care was experienced as stressful. As will be seen in Chapter Eight, most women eventually found child care with which they were satisfied. Nevertheless, the difficulties and stress involved in the search for child care and the challenges of finding care that, at the very least, will not do harm to their children cannot be overstated.

### **CONCLUSION: THE WORK OF LOOKING FOR CHILD CARE**

Because the great majority of research on child care choice has been concerned with the outcomes of choice, the process of looking for care has been largely hidden from view. This study has examined this process and revealed it to be, for most women, difficult and complex. For first-time mothers, there are particular challenges involved in looking for child care. Because they have never before been in the position of having to look for child care, they are unfamiliar with the child care system and with the process of looking for care. Moreover, because they are only beginning to develop child-centred social networks, most first-time mothers have few resources to draw upon for information, support, and child care provision. That the responsibility for looking for and deciding about child care falls primarily to women is evident from the findings of this study.

In making the connection between child care needs and arrangements for care, most research has not done justice to the work involved in looking for and deciding about child care. The experiences shared by women in this study clearly show that finding child care is not simply a matter of choosing a particular type of care or specific arrangement. Women's narrative accounts add to our understanding of the process of looking for deciding about child care by shedding light on the work that is entailed in this process. There was considerable diversity in women's experiences of looking for care. For some women the search for care was more extensive and onerous than was the case for others. In general, it seems that women for whom care by relatives is not an option and those who are unable to structure their employment to accommodate child care needs face a more difficult and complex process of finding care. In particular, reliance on market care is likely to require significant time and effort.

Regardless of the type of care that they ultimately use, women in the position of having to make decisions about child care are involved in an ongoing process of gathering, sifting, and sorting information from a wide variety of sources. On the basis of what they know about different types of care and according to their personal circumstances, they must identify their options as to types of care to be considered.



While some women are able to make arrangements without undertaking a search, most find it necessary to search for care at least to some extent. This entails identifying specific child care settings and assessing these through phone calls and visits. Women in this study found the assessment of potential care placements to be difficult and stressful. They often felt that they were required to make a choice from among a number of alternatives, none of which were what they really wanted for their child. Once a decision has been made about a placement, women are called upon to make the arrangements and negotiate the details of the caregiving situation. This is the case also for women who use care by relatives. As will be seen in Chapter Eight, the work does not end with finding a child care placement.

## ENDNOTES

1. This does not include situations in which parents became caregivers (see Chapter Seven).

2. For an analysis of women's neighborhood-based social networks, see also Bell and Ribbens (1994).

3. It should be noted that several women received recommendations which they chose not to pursue because they were unsuitable as to location, hours of operation, or other features.

4. Again, the exception here is women who used relatives as caregivers.

5. These booklets, published by the Day Care Programs section of Alberta Family and Social Services, are entitled *Choosing a Family Day Home: A Guide for Parents* and *Choosing a Day Care Centre: A Guide for Parents*.

6. It is likely that the overall high vacancy rates in day cares and family day homes in Alberta obscures the shortage of spaces for infants.

7. This includes the two women who did not return to work, one because she was laid off and the other because she changed her mind about returning. Since both had begun to search for child care, I decided to include their accounts here. In particular, Jeannette gave as her main reason for not returning to work that she was so distressed about the child care that she had seen in her search that she was unwilling to use non-parental care.

8. In an effort to gauge the accessibility of these lists, I telephoned three health clinics and requested the information. Only one of the three indicated that they had such a list available.

9. Several women showed me the checklists they had developed using the government brochures as a guide, and these were, in my opinion, very thoroughly prepared.

## **CHAPTER SEVEN**

### **WOMEN'S CHILD CARE ARRANGEMENTS**

Studies of child care choice have typically begun by focusing on parents' current child care arrangements and retrospectively identifying the factors associated with particular choices. In this study, I sought to shift the focus of inquiry away from this preoccupation with the outcomes of decisions to be more attentive to the processes by which women make decisions about child care. Thus, the research began, not after women had already made child care arrangements, but at a much earlier point in the decision-making sequence when they were just beginning to think about their child care options. It began with hearing women's voices as they shared their beliefs, values, and knowledge about child care and as they reflected on the personal realities and circumstances that had implications for their child care decisions. In following the process of decision making as it unfolded, my aim was to learn about how multiple and diverse factors come into play in women's decisions about child care.

Yet, without knowing the choices that women actually make about child care, the link between beliefs and preferences on the one hand, and child care decisions on the other, remains hypothetical. In this chapter then, I focus on the actual child care arrangements made by women in the study and consider the reasons they gave for their particular choices.

#### **CHILD CARE ARRANGEMENTS**

In studies that describe parents' child care arrangements, attention usually focuses on a very limited set of care types (Pence et al. 1992). Day care centres, family day homes, and care by relatives tend to be the major categories used to describe arrangements made by parents in North America.<sup>1</sup> While such categories are useful in a general sense, they cannot effectively convey the diversity and complexity that invariably characterize child care arrangements. For the most part, research on child care choice has portrayed each major type of care as monolithic and internally consistent. In reality, however, the nature of the care provided within each category varies profoundly.<sup>2</sup> Moreover, studies that rely on such categories rarely capture the complex and multiple arrangements made by parents. Nor do they reflect the extent to which mothers themselves, and in some cases fathers, manage to provide the great majority of child care. In this section, I describe women's child care arrangements in terms of the arrangements initially made by women as they returned to work and with a focus on the predominant type of care that they used.<sup>3</sup> I also go beyond the

categories themselves to explore the complexity that characterizes many of these arrangements.

Of the twenty-three women in this study who returned to work, ten found family day home placements for their children, five used day care centres, four arranged care with relatives, and two used shift work arrangements to facilitate joint parental care. Two other women created complex multiple arrangements that entailed shift work but that also included regular use of other types of care. The average age of children as they began these child care arrangements was seven-and-a-half months. For children in all types of non-parental care, the average period of care was thirty hours a week. This encompassed a range from eighteen to forty hours a week.

## **THE USE OF NON-PARENTAL CHILD CARE**

### **Family Day Homes**

Of the ten women who found placements in family day homes, six arranged full-time placements and four used care on a part-time basis. On average, the time spent by children in family day home care was thirty hours each week. Although most women who looked for family day homes said that they would have preferred homes that were associated with day home agencies, only three placements actually met this criterion. Some women who had sought care through day home agencies were unable to obtain placements at the time that they needed them or had rejected potential placements as being of unacceptable quality. These women reluctantly turned to the independent day home sector in their search for care. Others found day home placements without contacting agencies. In retrospect some women regretted the lack of connection with a day home agency:

When I started looking, people said that you are better off to go through a family day home agency because they have people who regularly check up on the day homes. I phoned a couple of places, but they didn't have anything available that sounded like what I wanted, and none of them were in this end of the city. So I found this one without going through an agency. I'm not really happy about that because I would rather it was licensed. But, on the other hand, I like the place I've got, so really, the agency thing isn't a really big issue. (Shelley: third interview)

The thing that bothers me is that the day home doesn't go through an agency. I hadn't thought about that being important, but now I can see that it has some real advantages. I mean, if anything goes wrong, I don't have that agency to fall back on. (Sheila: third interview)

Most women (eight) who used family day homes had expressed a preference for this type of care when they were first interviewed. Asked about the reasons for their choice, most reiterated their earlier views that family day home providers were more likely to offer their children safe, warm, loving, and motherly care and that children would receive more individual attention in a family day home. A 'natural' or home-like environment was also cited as an important feature of this type of care. These women explicitly rejected day care as an option, citing an aversion to what they saw as the 'institutional' nature of such settings and to what they considered to be the poor quality of care offered in day cares. In particular, they felt that their children would be far less likely to receive warm and attentive caregiving in a day care setting than they would in a family day home. The other two women in this group were amenable to the possibility of using day care but, instead, chose family day homes as their searches led them to day home placements that appeared to meet their child care needs.

By far the most important reason that women gave for selecting a particular family day home was a positive perception of the caregiver. Typically, women reported that they 'felt good' about the caregiver at the first meeting and felt that they could trust her to provide good care. The strongest evidence to support these positive feelings emerged as women observed the way in which the caregiver interacted with their child or with other children in the day home. The critical importance of women's perceptions of caregivers is also evident in their rejection of other potential placements on the basis of not feeling comfortable with the caregivers:

I interviewed three different families and picked Maryanne, partly because it was obvious that she liked children. Some of the others didn't seem that keen on picking him up or talking to him while we were there, and it seemed that their relationships with the children who were around were just less affectionate. And it was very clear to me that Maryanne loved children (Leanne: third interview)

Although women cited their perceptions of the caregiver as the primary factor in their choice of a particular day home placement, other factors also came into play in their decisions. Key among these was the nature of the child care setting. Although women had had little to say about child care settings in their earlier reflections on essential qualities of care, the physical setting emerged as an important factor once they began to look for care. Most commonly, women were influenced by their impressions regarding cleanliness of the home, safety features, amount of space, availability of safe outdoor play space, and adequacy of lighting. In offering reasons

for rejecting particular family day homes, women often complained of homes that were dirty, unsafe, or cramped, or that had inadequate (if any) outdoor play space:<sup>4</sup>

I went to visit the first place that the agency listed. The moment I walked in the door it was disappointing, and I was surprised the agency would actually give her approval to take care of children. I knew right away I could never leave my child there. The place was filthy, and it was cluttered with boxes and junk all over the place. There was no place for the children to play. (Marie: second interview)<sup>5</sup>

Like Marie, many women were surprised and disappointed by what they considered to be the poor quality of family day homes that had been approved by agencies.

For women who choose family day home care, the idealized image they appear to hold of this type of care is that of a mother surrogate who will provide safe, nurturing, stimulating, and stable care in a home away from home. However, research has revealed the extent to which the reality of family day home care deviates from this ideal (Howes and Sakai 1992, Pollard and Fischer 1992). In particular, studies have pointed to the lack of stimulation, one-on-one attention, and empathy in caregivers' interactions with children in day home settings (Howes and Nakai 1992 Pence and Goelman 1986). Eheart and Leavitt (1989) have concluded that, given the working conditions of family day home providers, it is not realistic for parents to expect them to provide mother-like care.

### **Day Care Centres**

Five women in the study found care for their children in day care centres. Of these, three used care on a full-time basis and two on a part-time basis. The average time spent in care for children in day care centres was just over 30 hours a week.

Of the women who ended up using day care, only two had initially expressed a strong preference for this type of care over other types. One woman had leaned more strongly toward using a family day home but had shifted her preference to day care as she began looking for care placements, and another had been equally willing to use day care or a family day home. Another woman used day care not by choice, but as a result of circumstances (see discussion below). Women who chose day care over family day home care offered two main reasons for this choice. One was a belief that day care offers a safer environment by virtue of its more public nature and the presence of staff members who can monitor each other. Women who chose day care centres with this reason in mind voiced strong concerns about the privacy and the lack of monitoring in family day homes. The other important reason that women gave for preferring day care was their expectation that their children would receive more

intellectual and social stimulation due to the early childhood education focus of day care programs. Keri, for example, stressed the developmental advantages of day care:

I knew it had to be a day care because I just thought she'd get better care from people who are trained to be primary caregivers to children. I want her to be loved but I also want her to be stimulated - to have her development encouraged. In a day care situation they have the money for the staff that's trained and for the toys. And they're probably kept more current on developmental guidelines and things like that. (Keri: second interview)

Keri gave as a further reason for her preference for day care, a concern that a family day home provider would naturally put her own child's interests first:

I had sort of eliminated the idea of a day home because she wouldn't necessarily be treated as equally. For instance, if it was the mother looking after her own child and another baby, who would be more likely to get the attention? (Keri: second interview)

Women's choices with respect to day care centres were more limited than were choices for women seeking family day homes. Very few day care centres offer spaces for infants below nineteen months of age, and many centres do not have part-time spaces available. In accounting for their decisions to place their children in particular centres, the most important factors that women mentioned were staff who appeared to be warm, caring, and compassionate; and a physical space that was appropriate for the care and well-being of children. Two women mentioned staff qualifications as a key factor in their choice of a specific day care. Two women noted that their choice of a particular centre was very much influenced by a preference for nonprofit care. This preference was based on a belief that the quality of care would be higher under nonprofit auspices. Both of these women were successful in finding nonprofit spaces despite the very limited number of such spaces available for infants.

### **Care by Relatives**

Four women arranged for child care to be provided by family members, two on a full-time basis and two part-time. Children cared for by relatives were in such care for an average of 28 hours a week. The relationship of the care providers to the women using care were all different, one being a mother, one an aunt, one a cousin, and one a sister-in-law. In three cases, the mother took the child to the home of the caregiver, and in the other case the caregiver provided care in the child's own home. In two of these situations, there was another child present in the home.

The majority of literature on child care choice suggests that parents avail themselves of care by relatives for two main reasons: a strong belief that children should not be looked after by strangers, and that care by relatives is a less-costly alternative than other forms of care (Camasso and Roche 1991, Hofferth and Wissoker 1992, Kulthau and Mason 1996). As noted earlier, a majority of women in this study expressed a preference for care by relatives and an aversion to care by strangers. In this respect, the women who used care by relatives were no different from women who used other types of care. In other words, there is no reason to believe that women ended up using care by relatives because they felt more strongly than did other women that children should be cared for within the extended family. For women who chose care by relatives, the availability of a relative who could provide care and the fact that a relationship already existed between the child and the relative were the reasons they gave for choosing this type of care. All of these four women indicated that they would be willing to use another type of care, although one woman expressed strong doubts about her comfort with using care in the formal system.

While, undoubtedly, financial reasons do play a part for some parents in the choice of relatives as caregivers, there is evidence that these care arrangements may not represent such a low cost child care alternative as may be supposed. In her study of child care by relatives, for example, Folk (1994) documented both monetary and nonmonetary costs associated with these arrangements and cautioned against assuming that care by relatives is chosen primarily on the basis of low costs. In the present study, cost of care did not seem to be a critical factor in the choice of care by relatives in that all of the women using relatives as a major source of care paid for their care at rates not substantially lower than those paid by women using other forms of care.

#### **STRUCTURING EMPLOYMENT TO FACILITATE CHILD CARE**

For the most part, studies of child care arrangements have oversimplified the link between decisions about labour-force participation and decisions about child care. Implied in much of the research in this area is the notion that women first make decisions about whether or not to return to work and then choose child care to accommodate work schedules. However, a number of recent studies have concluded that the relationship between employment and child care decisions is best understood as being interdependent. Studies focusing on shift work and part-time work in relation to child care arrangements have clearly demonstrated that child care availability, costs, and preferences strongly influence employment decisions (Caruso 1992, Hertz



1997, Presser 1988, Pungello and Kurtz-Costes 2000). As these studies have shown, many parents choose to structure employment to minimize the use of non-parental child care. However, the great majority of literature on child care arrangements has emphasized the use of non-parental child care and, in doing so, has obscured the extent to which parents, particularly mothers, provide the vast majority of care to their children.

The ways in which parents most often modify work schedules to accommodate child care are through shift work and part-time work. Typically, when part-time work is chosen as a means of accommodating child care needs, it is mothers rather than fathers who take on part-time work (Caruso 1992, Hertz 1997, Mandell and Momirov 2000). In this study, a substantial minority of women addressed their child care needs to some extent either through shift work or part-time work.

In four cases, couples created arrangements in which one or the other of the partners worked non-day shifts, thus facilitating joint parental child care. Although these arrangements minimized the need for non-parental care, they all necessitated some alternative sources of child care for times when shifts overlapped. This supplementary care was provided primarily by family members, although one woman sometimes relied on friends and another used a drop-in day care centre on occasion. In two of the cases involving shift work, these arrangements were made intentionally because care outside the family was deemed unacceptable. In Veronica's case, her opposition to non-familial care was such that she considered not returning to work if she could not arrange care within the family. Veronica reduced her work hours to part-time, and, on her urging, her husband took a regular night shift position so that he could be at home during the day to provide care. Supplementary care was provided for a few hours a week by Veronica's sister-in-law. Rebecca, on the other hand, was quite amenable to using care outside the family but felt constrained in doing so by her husband's strong opposition to non-familial care. Because Rebecca's income was essential to the household, she faced a dilemma in terms of how to continue to work and, at the same time, avoid using non-familial care. She resolved this dilemma by working a night shift for several nights a week, at which time her husband looked after their child. In addition to caring for her own child during the day, Rebecca looked after two other children as a paid caregiver. Supplementary care was provided by a cousin for about six hours a week when Rebecca's work schedule overlapped with that of her husband.

The two other women whose arrangements involved shift work both saw these arrangements as temporary solutions to their child care needs, and in neither case were they opposed to using non-familial care. For Tracy, shift work made sense

because she had access to night-time employment that would allow her to be with her child during the day. Her daytime work was irregular and unpredictable, so she relied on family members and friends to provide daytime care when she needed it. However, as her daytime employment increased, Tracy looked forward to leaving her night shift position and finding a day care or day home placement for her child. In Alice's case, her evening and weekend shifts frequently overlapped with her husband's work schedule, with the result that they needed substantial additional child care. For the most part, this care was provided by Alice's mother-in-law, although occasionally Alice used a drop-in day care. Like Tracy, Alice was eager to find a daytime job and to arrange a more consistent child care situation.

For parents who resort to working opposite shifts to facilitate child care, there are often significant costs in terms of personal and relationship stress (Irwin and Lero 1997, Pascall 1997, Presser 1988). By women's own accounts, their shift work arrangements were complex and stressful and often created difficulties in their family lives and their relationships with their partners. The demands of working and looking after children were more intense when parents provided nearly all of the child care themselves. Thus, as Presser (1988) has noted, we should be cautious about concluding that shift work arrangements represent a positive adaptation to child care needs. On the other hand, there are financial advantages to such arrangements. In this study, parents who addressed child care needs through shift work did not pay family members and friends who provided supplementary care, although there may have been nonmonetary costs associated with such care.

Other women maximized their own time available for child care provision through limiting their paid work to part-time hours. The question of whether part-time work represents an effective solution to the problems of combining paid work and child care responsibilities has been contested. In particular, feminist scholars have questioned the extent to which part-time work is either beneficial to women or undertaken voluntarily (Armstrong 1994, Duffy et al. 1989, Gornick and Jacobs 1996). The assumption that women resolve their child care needs and work demands by simply choosing to work part-time reinforces traditional gender role concepts that emphasize the primacy of motherhood and overlooks the significant economic penalties associated with part-time work (Armstrong 1994, Walby 1997). Recent labour market shifts toward part-time employment, particularly for women in the service sector and other lower paying occupations, mean that many women do not have the option of full-time work. On the other hand, part-time employment has been represented as offering the flexibility that women need to strike a balance between the

competing demands of employment and domestic labour (Folk and Beller 1993, Gornick and Jacobs 1996, Pascall 1997).

In this study, nine women were able to provide a greater proportion of child care themselves because they worked part-time rather than full-time. Two of these women would have greatly preferred full-time work but were unable to find suitable positions. The other seven women who had resumed work on a part-time basis indicated that they had done so by choice. However, comments made by several of these women after they had returned to work offer some insight into the extent to which their decisions were constrained by concerns or problems relating to child care. When we talked during the third interview, Marla was struggling with the decision about whether to resume full-time work. She wanted to go back full-time for personal and professional reasons but did not feel confident about her child care situation:

I've thought about going back full-time, but I can't quite come to making the decision. In a way, it's for the professional reasons, because you just can't advance or do a whole lot in a part-time role. They just don't look at you as material to go anywhere if you're part-time. And if I had a really good child care situation, I think I'd go back full-time. That's what I'd really like to do. But I don't have a situation that's ideal. But if it was a place that was, you know, what I really wanted, it would be easier to say, "Okay, I can go back full-time and feel good about it."  
(Marla: third interview)

The choice to return to work part-time was made primarily by women in professional jobs and with higher than average or average family incomes. This was true of six of the women who resumed work on a part-time basis. However, women whose arrangements involved shift work were more likely to be in nonprofessional positions and to have lower family incomes.<sup>6</sup>

## **MULTIPLE ARRANGEMENTS**

As other studies have demonstrated, many parents meet their needs for child care not simply by choosing a particular child care placement, but by piecing together a combination of arrangements (Brannen and Moss 1991, Caruso 1992, Hertz 1997). The stories of the women in this study show the resourcefulness with which they were able to create often complex 'packages' of child care and employment arrangements.

Situations in which parents worked alternate shifts to facilitate joint parental care all involved such multiple arrangements. However, many women who used primarily non-parental care also created multiple arrangements. For example, Louise and her husband both worked shifts, not to facilitate child care, but because they both

had jobs that involved shift work. Their shifts resulted in a very complex schedule that necessitated equally complex arrangements for care at varying times including day-time, evenings, and overnight. Louise's mother was a major source of child care, providing the equivalent of full-time care. In several other cases, women had partners whose work was seasonal or irregular and who provided some child care. In all, almost half the women in this study had child care arrangements that would qualify as multiple arrangements. Such multiple arrangements for child care significantly complicate the lives of women who expend considerable time and effort maintaining complex packages of care (Hertz 1997, Pascall 1997).

### **CORRESPONDENCE BETWEEN ARRANGEMENTS AND PREFERENCES**

Although there is much to be learned from exploring women's perspectives on ideal child care, the concept of 'ideal' can be problematic, particularly when comparisons are made between 'ideal' and 'actual'. In examining women's child care choices, it is perhaps more enlightening to consider their preferences from among the alternatives that are available to them and to compare these preferences with arrangements actually made. The great majority of women in this study indicated a clear preference for a particular type of care, taking into account the options that they perceived as being available to them.<sup>7</sup> The question that emerges with respect to women's decisions is, were women able to make arrangements that coincided with their preferences?

In most cases (15) the arrangements that women made for child care corresponded with the type of care that they hoped to find. Typically, women did not pursue other types of care beyond those that were consistent with their preferences. Thus, it is not surprising that these women ended up with the type of care for which they had stated a preference. More interesting from the perspective of understanding women's decisions are the women who made arrangements that did not coincide with their initial preferences. Of the eight women in this category, two shifted their preferences for care once they had begun to look for child care placements. In Bonnie's case, her aversion to day care meant that she initially ruled out any possibility of using this type of care. It was only after a friend who worked in the child care field drew her attention to the benefits of day care and to the differences between profit and nonprofit care that Bonnie decided to consider using day care. Once she had visited a day care centre Bonnie shifted her preference entirely to day care and focused her search on this type of care. Leanne, on the other hand, had begun with a strong preference for day care. However, a conversation with her general practitioner convinced her that a family day home would be a better option, and, consequently, she restricted her search to day homes. It is interesting to note that both

women's perspectives on types of child care changed as a result of input from 'experts'.

As indicated above, two women met their child care needs primarily through shift work arrangements that facilitated joint parental care. In neither case was this solution the first choice from among the options available to these women. Rebecca's preference was to use day care while she worked day-time hours. However, her husband's objections to any kind of non-familial care precluded this course of action and forced her to resort to shift work so that child care would remain within the household. The lack of correspondence between her situation and her preferences in regard to work and child care was a source of some distress for Rebecca:

If I'd had my choice I would have got a regular job somewhere during the day and taken him to a day care. To tell you the truth, [husband] is pretty old-fashioned. He thinks he should be supporting us and that I shouldn't be going out to work at all. But I guess he realizes that that's not realistic, so here I am working nights and looking after kids during the day. It's not exactly what I had in mind, but there's no way [husband] would allow his kid to go to day care or even a family day home, so I guess I'm stuck until something else comes along.  
(Rebecca: third interview)

Veronica, on the other hand, found it difficult to state a preference for child care that was feasible in light of the options available to her. Care provided by a relative was her strong preference, but this type of care was never an option. Although she initially expected to use family day home care, she found it difficult to reconcile herself to using any type of non-familial care. Thus, when the opportunity arose for her husband to work nights, Veronica readily abandoned her intention of looking for a family day home.

For some women in this study, their employment circumstances precluded using the type of care that they preferred. As indicated above, both Tracy and Alice were unable to use the type of care that coincided with their preferences because they had been unable to find day time work. In Denise's case, her first choice with regard to the type of care was a day care centre; however, since she was unable to find a day care centre that would accommodate her early work hours, she ended up using a family day home.

Although choice with respect to many important elements of care is severely limited, it is clear that some women are able to bring their preferences to bear in making decisions about child care. In contrast, Norma's situation illustrates the extent to which issues such as auspices of care and qualities of caregivers may be of little

relevance to women whose circumstances severely limit their choices of child care setting. Under considerable financial hardship, Norma had taken a job that required her to begin work almost immediately. This left her only two days to find care and, moreover, to find a space that was subsidized. Although her preference had been for a family day home, she felt forced to take a day care space in a nearby centre. Location also played a part in this outcome given that she had no car and there were very few family day homes in her inner-city neighbourhood:

There's no way I wanted to put him in a day care. I mean, that was my last choice. But [husband] got this job in Fort McMurray. It's just temporary, so we decided I'd stay here. I was trying to get work in a salon but, well, I couldn't find anything. So I took this job as a cashier at a grocery store. They didn't give me any time to find someone to look after [child]. So I'd seen this day care centre across the street, and I decided I'd go and check it out. It's in a big house, and it looked okay, and they told me I could get a subsidy there, so I just decided to take it. I'd rather have my mom looking after him, but she won't move down here. (Norma: third interview)

While Norma's situation was atypical among women in this study, there is no doubt that many women face similar circumstances that force them to make child care choices that do not coincide with their preferences

## **CONCLUSIONS: FACTORS AFFECTING CHILD CARE CHOICES**

The findings from this study offer glimpses of the multiple and complex factors that enter into and, in some respects, both facilitate and constrain women's decisions about child care. Women's accounts also draw attention to the difficulties inherent in trying to determine why women make particular child care decisions. The decisions that women make in choosing one type of care over another or in selecting a particular child care setting need to be understood in the context of the meanings that women attach to motherhood, employment, childrearing, and the qualities of both maternal and non-maternal child care. It is clear from women's accounts that their beliefs and values play a central role in their choices as to type of care and particular placements. However, it should not be assumed that in making child care arrangements women effectively resolve their child care needs. Rather, they create the best solutions possible given the many factors that they perceive as constraining their choices.

In addition to their beliefs and values, there are many other factors that have a bearing on women's decisions about care, perhaps the most important of these being availability of care options. In the absence of such options, other factors such as affordability and preference are irrelevant. From an objective point of view,

availability of child care is contingent on both local provision of care and women's personal circumstances. For most women in this study, choice was constrained primarily by the lack of access to care by relatives. Moreover, an option that was unavailable to many women, especially those in nonprofessional employment, was the opportunity of structuring employment to minimize reliance on non-parental care. Thus, for most women, day care and family day home care were the main options available to them. Although most women had options available with respect to child care, it is important to note that, by and large, they perceived their options as being very limited. As we can see from the above discussion, most women found themselves in the position of having to choose between different qualities of care, all of which were important. In 'trading off' certain qualities for others, women often felt that they were making compromises.

There is no question that a diversity of factors associated with availability, affordability, accessibility, and circumstances influence women's child care choices. However, to the extent that women in the study had access to child care options and were in the position of having to make decisions about child care arrangements, their beliefs, values, and perceptions predominated over the other factors that entered into these decisions. In other words, women made child care decisions primarily on the basis of their preferences for care, and these preferences reflected their concern with finding care that was consistent with their beliefs and values about motherhood and childrearing. In making decisions about child care, women gave precedence to what they wanted for their children, what they believed to be the important qualities of care, and how they could best arrange care that would offer these qualities.

**ENDNOTES**

1. Studies undertaken in European countries where other types of care are widely available (for example, nurseries and crèches) tend to use different categorizations.

2. The research of Pence and his colleagues (1992) reveals the wide variation within the category of 'family day care' and draws attention to the need to "examine more closely the composite we refer to as family day care" (p. 70).

3. Changes in arrangements are addressed in Chapter Eight.

4. The presence of a smoker in the home was also considered by most women to be unacceptable, but, for the most part, screening for smokers occurred in initial telephone calls.

5. Marie began by visiting family day homes and, on the basis of what she saw, decided to limit her search to day care centres.

6. It should be noted that two of the women who made shift work arrangements also fit into the category of part-time workers.

7. As noted in Chapter Five, several women indicated no clear preference between day care and family day home care and in fact, indicated that they were willing to use either.



## **CHAPTER EIGHT**

### **IMPLEMENTING DECISIONS: HOW THE PROCESS UNFOLDS**

A central premise of this research is that the process of making decisions about child care is ongoing; just as there is no discernible point at which the process begins, there is no point at which we can say unequivocally that the process is at an end. By focusing on child care arrangements as outcomes, most research on child care choice implies that once arrangements have been made, the process of decision making ends. However, as this chapter will show, this is far from the case. For most women, particularly those who are using non-familial child care, monitoring and assessing child care arrangements in relation to their own standards of acceptable care requires continuous effort. Child care arrangements do not always endure, and in some cases this means that women must again go through the process of searching for and deciding about care (Brannen and Moss 1988, Wolf and Sonenstein 1991). Moreover, evidence from the present study and other research (Brannen and Moss 1988, Dyck 1996, Ford 1996) suggests that many women expend considerable time and energy in maintaining care arrangements and relationships with care providers.

In this chapter I explore women's experiences of using, maintaining, and changing child care arrangements. I begin by considering the transition to using child care and arrangements for taking children to and from child care settings. I then turn my attention to changes in child care arrangements and to exploring how women feel about their child care situations. The final section of the chapter focuses on the complex and often ambiguous relationships between women and care providers.

#### **THE TRANSITION TO USING CHILD CARE**

With the transition involved in returning to work at the end of maternity leave,<sup>1</sup> most women also face the transition to using non-maternal child care. While the majority of women in this study were on balance positive in anticipation of returning to work, they were much less likely to feel positive about the transition to using child care. As they contemplated the return to work and having to leave their child in the care of others, most women anticipated that this transition would be difficult and traumatic:

I think the first little while is going to be really hard. Even though I think this woman is just fantastic, you know, it will just be like all this wondering about how she's doing and what's happening. I mean, I know she's going to be doing some things differently from how I would do them but I think that's okay. I don't think the stress will come

from that. It will just be on an emotional level, like how I'm feeling about not being with her. (Beth: second interview).

I know it's the right decision for me, to go back to work. But still, I hate the thought of leaving him; . . . it feels like I'm going to be abandoning him. I'm pretty sure that it's going to be really hard for me to leave him with someone else. (Bonnie: second interview)

Women's anxieties about the transition to using child care centred on a number of interrelated concerns and feelings. The predominant feeling voiced by women was one of distress about being separated from their child. Some were concerned chiefly about their own reactions to this separation, while others were worried that their child would not adjust to the separation or to the child care placement. To some extent, the familiar notion of 'separation anxiety' created a taken-for-granted expectation among women that they would experience such anxiety. Many assumed that they would have a negative response to leaving their child in the care of someone else because they had been forewarned by other mothers that such a reaction was to be expected:

I keep saying to [husband] that if she starts crying the minute I drop her off, I'll just be crying myself the whole day. I sort of expect that to happen. My friend was saying the same thing happened when she went back to work and took her little girl to the babysitter. (Darlene: second interview)

I just know that it's going to be really hard. Everyone's told me that you feel really awful for the first little while. I know that if he cries, I won't be able to do anything at work. I'll just be thinking about him. (Jocelyn: second interview)

Few women talked about the impending separation in terms of feeling guilty about leaving their child. Rather, they were much more likely to anticipate feelings of pain, loss, or sadness for themselves and to worry about their child's adjustment to the caregiver. Several women talked about how much they thought they would miss their children, particularly after being with them nearly full-time for some months:

I just know I'm going to miss [child] a lot. I'm really going to miss her during the day, and I know I'll be thinking about what she's doing and wanting to be with her. I've really enjoyed being with her and doing things with her. So I feel sad about that. (Sheila: second interview)

Despite their anxieties, most women found the actual transition to using care considerably less difficult and traumatic than they had anticipated. With only two exceptions, women reported that their children had experienced few, if any problems with the transition and had settled into care placements with a minimum of disruption.

The ease with which their children adjusted to child care was a source of surprise and relief for most women:

She didn't even seem upset by the transition. I thought for sure she would get upset and cry. There's been some mornings when she's cried a little, but she's gotten over it very quickly, and some mornings she seems really happy to go. So it was easier than I thought it would be. (Sandra: third interview)

In contrast, two women shared more negative experiences of the transition. Marla had her son in a family day home, but he had a great deal of difficulty adjusting to the situation; consequently, the placement broke down after only three weeks:

He did well the first day, but when I left him the second time, he got quite upset. I think a big part of it was that he wasn't used to being around other kids, especially mobile children who can do things, and that overwhelmed him. He was quite fussy and did a lot of crying, which is truly out of character for him. And it overwhelmed the caregiver. She felt really bad about it, but she said she just couldn't keep him there. (Marla: third interview)

In Susan's case, a difficult transition to care was exacerbated by the demands of her job. Having arranged for her aunt to provide child care, Susan returned to work in a very positive frame of mind. She was unhappy about being required to take a week-long business trip immediately after returning to work, but she felt confident that her husband and her aunt could handle child care without her. However, her daughter did not adjust well to the care situation and came home upset and crying. For Susan, the transition to care was fraught with anxiety:

I had to go on this trip. I had no choice. I phoned my husband the first night, and he said she came home hysterical and crying and he didn't know what to do with her. My aunt just couldn't handle it at all. It was just awful. I was way over there in Saskatchewan, and I felt like a bad mom because I couldn't do anything. Before I went back, I was home with her all the time. I barely even left her to go shopping. So he never really had to look after her until that first week when I was away. It was really hard on all of us. In fact, the first week was absolutely hell. (Susan: third interview)

For the women themselves, the transition to using child care was an emotionally complex experience marked by feelings of loss and anxiety, but also by pleasure and relief. The great majority of women described their own transition as relatively easy and as having been less of an ordeal than they had expected. The comparative ease with which women made the transition to using care can be attributed to three main factors: the generally positive feelings that most women had

about returning to work, the ease with which their children made the transition to care, and the gradual way in which many women made the transition to using child care.

As they contemplated the return to work, few women felt unequivocally either positive or negative about going back; however, for most women, positive feelings about returning outweighed negative feelings. Despite the inevitable difficulties involved in balancing work and family responsibilities, the majority of women were happy to be back at work and were convinced that they had made the right decision in returning. For the most part, their apprehensions about returning were mitigated by the satisfactions of being back at work and by the ease with which their children adjusted to care.

Typically, women felt upset and apprehensive when they left their children with a caregiver for the first time. These feelings lasted anywhere from a few days to a few weeks, but, for most, they dissipated relatively quickly:

It wasn't bad for me at all when I first started leaving her at the day care. I worried a little the first couple of days, but I already knew she would be in good hands. So I would think about her, but it wasn't as if I was in lots of emotional distress. I mean I knew that sooner or later I would have to separate from her, and it was just kind of a natural process. I did the best I could at the time and, you know, it worked out well. I think I was quite happy about it, and maybe it was partly because I was happy to be going back to work. (Marie: third interview)

The first couple of days I thought about her a lot but I never went through a big withdrawal being away from her. I've heard from other women who found it difficult to go back to work because of that withdrawal. But for me, part of it relates to how I felt about being at home with her. She was so difficult. I mean she's never been an easy baby, so it was a bit of a relief to get back to work. Plus, I'm just really happy being back because I like my job—I like what I do. (Dianne: third interview)

Even women whose children had difficulty adjusting to child care felt that their own transition to using care was, for the most part, quite easy. As indicated above, Marla's child care arrangements broke down because her son did not adjust well to the child care placement, and the caregiver felt unable to cope with his apparent unhappiness. Nevertheless, Marla described her own transition to using care in quite positive terms:

It's a real mixed bag because you're excited about going back to work and you're feeling guilty about that, but I felt confident in the care that would be given to him. I made up my mind that I wasn't going to phone because even if he was crying and I knew it was going to be a

tough day, I thought that phoning would just precipitate the anxiety. So I told the caregiver, "I'm not going to be calling you." So my adjustment really wasn't bad at all. I was comfortable with the caregiver, so some of my feelings were like "I'm free. I have eight or nine whole hours, and I'm free." I went out for lunch the first day, and it was great. I felt very light. And you feel kind of guilty about that and then you think "no, I'm working and I'm paying for this, and he's in a safe environment." (Marla: third interview)

This seems to suggest that while a child's positive adjustment to care facilitates the transition to using care for women, it is not an essential factor; that is, women may make a smooth transition to using care despite a difficult transition on the part of their child. Also, as indicated by some of the comments above, women felt positive about being back at work not only because they enjoyed their work, but also because it afforded them freedom from being at home with their children full-time.

As they reflected on the transition to using child care, only two women talked about feeling guilty about leaving their child in the care of someone else. However, feelings of guilt emerged for several women in relation to their happiness at being back at work. In Susan's case, her child's transition to care was much more difficult than her own yet her happiness about returning to work caused her some discomfort in that it raised issues about being a 'good' mother:

When I went back to work, it really wasn't a problem for me. I don't think I felt like most normal mothers because I didn't feel awful about the separation. And sometimes I ask my husband, "Am I a bad mom because I don't feel bad about being at work?" Because I think you have to be happy with yourself in order to be happy with your child. And yes, I did miss her terribly, I did, but I was happy. I was happy being back at work and having a career again. But at the same time, I felt like a bad mom because I was happy. (Susan: third interview)

In contrast to the majority, a few women experienced a relatively difficult transition to using child care. In Darlene's case, she returned to work on a half-time basis and had arranged for her cousin to provide child care. Despite the fact that her daughter had adjusted very quickly to the care setting, Darlene continued to feel very unhappy about leaving her child in the care of someone else even on a part-time basis. It is likely that her difficulty with the transition to using care was related to her strong preference to stay at home with her child full-time:

It's probably been harder than I thought it would be. I figured I'd enjoy going back for the couple of days a week, getting out of the house and letting her have some time away from me. But it hasn't worked out that way. I'd still much rather stay home. When I first went back to work, I felt really guilty. She wasn't familiar with me just leaving her, and she

cried at first, and it made me feel really bad. And I didn't want to be at work. I still feel guilty dropping her off. It makes me feel uncomfortable at work—kind of down a little more. (Darlene: third interview)

Anticipating that the transition to using child care would be difficult, most women who had arranged day care or family day home placements were intentional about easing their child gradually into the child care setting. This involved trying out the placement for partial days before increasing to full days and making sure that the child had adjusted to the placement before they returned to work. In some cases, women stayed with their children in the child care setting for some period of time, while in others, they left the child alone with the caregivers from the start. There was consensus among the women who had adopted this gradual approach to using child care that it had greatly eased the transition both for themselves and for their child:

I involved her a month early just to see how she would respond and how I would feel. So I would take her there for a few hours and then pick her up. I'd stay there with her for the first little while and then leave. So it worked out quite well. It made it kind of a nice smooth transition, I think. (Marie: third interview)

I think I'd want to tell other women that it's a smart idea to take your child to the day care before you start back at work, because going back to work is stressful in the first place, and not knowing what your child is going to be like in the day care—I think that's a lot of stress people could alleviate by starting their child for a couple of hours and progressing up. (Keri: third interview)

In a few cases, women were unable to arrange a gradual transition to using child care. This was not because they did not recognize the value of such an approach, but rather because their return to work was too precipitous to allow time to stage a gradual use of care. None of the four women who used relatives as primary caregivers had made a gradual transition to using care. In these cases, the relatives were already well known to the children, and the women felt that child care was essentially an extension of the existing relationship.

#### **ARRANGEMENTS FOR TAKING CHILDREN TO AND FROM CHILD CARE**

The majority of non-parental child care takes place in settings other than the child's home. Other studies have shown that mothers are far more likely than are fathers to have responsibility for taking their children to the child care placement and picking them up (England 1996, Leslie et al. 1991). In this study, 18 of the 25 women used out-of-home child care on a regular basis. In 14 of these cases, children were taken to

and from child care exclusively or primarily by their mothers. Only four fathers participated substantially in the tasks of taking and collecting children, and none took primary responsibility.

In accounting for their greater share of the responsibility for this task, women offered a number of explanations. For two women whose husbands worked out of town, there was no option other than taking and picking up the child themselves. Some women noted that they took their child to and from care because the child care placement was closer to their work place than to their husband's. However, as a reason for women's greater responsibility for journeys to child care, this argument is somewhat tautological since in these cases, women intentionally chose care settings that were close to their work. The same can be said for explanations that emphasize women's more 'convenient' work schedules given that it is mothers, not fathers, who most often adjust their work schedules to accommodate child care demands. In other words, it is women who organize their lives around the demands of work and child care and who undertake most of the journeys to and from child care, not because it is easier for them to do so, but because it is assumed that it is their responsibility as mothers.

Indeed, most women who had primary responsibility for taking their child to and from child care were unable to say why this was the case. There were no compelling reasons for this division of labour; it had "just worked out that way."

When he was at the day home, I nearly always dropped him off and picked him up, and I expect it will be the same when we find another day home. There's no real reason why it worked out that way; it just did. It's amazing really. I mean, even though I've got a spouse who provides a lot of help in doing stuff compared to most husbands, it still works out that way. It's like they just feel that they have to trust the mother to do these things, and I'm not sure why. (Marla: third interview)

I don't know why I ended up being the one who always takes her. I guess we just got into that pattern when I began taking her before I went back to work. We never really talked about who would do it. (Bonnie: third interview)

As many women pointed out, taking their children to and from child care was not simply a matter of driving from one place to another. For most, it also involved getting the child ready for the journeys, as well as preparing all of the food, clothing, and other items the child might need during the day:

I find I just have to be super organized every morning to get everything done and get to work on time. There's his bag to pack with his bottles, clothes, snacks, and everything. And then getting him into his clothes. If it's cold and he has to wear a snowsuit, that's like an extra ten minutes to add on. Then getting him and all our stuff into the car. It gets pretty exhausting. (Joyce: third interview)

## CHANGES IN CHILD CARE ARRANGEMENTS

A key issue that emerges in the child care literature and one that has been well documented through research is the instability of child care arrangements. A number of studies undertaken in the US, UK, and Sweden have shown that parents change their child care arrangements with relative frequency and for a wide variety of reasons (Brannen and Moss 1991, Dyck 1996, Floge 1985, Hwang, Broberg, and Lamb 1992).

Parents may initiate a change in child care placement if they are not satisfied with the quality of care being provided or if they simply find a more advantageous child care situation. Changes in their personal circumstances such as having a second child or changes in work situations may also prompt parents to make changes in child care. Alternatively, a child care situation may break down at the caregiver's end if personal circumstances interfere with child care provision, if she discontinues child care provision, or if she cannot cope with a particular child. In somewhat rarer situations, a child care centre may close, thus leaving parents to make new arrangements.

There is evidence to suggest that care provided through family day homes and informal caregivers such as childminders and babysitters is less stable than that provided by day care centres and by relatives (Moss 1991, Wolf and Sonenstein 1991).<sup>2</sup> Thus, as Moss has noted, "a system that has a preponderance of childminders compared to nurseries will therefore accentuate this type of instability" (1991, p. 136). Likewise, Dyck's (1991) study of reciprocal child care arrangements among women in a Vancouver neighbourhood illustrated that such arrangements are often difficult to maintain for any sustained period of time because women who are care providers themselves move in and out of the labour force.

In this study I interviewed women for the third and final time three to four months after they had returned to work. This relatively short period of child care use did not allow sufficient time to track the extent of change in child care arrangements. However, the findings from this study do offer some glimpses of how and why arrangements change and the implications of such changes.



At the time of the third interview, five women had made changes in their child care arrangements. In Marla's case, the change in care was initiated by the caregiver, who felt that she was unable to cope with a child who had not adjusted to the care situation. Marla was using a babysitter on a short-term basis while she looked for another family day home. The other case in which the caregiver had initiated the change was one in which the caregiver had taken two months away from her family day home work to care for her seriously ill father. For Jocelyn this meant that she had had to make temporary arrangements. Although Jocelyn found a babysitter with little difficulty, she was unhappy with the quality of care provided by this interim caregiver. Moreover, she felt that the transition to a new care situation had been difficult both for her child and for herself and was anxious about yet another transition back to her family day home provider. Her account offers insights into how very disruptive such changes in child care arrangements can be for both mother and child:

It was too hard to get a family day home for such a short term, so I found a babysitter who would come in. But it's not really working out that well. She's very conscientious, but she doesn't seem to know how to interact with a small child. There's also been this problem with him getting diaper rashes. I'm concerned that she's not changing him often enough. I've talked to her about it several times, but you know, once you've reminded her about it a couple of times, it's embarrassing to have to tell her again. . . . For the first few days, he really screamed when I left him with her. He's better with her now, but I get really worried about him and about what's going on while I'm at work. I thought of looking for someone else, but I really didn't want to put him through that kind of change again. It takes a couple of weeks to get used to another person. Then he'll need to get used to [regular caregiver] again when she comes back. (Jocelyn: third interview)

Susan and her husband initiated the change in their daughter's child care placement because they were not happy with the care she was receiving from Susan's aunt. They chose the timing of this change to coincide with the husband's seasonal layoff from work so that he could care for her while they looked for another caregiver. Susan indicated that they would most likely look for a babysitter who would come into their home, although she would also consider looking for a family day home.

Alice and Norma also initiated changes in care, but for both women child care changes were linked to changes in their own personal and work-related situations. Alice's circumstances had changed from being a student, to doing a teaching practicum, to selling products from her home while working evenings at a recreation facility. Accordingly, her child care had ranged from using a day care centre to various complex arrangements whereby she, her husband, and her mother-in-law

shared care. The changes in Norma's child care arrangement came about when she decided to move back to the community where her parents lived and where her husband had found work. She resigned from her job as a store clerk and withdrew her child from the day care centre. Her future plans with respect to day care were contingent on the kind of work that she would be able to find in her new community.

Among women whose child care arrangements had not changed, the majority viewed their child care placements as long term; that is, they anticipated that if the arrangements worked out well, they would leave their children there for several years. Some women did entertain the possibility of changes in their child care arrangements for two reasons. Women who planned to have another child said that they might then consider staying home for a longer period of time or that they would probably look for a nanny to provide care when they had more than one child. Another reason for possibly changing child care placements had to do with the age and developmental stage of the child. Of the women who used family day homes or care by relatives, five said that they would probably move their child to a day care centre when the child was older and ready for a program with an educational component. At least two women hoped to change their child care arrangements in conjunction with changes in their employment. In Tracy's case for example, as she took on additional daytime work, she began to seek a family day home or day care placement to replace care provided by family and friends.

Women were anxious to avoid changing their child care arrangements any more than was necessary because they perceived that stable child care was critical to their child's well-being.<sup>3</sup> Nevertheless, given the general instability of the child care system and the likelihood of changes in their personal circumstances, it is probable that many women would be unable to avoid making such changes. In Brannen and Moss's (1991) sample, nearly half of the children who were in child care had at least one change in their child care arrangements by the time they were three years old. In recent years, research on child care settings has emphasized stability of care as a key factor in quality of care (Doherty 1997, Scarr, Phillips, and McCartney 1989) and has implicated instability of care in explaining negative effects of care on children (Hwang, Broberg, and Lamb 1992). While the focus has been on the importance of continuity of care for children, there are also significant implications of continuity of child care for women's lives. As several women in this study have pointed out, reliable and consistent child care is critical to their ability to successfully balance work and family demands.

## WOMEN'S FEELINGS ABOUT THEIR CHILD CARE SITUATIONS

In response to questions about their satisfaction with their child care placements, most women described themselves as being satisfied overall. However, the simple dichotomy of satisfied versus not satisfied does not do justice to the wide-ranging and complex feelings women shared about their child care arrangements. 'Satisfied' did not necessarily mean that they were unreservedly happy with the child care placement, and many women who deemed themselves satisfied felt that, given more choice, they would have made different arrangements. The ambivalence evident in women's evaluations of their child care placements was also found by Hofferth and Kisker (1992), who noted that more than 25% of parents who claimed to be satisfied with their care arrangements also said that they would like to change them if they could.

Nevertheless, on a continuum of satisfaction, almost a third of the women in this study were very pleased with their care arrangements and considered them to be close to their ideal scenario for child care. These women expressed few concerns about their child care placements and indicated that they would not change them if they had the opportunity to do so:

The day home has just worked out so well. I couldn't ask for anything better. I've been so impressed about everything. Some friends of mine said, "Oh, I was just so sad when I had to take my child to the day home"; and you know, I think just the opposite. It's wonderful, because it's like her being in a family, and she gets so much stimulation and interaction there. Everything about the home is so great. I don't have any concerns there, so I can just take it for granted that she's being well cared for. (Beth: third interview)

I'm really happy with what I have for child care. I'm really pleased with the women who work at the day care; they are very personal. There hasn't been anything so far that I've had concerns about. When I pick her up and I see her happy, playing with the other children, not wanting to come home with me, that gives me a pretty good idea that she's well taken care of. (Marie: third interview)

I'm happy with the situation I have with no reservations at all. I've got to know [caregiver] because we end up chatting a lot. So I feel I trust her, and [child] is happy, and I almost couldn't think of a better situation. (Leanne: third interview)

On the other hand, three women voiced considerable dissatisfaction with their child care arrangements. As indicated above, Jocelyn was unhappy with the quality of care provided by her temporary caregiver but was quite satisfied with her regular

caregiver. Susan acknowledged some of the benefits of having her aunt provide care but felt that there were too many concerns to overlook and had consequently ended the arrangement.

We weren't at all happy about having [child] at my aunt's. She wasn't changing her diaper regularly, so I wasn't pleased with that. And I wasn't pleased that she had the TV on all day long. And she didn't read to [child] or get down on the floor and play with her. That was something we thought might happen, but then we also knew that we could trust her with safety and everything and that she would love [child], so there were pros and cons. My aunt wasn't patient enough to sit down and feed her. If she didn't eat right away, she would take her out of her high chair. And then she'd feed her junk food between meals, which I didn't think was good. So there were a lot of things that we weren't happy with. (Susan: third interview)

Alice's account illustrates the problem of being constrained by lack of choice with respect to child care. Both Alice and her husband were working at low-paying jobs and struggling to make ends meet. Her mother-in-law provided child care when neither parent was available. Alice lamented the lack of options for child care and the necessity of relying on her mother-in-law for care. Although she had few complaints about the quality of care provided by her mother-in-law, she felt burdened by her sense of obligation and loss of control:

I wish we had some other options for child care. I really would prefer her to be somewhere where she's with other children. I definitely wouldn't recommend family as caregivers. I hate having to leave her with his mom. She tells us what time we have to be in and things like that. With other people who are not family, you have more control. She thinks we owe her something for doing this for us. Of course we do, but we don't like to be always reminded. It seems to me that everything we do around child care is based on financial things. If we had the money we would have her in a good day care. But right now we can't afford it. If I had the choice, I wouldn't have family taking care of her. (Alice: third interview)

By far the majority of women in the study were satisfied overall with their child care placements. Although nearly all women voiced concerns about particular elements of the care situation, they believed that, by and large, their children were being well cared for in appropriate environments. In their early reflections on what was important to them in child care, women had identified safekeeping, a warm and loving relationship between the caregiver and the child, and appropriate child development as the three most important elements of care for their children. In their assessments of their child care placements, essentially all of the women felt that their

children were in placements that were safe and where they were unlikely to come to harm.

In most cases, women also felt that their child care placements provided the loving and caring relationships that they had wanted for their children. Even where they had some concerns about particular elements of care, most expressed satisfaction with the close and nurturing relationship that had been established between their child and the caregiver(s) and often described these relationships as family-like:

I think what I have is the best. If you can't be there yourself, at least there's someone there who's like a second mom. Actually [child] will often call her mom by mistake. And I know [caregiver] loves her almost like her own, so that's comforting too. (Dianne: third interview)

It's not my ideal, but I can see that she's getting good care. And [caregiver] is very warm and caring. When I see her with [child] and how she is with her, I think, "Well, she obviously loves her, so what more can I ask?" (Denise: third interview)

Women whose children were in day care centres were somewhat less likely than those using family day homes and care by relatives to emphasize warm and loving care as a benefit of the placement. While day care staff were described as warm and caring, several women expressed concerns about the frequent turnover of staff or the large numbers of children, noting that these factors interfered with the relationships between their children and the caregivers:<sup>4</sup>

I trust the day care centre, and I think the kids there are happy. They always have people who seem to care for the babies. But it would be nice if they didn't change staff quite so frequently. Obviously, there's a lot of factors involved, like poor pay. But what can you do? I think that's just the reality in day care centres—the very high staff turnover. (Keri: third interview)

I'm really impressed with the staff at the centre, especially the ones who look after the babies. You get the impression that they really love the kids. But their own working conditions aren't the best. They have too many kids to watch and too much to do for too little pay. I sometimes wonder whether the kids really are getting the individual attention they need. And there have already been some changes in staff, and she's only been there three months. (Sarah: third interview)

Women who used day care were not the only ones who had concerns about large numbers of children. Three of the women using family day homes also identified the number of children as being a problem in terms of decreasing the extent of one-on-one care that their children received.

The element of care least likely to meet with women's full approbation was appropriate attention to child development. Slightly more than one third of the women wanted caregivers to provide more activities and developmental stimulation for their children. Some of the women's concerns focused on the lack of books and developmentally appropriate toys, and others on the apparent reluctance or inability of caregivers to include developmentally stimulating activities in their caregiving routines:

I know that she will be safe and cared for, but she's not stimulated with activities or crafts or anything like that. They have lots of toys, and she lets them play outside in a huge yard. But I'm not sure how much actual . . . well, I guess 'teaching' is done with [child]. It's all free play and only structured by what there is to play with. I think she might be stimulated more in a more structured situation. (Sheila: third interview)

The one thing I worry about is the reading thing. I don't think she's into a lot of the reading and learning kinds of activities. Right now while she's so young, it's not too much of a problem. But as she gets older, it could be more of an issue. So I'm not sure that she's is getting the kind of stimulation I would like her to have. But I guess you have to make some trade-offs. I mean, I know that she's really well cared for, so I'm not going to get too upset about other things like reading. (Dianne: third interview)

Concerns about lack of developmental stimulation were mentioned most frequently by women who were using family day homes. However, there were also instances in which women using day cares and care by relatives felt that their children were not being sufficiently or appropriately stimulated. For example, while Keri had chosen day care with the expectation that it would offer the best environment for her child in terms of stimulation, she complained that staff training in the centre that she used was inadequate in preparing staff to offer appropriate developmental activities:

For me, an ideal day care would be a preschool kind of place where babies were encouraged to play and where staff had knowledge of all the basics of human development. I don't know that the day care staff are taught just what the stages of growing are in babies. Certainly, through being around them a lot they learn, but I'm not sure that they have the training they need. They all have the level one at least because they have to. But, it would be nice if they all had the equivalent of a first-year course in development. (Keri: third interview).

Apart from concerns relating to developmental stimulation, feeding issues were the most commonly mentioned source of dissatisfaction. Issues around feeding were raised by women using the three major types of care: day care, family day

homes, and care by relatives. Concerns centred on the types of food that children were given by caregivers as well as on specific feeding practices. Most often, women complained that caregivers were giving their children unhealthy foods that they would not allow them to have at home. Other grounds for concern included naps, diaper changing, discipline, the behaviour of other children in the setting, smoking on the part of the caregiver and others, and lack of appropriate activities for stimulation. With regard to business matters, the main area of conflict was payment of fees. In particular, several women took issue with the practice, common among day home operators, of charging fees during holiday times when the child is not in care.

Several women in this study had created child care situations in which they and their partners provided the great majority of child care with minimal help from relatives and friends and no connections with the formal child care system. Of the four women to whom this description applies, only one woman, Veronica, was satisfied with her child care situation. Even in this case, it was uncertain whether the arrangement could be sustained given the difficulties that Veronica's husband was experiencing as a result of working at night and providing child care during the day.

The other women using such combinations of care saw these arrangements as far from acceptable on an ongoing basis. For the most part, such arrangements had been created as responses to temporary work situations. Tracy's case illustrates the difficulties involved in maintaining complex care arrangements. She worked at night and provided most of the daytime child care. However, she also did some daytime work at irregular hours and had been depending on several friends and family members to provide child care on short notice. As her daytime work increased, her discomfort with relying on friends and relatives grew accordingly. As Tracy looked for more regular daytime work, she also looked forward to finding more reliable and consistent child care:

Both our mothers look after him when I'm working. And sometimes [husband's] aunt and uncle do it. Also, I have some friends I ask sometimes. But I'm starting to feel really guilty that we're asking people so often. And sometimes, I can't give them much notice. Now that I have the chance of doing more regular work and giving up my night position, I want someone more consistent for child care. I've got a list of day cares and day home agencies, so I'm going to start looking.  
(Tracy: third interview)

The other two women who had created such combinations of care also anticipated changing their arrangements in the near future. This suggests that the women most likely to make changes in child care are those who have complex multiple arrangements.

## RELATIONSHIPS WITH CAREGIVERS: ESTABLISHING AND MAINTAINING CONNECTIONS

Relationships between parents and caregivers have implications both for the durability of child care arrangements and for parents' satisfaction with their child care placements. As with most other aspects of deciding about and arranging for child care, the task of developing and sustaining relationships with caregivers falls primarily to women.<sup>5</sup> Given the far greater part played by mothers as compared with fathers in taking children to and from child care settings, it is not surprising that mothers in this study were far more involved than were fathers in building and sustaining relationships with caregivers. However, it should not be assumed that this task falls to women simply because they are more engaged in taking their children to and from care. Even in cases in which fathers were involved in these tasks, communication with the caregiver was still the domain of the mother. In this study, in all but one case women had primary responsibility for developing and maintaining the relationship with the caregiver.<sup>6</sup>

The accounts of the women in this study reveal three main areas of communication with their children's caregivers: exchanging information about the child, negotiating aspects of care provision, and dealing with business aspects of the child care arrangement. On the whole, women found exchanging information about their child the most straightforward of these areas. Most women said that they regularly shared pertinent information about their child's health, development, and specific circumstances with the caregivers. For the most part, women felt that caregivers provided adequate information about their child's daily activities and ongoing development. On the other hand, several women raised the issue of being unable to obtain the level of detail that they wanted about their child's development.

Notwithstanding their satisfaction overall with child care placements, a majority of women reported some tensions or disagreements with respect to particular aspects of care provision or in terms of dealing with business matters. While women were willing to share these concerns with me as an interviewer, they were much less likely to have raised them with their children's caregivers. In fact, overwhelmingly, women indicated reluctance to discuss complaints with caregivers or to engage in conversations that reflected any differences of opinion. Moreover, those who had raised concerns or disagreed with caregivers tended to describe these exchanges as distressing or uncomfortable.

The accounts of the women in this study along with insights from other research suggest two main reasons that women refrain from raising issues with



caregivers. One is the fear of losing the child care placement through alienating the caregiver. Most women found the work of looking for and deciding on child care to be too taxing to want to go through the process again. Nor did they think that another search was likely to result in a better child care placement. They did not believe that there were many good child care placements available. For the most part, women shared the belief that it is necessary to accept some compromises when, in most important respects, the child care placement is satisfactory:

On balance, I feel that the situation is working out okay. I know that she'll be taken care of at [caregiver], I mean, not as well as she would be at home, but there are some compromises that you have to make. You just have to decide where the line is, when to draw the line, and about what kinds of compromises you are willing to make. . . . But we have to remember when we start questioning the smoking and the stairs and the food, because she's not getting the kind of food we want her to have, that we didn't find anything we liked better. So we did start looking at some other options, but we thought, Well, . . . remember that person and remember that other one; and we thought, Well, [caregiver] is doing more or less what we want with her, so let's not go back and start looking again. (Sheila: third interview)

This finding is consistent with other research that suggests that, particularly in circumstances in which child care choice is limited, women are willing to tolerate some negative aspects of child care settings in order to keep a placement that they need (Brannen and Moss 1988, Powell 1997).

Another and perhaps equally compelling reason for women's reluctance to overtly disagree with caregivers can be found in the ambiguity inherent in the relationship between mothers and caregivers. As indicated in Chapter One, child care can be seen as being critically located at the intersection between public and private spheres and thus serves to illustrate the tensions inherent in the public/private dichotomy. Feminist writers have drawn attention to the ways in which the private and public are confounded as both mothers using care and women providing care attach diverse meanings to child care (Nelson 1994, Tom 1992/93). When childcare is purchased, mothers and caregivers are necessarily engaged in a business relationship. Moreover, to the extent that care providers have a claim to specialized knowledge about the care of children, their credentials have value in the marketplace. On the other hand, child care in our society has most often been aligned with mothering and the domestic sphere rather than with the public world of work. That women look to care providers to offer loving and 'motherly' care is clear from this study.

Thus, mothers who use child care and women who provide care look to both the private and public realms "for frameworks for understanding and negotiating their

relationships with each other and the children" (Tom 1992/93, p. 77). Nelson's (1990a and 1990b) research effectively illustrates the dilemmas that family day home providers face as they seek a balance between mothering the children in their care and trying to maintain the distance required to effectively operate a business. We can see that this same dilemma is faced by mothers who often define their child's care in terms of extended family, yet, by virtue of their responsibility for the care of their children, must continuously assess and sometimes take issue with the work of the care provider.

Tom (1992/93) has pointed out that the nature of the 'power' relationship between child care providers and parents is dependent on a number of interrelated factors, including the type of care setting, the basis of caregivers' claims to expertise, and the relative social power of parents. She noted that "parents with more social power and longer association with their children . . . may assert the supremacy of their understanding of their children's development, while parents with less social power may be doubly intimidated by child care workers' credentials and position of power over their children." (p. 78). This may be particularly relevant for new mothers such as those who participated in this study. As first-time mothers, these women were still defining their own roles as mothers as well as struggling with the myriad demands of being working mothers. Many spoke of their lack of confidence in pressing their own beliefs and perspectives when faced with the knowledge and experience of caregivers. Sheila effectively captured this struggle in describing the difficulties she experienced in raising concerns with her day home provider:

I'm not very good about raising things I'm not happy about. I'm a real wimp that way. It took me a month to work around the food issue, and I did it subtly—so subtly that I didn't get the point across for a month; but, finally, at the very end of that, I could feel confident enough to say it. We just talked about food and snacks and whatnot for a long time, and finally I could just say, "I think [child] shouldn't have those sweet snacks before lunch." But then I showed up on Friday and she said, "well, I don't think she'll want supper because she's just had one of those cake things and just finished a breadstick too." So it's not working out as well as I want it to.

I find it difficult because [caregiver] is so established. I mean, she's got three teenage children herself. I mean, even her physical appearance tells you "I know what I'm doing." And if you say something it's just like she knows, she knows what's best. And she is my mother's age, so I'm not exactly feeling comfortable telling her how a child should be raised. When I tell myself that it's my child that we're talking about here and what I want is what's best for her, that gives me a little bit

more confidence to say things. But then again, she's the one running a day home. (Sheila: third interview)

Recent research that has explored the experiences and perspectives of child care providers adds to our understanding of the tensions underlying the parent-caregiver relationship. These studies offer evidence to suggest that caregivers in day cares and family day homes often view parents as inadequate and disagree with their childrearing practices (Leavitt 1995, Nelson 1994, Wrigley 1990). Moreover, providers commonly feel that their own work and the expertise they have to offer with regard to the care of children is highly undervalued and poorly compensated. Powell and Bollin (1992) have observed that providers' feelings of being undervalued and exploited are closely linked with the tensions underlying their relationships with parents.

Among women who used family day homes, most described the caregiver as a friend but also recognized the limits to friendship imposed by the business aspects of the relationship. They often described the relationship as confusing or awkward in that feelings of friendship made it difficult to deal with disagreements:

So even though she's really flexible, I don't push it very much. And like with these changes in how she's charging fees, all she did was put a notice in my bag about this increase, and I was really mad, and I came home and was ranting and raving to [husband]. But I was the one she was dealing with on it—not him. And because I felt we were more friends now, I thought she could have at least mentioned to me that she was thinking of changing the way she was doing it. But no, she just dropped a note in my bag. So it was very odd, and I guess I ended up assuming that she was so uncomfortable talking about it herself that she didn't want to bring it up. But I found it kind of upsetting. (Dianne: third interview)

Women who used family day homes or care by relatives were most likely to have experienced dilemmas associated with ambiguous relationships with care providers. Women who used relatives as caregivers described the ways in which the dynamics of their relationships with these family members had shifted and identified the tensions that had emerged as a result. Darlene, for example, had arranged child care with her cousin, with whom she had a close relationship. Although she was happy with the care provided by her cousin, she was not entirely comfortable with the way in which the relationship had changed:

Sometimes I worry that she might take it the wrong way when I say, "I want this done" or "I don't want that." I mean, we're pretty good friends so we can talk about just about anything, but it is sort of different now

that I'm paying her to take care of my child. I can see how our relationship has changed. (Darlene: third interview)

Relationship tensions were perhaps most pronounced for Susan, who felt that her relationship with her aunt had been irreparably damaged by the conflict that had arisen over child care (see above).

Women who used day care centres experienced their relationships with caregivers as more clearly defined and less ambiguous. The professional credentials of day care workers had the effect of establishing more visible boundaries around the relationships between mothers and care providers. Thus, although women who used day care centres were just as likely to have concerns about aspects of care as were those using family day homes or relatives, they were somewhat less reluctant to voice these concerns. Another factor that allows for distance is having a 'liaison' with whom to raise issues. For women who used family day homes associated with agencies and for those who used day care centres, the agency personnel and day care directors precluded the necessity of raising concerns directly with caregivers:

Going through a day home agency is good because it means that business is on one side and you have a different relationship with the care provider on the other. It means that I have a liaison in the agency, and if I have concerns, I can go to them instead of directly to the provider. So I don't have to bring business issues and difficulties into my relationship with the woman who's actually looking after [child]. (Leanne: third interview)

There've been a few things I haven't been entirely happy about, but I haven't always said anything; they're not big issues so sometimes it doesn't seem worth mentioning. But I was kind of unhappy when I went to pick her up one day a few weeks ago and she was crying, and there was no one looking after her. I mean, the girl was in the room, but she was too busy to pay attention to her. So that time I did talk to the director, and she said she'd make sure it didn't happen again. (Sarah: third interview)

## CONCLUSIONS: AN ONGOING PROCESS OF MAKING DECISIONS

The focus of this chapter has been on the ongoing process of making and implementing decisions about child care. The analysis illustrates that the process of making decisions about child care continues to unfold long after women have made child care arrangements. The personal and structural forces that shape women's experiences as mothers and paid workers continue to exert an influence on their decisions and actions. At the same time, we see evidence of women actively

confronting the challenges they face in making the transition to using child care, addressing the problems that emerge in child care placements, and negotiating relationships with care providers.

As with other aspects of organizing child care, the onus was primarily on women to deal with the demands associated with using and monitoring child care. Women invested considerable time and energy in taking children to and from child care settings, establishing and maintaining relationships with caregivers, monitoring care, and, when necessary, making new child care arrangements.

Women's assessments of their child care arrangements suggest that a simple dichotomy of 'satisfied/not satisfied' is inadequate to reflect their feelings about these arrangements. Although a majority of women said they were satisfied overall with the care they were using, most identified aspects of care that gave them cause for concern. To the extent that they were not fully satisfied with the care their children were receiving, women perceived three options by which to address this situation. One option was to change child care arrangements. However, most women felt deeply reluctant to make changes that would disrupt their child's care. Moreover, on the basis of their experiences in looking for care, they reasoned that another search was unlikely to yield any better care than they were presently using. A second option was to negotiate with care providers for changes in care that would address their concerns. Yet, as we have seen from women's accounts, most felt uneasy about raising issues with care providers and chose to maintain the *status quo* rather than put relationships with caregivers to the test. Thus, women tended to choose the third option, which entailed coming to terms with the necessity for some compromises and trade-offs among important elements of child care in order to preserve existing care arrangements. Women's accounts clearly demonstrate that the process of making decisions about child care continues long after arrangements have been made and that women face dilemmas and conflicts no less thorny than those experienced earlier in the process.

**ENDNOTES**

1. 'Maternity leave' is used here to signify time away from work due to childbirth, although I recognize that not all women have formal, paid maternity leave.

2. Nelson (1990b) cited a study that illustrates the high rate of turnover among family day care providers. In that study, 37% of registered providers in 1986 were no longer providing care in 1987.

3. In their accounts, many women referred to the importance of continuity of care for the well-being of children.

4. Although instability of care is usually associated with changes in child care placements, caregiver turnover has also been viewed as a source of instability (Doherty et al. 2000, Melhuish and Moss 1991).

5. There are similarities to be drawn with women's roles with respect to their children's schools. In particular, see David et al. (1993), *Education: Inside Out?*

6. This also includes cases in which care was provided by relatives.

## **CHAPTER NINE**

### **REFLECTIONS ON THE FINDINGS**

As increasing numbers of Canadian women enter and remain in the labour force, there is a pressing need to understand how women experience and deal with the competing demands of family and paid employment. Without question, one of the most difficult and complex issues faced by women who combine motherhood and paid work is that of ensuring appropriate care for their children. That finding child care is problematic for parents has been widely acknowledged and extensively documented. Virtually all recent studies of child care choice and analyses of family and child care policy have drawn attention to the problems that parents face in finding acceptable, affordable care for their children.<sup>1</sup> However, for the most part, the 'problem' of child care has been framed as one of supply and demand. Child care is problematic for parents, it is argued, because of the scarcity of accessible, affordable, high-quality spaces relative to the demand for such care. Defining the problem as essentially one of supply and demand implies that the solution to the difficulties that parents encounter in finding care that meets their needs is to be found in measures that increase the supply and choice of good-quality child care spaces and decrease the costs of care to parents.

There is no question that the shortage of affordable, good-quality child care spaces presents a significant challenge for parents who must rely on supplemental care, nor that policies that address this shortage are sorely needed. However, in defining the issues narrowly in terms of supply and demand, researchers and policy analysts have obscured the reality of the complex situation that parents, particularly mothers, face in looking for and making decisions about child care (Pollard and Fischer 1992). Knowing that there is an inadequate supply of child care, or that women are less likely to use day care for infants, does not help us to understand how and why women make decisions about child care. Despite a burgeoning of research pertaining to child care, minimal attention has been paid to processes of decision making or to the multiple factors that are brought to bear on women's child care decisions. As a result, little is known about the actual experience of looking for and making decisions about child care, and the particular problems that women encounter in this regard have not been adequately expounded. Given an ever-increasing demand for non-parental child care within a context of limited public provision of care, there is every reason to believe that child care will continue to be a critical issue for women, families, governments, and society as a whole. However, if we are to move forward in developing policies that are relevant to the everyday lives of women and

their families, we need to eschew simplistic analyses of the child care 'problem'. What is needed is research that expands our knowledge of the challenges that women face in making decisions about child care and that illuminates women's active efforts to resolve their child care needs.

In this study my aim has been to contribute to an understanding of women's decisions about child care by paying particular attention to the processes by which they make such decisions and the contexts in which child care decisions are located. By focusing on processes rather than on outcomes, I sought to understand what it is like for women to make decisions about child care in a context marked by contradictory and competing interests associated with motherhood, family, child care, and paid employment. The emphasis in this study has been on the voices of the women who shared with me their experiences of making decisions about child care. It is the voices of these women that help us to understand the multiple and interrelated factors that enter into women's decisions and offer insights into the reasoning behind complex patterns of decision making. Because the research was designed to follow women's decision making over time, we are able to perceive the sequence of decision making as it unfolds and to understand what the process of looking for and deciding about child care entails.

Findings from this study reinforce the importance of taking into account the diverse social, economic, political, and personal forces that shape women's choices. In the first two sections below, I briefly summarize the central features of this context that are germane to this study and highlight the key findings of the study. The next section considers the findings in greater depth through linking them to the research framework discussed in Chapter One. The chapter concludes with a discussion of the implications of the study for social and policy change.

## **THE MULTIPLE CONTEXTS OF CHILD CARE DECISIONS**

The broad context of this study is one in which maternal employment has become the normative experience for women with preschool children. The incentives for women to resume employment after childbirth include both economic and personal factors. Although financial considerations are often paramount in the decision to combine motherhood and paid work, many women also work for less tangible rewards such as stimulation, independence, and personal efficacy. As maternal employment has become a predominant pattern, widespread disapproval of working mothers has given way to a growing acceptance of women resuming employment following maternity leave. This does not mean, however, that there is full public approval and support for women resuming work following childbirth. In fact, public attitudes toward maternal



employment continue to be marked by ambivalence and to frame women's labour force participation as being in conflict with children's welfare (Michel 1999). Thus the context in which women make decisions about child care is one in which political and moral discourses about motherhood and child care play a central part.

Moreover, increased attachment to the labour force has not substantially altered women's responsibilities for child care. Despite dramatic growth of women's labour force participation and the increasing significance of their financial contributions to household income, it is still expected that women will give priority to family and particularly, to the care of children. Thus, women are caught in a paradox, on the one hand facing social and economic pressures to remain in the labour force, while on the other being expected as 'good mothers' to take primary responsibility for the care of their children. In the absence of social and political change to support employed mothers in dealing with the competing demands of work and family, the prevailing prescription that has emerged for working mothers is that of the 'superwoman' who successfully combines family and paid work (Ferree 1987, Hochschild 1989, Mandell and Momirov 2000, Silverstein 1991). In reality, this means that women add paid work to "the constancy of the job of mothering" (Dyck 1996, p. 125).

Child care decisions are also made within the context of policies and programs. In Canada this context is marked by a serious inadequacy in the provision of accessible, affordable, good-quality care. Despite the fact that child care has become a high-profile public issue in recent years, there has been minimal response on the part of governments and employers to the child care needs of families. Failure on the part of federal and provincial governments to develop effective child care policies reflects and reinforces the assumption that child care is a matter for individual families to resolve in the private market place. In the absence of policies that would ensure quality of child care settings, there is an abundance of child care that does not meet even minimal requirements for the well-being of children (Doherty et al. 1998, Friendly 1994).

In summary, it can be said that the context in which women make decisions about child care is one in which economic realities necessitate maternal employment, social ideology is profoundly ambivalent toward it, and government and industry policies are hostile and unsupportive. It is evident from this study that this situation results in considerable conflict for women who are faced with making decision about family, child care, and employment.

### THE EXPERIENCE OF MAKING DECISIONS ABOUT CHILD CARE: KEY FINDINGS

For the women in this study, the necessity of finding and arranging for safe and appropriate care for their children often generated feelings of fear or anxiety. Embedded as they are in the contested territory of women's work and family lives, women's decisions about the care of their children bring them face to face with many moral as well as practical dilemmas. Decisions about child care are not delimited but, rather, are part of a complex set of decisions about work and family that include whether and under what terms to return to work. This study sheds light on how women interpret the dilemmas associated with child care and on the ways in which they resolve these dilemmas in making decisions about child care and paid employment.

Although women expressed uncertainty about many aspects of child care, they were clear about what they wanted for their children in a child care situation. In naming the qualities they considered essential to the welfare of their children, they gave precedence to safety, noting that in the absence of safe care, other factors were irrelevant. In addition to safety, the qualities of greatest importance were warm and loving care and opportunities for healthy and appropriate development. Consistent with these desired qualities, women hoped to find caregivers who were warm, loving, and motherly; whose beliefs and values were similar to their own; and who were able to nurture their child's development. The qualities of care and of caregivers that these women named as important reflect a prevailing concern with finding caregiving that as nearly as possible replicates their own caring.

Although they were able to speak with certainty about what they wanted in a child care situation, women approached the task of finding care with considerable anxiety. They expressed fears about whether they would be able to find safe and appropriate care, and they worried about the many different ways in which harm could come to their children in child care settings. The anxiety that women felt about looking for child care reflected a lack of confidence both in their own ability to make the 'right' decision about care and in the ability of the child care system to provide good care. Women were acutely aware that the weight of responsibility for finding safe and appropriate care fell to them and that their choices could have profound implications for the welfare of their children. For all of the women, looking for child care was a new experience for which they felt poorly prepared. Believing that their own knowledge of child care was extremely limited, they worried about how they could obtain information and advice that would be helpful to them in finding good care. Their anxieties and concerns were exacerbated by doubts about the

trustworthiness of the child care system. Because it was impossible to know with certainty what a child care setting was really like, choosing a placement was viewed as entailing significant risks. A widespread tendency to view care by strangers with distrust was fuelled by media stories focusing on the abuse and neglect of children in various child care settings. The 'horror stories' that so many women raised in the interviews reflect the powerful influence of the media on women's perceptions of child care. Faced with limited options and misgivings about the quality of child care available, most women were apprehensive about the likelihood of finding satisfactory care.

In light of the widely differing arrangements that women make for child care, it has often been assumed that women differ fundamentally in terms of what they want from and value in child care situations. However, this study suggests that there are far more commonalities than differences among women in this respect. In indicating what they wanted in child care and in giving voice to their fears and concerns about finding appropriate care, women demonstrated a striking degree of consensus as to their values and beliefs about the care of children. Diversity became more apparent in women's perceptions of different types of care and, most notably, in the material and social circumstances that constrained their child care choices.

Although women had little difficulty in describing what they considered to be appropriate child care, access to such care was much less certain. In keeping with a desire for safe, warm, and loving care, and consistent with their distrust of care by strangers, most women voiced a strong preference for finding child care solutions within family and social networks. However, very few had family members or friends available to provide regular, ongoing care. In reality, most women had no options other than market care (family day homes, day care, and nannies) or the care that they and their husbands could provide. There is every reason to suppose that care by extended family and social networks will continue to be a preferred solution to child care needs. However, in light of current and predicted rates of women's labour force participation as well as increasing geographical mobility, it is unlikely that family members and friends as caregivers will be available to more than a small minority of women (Baydar and Brooks-Gunn 1998, Luxton 1997b, Powell 1997).

Women whose preference for family or friends as caregivers coincides with the availability of this type of care are spared the necessity of an extensive search.<sup>2</sup> On the other hand, women who do not have access to family or social network care usually face a more difficult and complex process of decision making that involves the consideration of multiple factors and that typically requires them to make compromises (Powell 1997). In light of their considerable misgivings about market

care, women who had no other choice but to use these types of care were caught in a dilemma as they tried to reconcile what they wanted in a child care situation with the kinds of care available. Deciding on a type of care was not a simple matter of preference for one type over another. For most women, this decision involved weighing the perceived advantages and disadvantages of different types of care against what they believed to be important qualities of care. Knowing that in market care they would be unlikely to find all of the qualities they sought in a child care situation, they recognized the necessity of distinguishing between the qualities that were most important and those that they could live without.<sup>3</sup>

The decidedly different opinions that women expressed about family day home care and day care reflected the various meanings and priorities they gave to particular qualities of child care.<sup>4</sup> Overall, women held more positive views of family day home care than they did of centre-based day care. Women who favoured family day home care emphasized the safety and caring that they believed were to be found for their children in a close, continuous relationship with a single caregiver who would offer 'mother-like' care in a home setting. For these women, a family day home was not necessarily their ideal of child care, but they felt that it most closely approximated the kind of warm and loving care that they themselves would provide for their children. In contrast, some women questioned the extent to which safety could in fact be ensured in private, unmonitored settings where "anything could happen". A further concern that surfaced with regard to family day homes was whether they would provide children with stimulating, developmentally appropriate activities or simply with custodial care. For some women, day care centres offered the advantages of being more open to public scrutiny and of having multiple caregivers who would monitor each other's activities. Most women recognized the potential advantages of day care in providing trained staff and developmentally oriented programs, but few felt that these features were sufficiently important to overcome the perceived disadvantages of day care. Indeed, a view of day care as being institutional, impersonal, and chaotic was widely held.

Although women expressed strong views about different types of care, these views were not fixed or determined. Whatever their initial views, as they experienced the realities of looking for and using child care, they learned much that influenced their perspectives. Exposure to child care settings and to learning about the child care system led some women to change their views and consider different options, while for others it reinforced their earlier opinions. This finding suggests that, in seeking to understand the factors that influence women's child care decisions, we need to be attentive to the ways in which the experience of looking for and deciding about care

shapes women's perceptions of care. Furthermore, while some women favoured maintaining the same child care arrangements until their children began school, others anticipated changing to a different type of child care as their children got older.

Women's decisions about child care are also profoundly influenced by their particular social and material circumstances that both facilitate and constrain their access to various child care options. As noted above, circumstances that determine whether husbands, family members, or friends are available as caregivers are often critical to women's decisions about what type of care they will use. Women's employment situations are also pivotal to their child care options and decisions. As this study indicates, women often seek to maximize parental care by working part-time or by working alternate shifts with their husbands. Yet in the absence of employment policies that allow for flexible work schedules and part-time work, many women do not have access to this option. Also, for some women in this study, access to certain types of care was restricted by their hours of work.

Although income is clearly an important factor in women's child care decisions, the relationship between income and child care choice is far from simple. In this study, no patterns emerged that linked income levels with preferences for different types of care. However, previous research on child care choice and quality indicates that, overall, women with lower incomes end up using poorer quality child care (Peters and Pence 1992). In this study I did not attempt to assess the quality of care that women chose. However, there is evidence to suggest that women's income did have an impact on choice within types of care and, in particular, on the quality of care to which women have access. Moreover, women who were employed in nonprofessional positions were more likely to have tentative connections to the labour force and to have difficulty in finding full-time, permanent employment that did not involve shift work. Lack of employment options and lower personal and household incomes meant that they often ended up with complex child care arrangements organized to fit with their employment but not necessarily in keeping with their preferences as to type and quality of care.

Thus, although they began with similar beliefs and values about mothering and about the important qualities of child care, women arrived at diverse solutions to their child care needs. This study shows how women actively confronted the challenges involved in finding appropriate child care and developed the best solutions possible within the various constraints that shaped their options. Because women's child care arrangements are often multiple and complex, it is difficult to categorize these arrangements in meaningful ways. Most women in the study relied to some extent on market care, but use of such care varied from a few hours a week to full-time and was

sometimes combined with other types of care. Family day homes were more commonly used than were day care centres, and none of the women chose to use a nanny as caregiver. In only four cases were family members used as primary caregivers. It is important to note the extent to which the women, and in some cases their husbands, structured their employment to allow for child care solutions that would minimize their dependence on non-parental care. In some instances structuring of employment involved sequential shift work on the part of women and their husbands. However, most often it meant that women worked part-time hours, thus enabling them to provide as much child care as possible themselves.

This study also reinforces the importance of understanding the active process by which women make decisions about child care. Just as the experience and work of caring for children have been neglected in analyses of child care (Tom 1992/93), so too has the work of thinking about, looking for, and deciding about child care been largely invisible in analyses of child care choice. The experiences shared by the women in this study shed light on the process involved in making decisions about child care and leave no doubt that, for most women, this process entails not just a single decision, but a series of decisions and actions.

Interviews with the women over time offered the opportunity to observe the process of decision making and to identify some of the key dimensions of this process. In particular, the study calls attention to the extent to which underlying the experience of making decisions about child care is an active process of gathering, sifting, and sorting information about child care from a wide variety of sources. Indeed, long before they are visibly involved in looking for child care, women are engaged in gathering information that will ultimately influence their decisions. As this study illustrates, women may not realize how much they know about child care until they are called upon to reflect on and share their perspectives, at which time a diverse body of knowledge about child care emerges in their narratives. As the need to make child care arrangements becomes more immediate, women's efforts to gather and sort information become more purposeful and focused. Although the information that women gather is of critical importance to their decisions, it is not always accurate or helpful and may, in fact, add to their confusion and anxiety about finding appropriate care. As we have seen, information about the potentially harmful aspects of various types of care has a powerful influence on women's perspectives and adds to the difficulties entailed in making decisions.

For the women in this study, information that was helpful and supportive to them in making decisions about child care was not easily obtained. Information or advice from professionals about child care was almost nonexistent. In their concern

for finding safe and loving care for their children, women sought to find appropriate care settings through trusted personal channels. However, few women actually received recommendations for care from friends or family or found care through personal connections. Members of friendship networks, particularly other working mothers who had experience in looking for and deciding about child care, were important sources of information and advice about a range of topics such as the costs of care and what to look for in care settings. Nevertheless, even from these sources information was limited. Indeed, most women felt that their experiences in finding child care could have been significantly improved if more help and support had been forthcoming from both social networks and professional sources.

Although this research reveals a number of common elements in the process of looking for and deciding about child care, it also illustrates ways in which women's experiences differ. The most striking difference for women in this study was the extent to which they were engaged in searching for care. While a few women made arrangements without having to actively set out to look for and assess care options, the great majority had no choice but to search for care, and some undertook extensive searches. The experiences of these women in searching for care clearly refutes the notion that many women choose care without sufficient efforts to search for and assess that care (see Chapter Six). Although they were constrained by a lack of information about how to find appropriate care, by a context of limited child care options, and by their personal circumstances, the majority of women in this study appear to have made considerable efforts to identify, visit, assess, and compare potential settings in order to find the best care for their children.

Women's accounts offer insights into the complex and difficult realities involved in looking for child care. Their stories reveal the struggles that they faced in trying to make the 'right' decisions about child care while feeling profound uncertainty about what to look for in child care settings and how to effectively distinguish quality of care from one setting to another. Initial contacts with child care settings often confirmed women's fears about being unable to find appropriate care. Particularly striking was the extent to which women felt burdened by the weight of responsibility for assessing and choosing child care placements and by the implications of making the 'wrong' choice. Given that mothers are often blamed when their children are in care of questionable quality (Bradbard and Endsley 1980), the anxiety that women expressed about finding good child care is understandable.

In view of increasingly egalitarian beliefs about gender roles, particularly as regards the care of children, it might be expected that husbands would assume some of the responsibility for finding appropriate child care. Indeed, women in this study

held strongly to the belief that responsibility for looking for and deciding about child care should be shared by both parents, and were confident that child care arrangements would be based on joint decision making. In reality, however, most women ended up bearing almost all of the responsibility for the work of looking for and making decisions about care. With very few exceptions, the involvement of husbands was minimal, rarely extending beyond confirming women's perceptions of placements and endorsing their decisions. Moreover, in the great majority of cases, mothers had ultimate responsibility for transporting children to and from care and for establishing and maintaining relationships with care providers

The extent to which women had responsibility for arranging child care may not be particularly surprising given similar findings from previous studies (Brannen and Moss 1991, Leslie et al. 1991, Luxton 1990). However, this finding does take on significance in light of the beliefs and expectations of the women involved in the study and in the context of shifting work and family patterns. Most of these women explicitly rejected the *status quo*, which assigns responsibility for child care solely to mothers. They described their marital relationships as essentially egalitarian and anticipated that their husbands would be involved in nearly all aspects of child care. The significant gap between their expectations of shared responsibility for finding child care and the reality of minimal involvement on the part of their husbands was surprising to most women and distressing to many.

The persistence of this gendered division of labour in which women bear major responsibility for arranging child care while their husbands remain marginal participants attests to the enduring power of ideologies that emphasize women's primary responsibility for children. In fact, the unequal division of responsibility for finding child care appears to mirror a broader shift toward increased gender segregation following the birth of the first child. Many of the women in this study reported that with motherhood had come an increasingly gender-segregated division of responsibilities in which child care and household work were more firmly fixed as their domain. Thus, while there have been profound changes in women's work and family patterns, in terms of child care and domestic labour, there appears to have been very minimal change.

#### **UNDERSTANDING WOMEN'S DECISIONS ABOUT CHILD CARE**

The previous section offers an overview of the research findings and draws attention to some of the key issues that emerge from women's accounts. Here, my concern is with what these findings have to say about prevailing understandings of motherhood and child care and with how these understandings are played out in women's decisions



about the care of their children. In particular, my aim is to make clearer the connection between women's experiences of making decisions about care and the ways in which child care has been framed within the public/private distinction.

### **Child Care Decisions in the Context of Public and Private**

In articulating the research framework for this study, I identified the theorizing of public and private spheres as having particular significance for understanding women's decisions about the care of their children. As noted previously, the delineation of the social world into public and private spheres has given rise to much controversy and debate within feminist literature. Criticism has centred on the problematic divide between the spheres, which has failed to reflect the complexity of women's and men's lives and has obscured women's work and relationships in the private sphere (Baker 1999, Landes 1998, Tronto 1993). Thus, many feminist scholars have argued for a new understanding of public and private that does justice to the complexity of these concepts and reflects the extent to which they are 'dialectically interrelated' (Pateman 1989) (see also Baker 1999, Benhabib 1998, and McCarthy and Edwards 2001). Critical to such a project is a conceptualization that reflects the many ways in which women's caring "crosscuts the antithesis between public and private, rights and duties, love and labour" (Fisher and Tronto 1990, p. 56). The present study illustrates various ways in which the private and public are confounded in contemporary constructions of child care and, more specifically, in women's processes of decision making about the care of their children.

In Canada (as in the UK and the US), reproduction, child rearing, and child care have traditionally been viewed as belonging to the private realm and, thus, as being the responsibility of individual families. However, the deeply gendered nature of the public/private dichotomy means that in reality, it is women rather than families as such who are held accountable for the care and rearing of children (Baker 1999, Benhabib 1998, McCarthy and Edwards 2001, Tronto 1993). As Boyd has noted, the extent to which women continue to have major responsibility for child rearing "is diminished and camouflaged as a private decision made between adults presumed to be in equal bargaining positions in the privacy of their family lives" (1989, p. 123).

The experiences of women in this study illustrate the ways in which the association of mothering and child care with the private realm reinforces the gendered division of labour with respect to the care of children. These women were integrated into the public sphere through their paid work and were clear about defining child care and domestic work as a shared responsibility. Nevertheless, once they became mothers they inevitably found themselves with a disproportionate share of the

responsibility for caring for their children and for looking for, deciding on, and maintaining non-parental child care arrangements. Clearly, women did not individually negotiate this deeply gendered division of labour around child care from equal bargaining positions within their households. To understand the power and persistence of this gendered division of labour as regards the care of children, we must look to the gendering of the concepts of public and private.

Analyses of the emergence of childhood as a separate stage of life have drawn attention to the importance of our contemporary social construction of childhood for understanding the particular positioning of women within the private sphere (Ambert 2000, Mandell 1988, Mayall 1996, McCarthy and Edwards 2001). The institutionalization of childhood has meant an increasing tendency to see childhood as separate from adulthood and to define children as highly dependent, vulnerable, and in need of protection. In keeping with this perspective, children have been essentially excluded from the public sphere and consigned to the 'safe' space of the private domain under the protection of mothers. Notions of childhood have thus become "intrinsically tied up with ideals about what constitutes 'good' mothering" and "mothers have become increasingly positioned as the primary custodians of the vision of 'separated' and idealised dependent childhood" (McCarthy and Edwards 2001, pp. 4 and 5). Moreover, by virtue of their association with the private sphere, caring in general and child care in particular have been devalued and marginalized (Tronto 1993).

The accounts of the women in this study reveal the ways in which the intertwined and deeply privatized notions of 'dependent child' and 'good mother' underlie women's decisions about child care. These mothers viewed their children as highly vulnerable and dependent and believed that the onus was on them to ensure their children's safety and well-being. Their perspectives on child care and the struggles that they faced in finding appropriate care were profoundly influenced by their desire to be good mothers. They subscribed to the belief that mother care is the ideal for children and were clear that mothering was their first priority. Typically, they framed child care by others as substitute care and expressed concerns about the extent to which strangers or family members would be involved in raising their children.<sup>5</sup> The necessity of arranging child care outside existing family networks raised the issue of 'stranger danger,' which Mayall (2001) has identified as one of the "powerful structures conditioning how parents and children live their daily lives" (p. 115).

In the context of making decisions about child care, women defined motherhood as a moral project and framed 'good' mothering in terms of giving priority

to their children. Nevertheless, very few women subscribed to traditional notions of mother-at-home or viewed full-time mothering as an ideal scenario for themselves. On the contrary, for most women in the study, their ability to be 'good' mothers was at least partly contingent on continuing to work outside the home. Some stressed the importance of their paid work in allowing them to provide for their children. Others emphasized the extent to which the gratification and sense of identity they derived from their work would allow them to be 'better' mothers. Thus, paid employment was commonly seen as part of 'good' mothering or, as Bailey (1999) has put it in her study of the transition to motherhood, work was also seen as a moral project. Moreover, women typically brought pedagogic concepts of child rearing to bear in their understandings of motherhood and child care (Mayall 1996, McCarthy and Edwards 2001). Thus, despite their serious reservations about non-familial child care, women viewed day care centres as offering distinct advantages in terms of its educational elements. Women's accounts show that their constructions of mothering were multi-dimensional; however, their various understandings of 'good' mothering were often experienced as being in conflict with one another.

The extent to which family and child care have been associated with the private sphere has tended to obscure the many public dimensions of these seemingly private issues. In a context of expanding state surveillance of children and their families, women's accountability for their children is by no means an exclusively private matter (Mandell 1988, New and David 1985). By means of social policy, funding, and regulation, the state exerts a profound influence on the way in which the child care system is organized and, by extension, on women's decisions about care. Parallel with the institutionalization of childhood has been the emergence of 'expert' discourses of child development that further reinforce women's accountability for the development and welfare of their children. Speaking from their place in the public sphere, child development experts have had much to say about what children need and how they should be raised and cared for.

Although child care is conceived as a private concern, non-parental care is increasingly provided in settings associated with the public sphere. Parents who are unable to provide full-time care themselves may have no choice but to seek child care in the marketplace. Another aspect of the public sphere that impinges on women's decision making is the increasing media attention that reinforces women's fears about the danger of non-familial care. The important point here is that child care cannot accurately be viewed as situated exclusively in the private realm. Rather, it intersects both realms or, as Randall (1999) suggested, it "is crucially located along the public-private disjunction" (p. 111; see also Michel 1999, Nelson 1990b, Tom 1992/93).

The dilemmas that women in this study experienced in looking for and deciding about child care reflect the ways in which they were caught between the public and the private. This was particularly evident in the ambiguity that marked women's accounts about how different types of child care might offer the qualities that they considered important. Invariably, women sought caregivers who would offer their child warm, loving, stable, and mother-like care in a safe environment. In other words, they gave precedence to qualities of care most often associated with mothering in the private sphere. However, most had no option but to look for care in the marketplace, where their choice was essentially between day care and family day home care. Knowing that neither type of care would offer all of the qualities they sought, women were caught in a dilemma centred on choosing between the more private elements of family day home care and the more public elements of day care.

Family day home care was viewed as more likely to offer children the benefits of a particularistic relationship with a caregiver placed as a mother substitute in a 'home away from home'. To the extent that family day home care is defined as private, it appears to come closest to replicating the care that mothers themselves provide. However, the very privacy of this type of arrangement is one of its drawbacks in that informally organized home-based care is not subject to wider scrutiny and visibility. Thus, many women expressed concerns about the safety of their children in such private and poorly monitored child care settings. More formally organized group care in the form of day care centres was associated with institutionalized care and viewed by many as unlikely to offer the kind of warm and loving care in a one-on-one relationship that they felt was essential for the welfare of their children. Nevertheless, the more public nature of day care offered the advantages of greater public scrutiny and the monitoring of other caregivers. Although the safety of their children was of paramount importance to all of the women, it was not at all clear to them whether this would best be assured through private or public elements of care. Thus, they experienced tension along the public/private divide as the benefits of a particularistic care relationship needed to be considered in terms of the risks associated with this type of arrangement.

Similar dilemmas were evident for women with respect to choosing care that would offer children appropriate stimulation and meet their developmental needs. Although attention to child development was identified as an important quality of child care, it was more likely to be seen as a quality of day care than of family day home care or care by relatives. The primacy accorded to a particularistic relationship between child and caregiver was consequently seen as conflicting with the desire for developmentally appropriate care.

Historically, family day home care has been positioned as an extension of the family and, accordingly, has been viewed as part of the private sphere (Emlen 1972, Pollard and Fischer 1992). Indeed, the ideal image of the family day home provider is that of "a mother substitute in a home away from home" (Pollard and Fischer 1992, p. 100). Given this perspective, it is not surprising that women would look to day home providers to replicate the care that they themselves provide. However, research into family day home care has identified a number of factors that militate against family day homes meeting this expectation (Hertz 1997, Nelson 1994, Wrigley 1995). In particular, researchers have increasingly questioned the positioning of day home care within the private sphere and have drawn attention to the diverse public aspects of this type of care.

Although family day home providers may take very seriously the role of surrogate mothers offering warm and loving care, they nevertheless are involved in a business relationship with parents who are inevitably in the position of 'clients'. Research has shed light on the difficulties that family day home providers face in trying to reconcile the work of mothering with the more public demands of operating a business, the underlying values of which are not always congruent with acting in the capacity of a substitute mother (Howes and Sakai 1992, Nelson 1990b, Pollard and Fischer 1992). Moreover, there is evidence to suggest that the individual attention, stimulation, and warm and loving care that women look to family day home caregivers to provide is seldom realized (Howes and Sakai 1992, Pollard and Fischer 1992). Attention has also been drawn to the differences that typically exist between providers of home-based care and users of this care with regard to socioeconomic position (Dyck 1996, Hertz 1997, Peters and Pence 1992). In deciding to stay at home and care for their own and others' children, day home providers have made a choice that sets them apart from the women who use their services, and that may well reflect different beliefs and values about mothering and maternal employment. Howes and Sakai (1992) have argued that the 'family' in family day home care is paradoxical because it blinds parents to the aspects of this type of care that are more closely linked with quality.

Learning from the present study furthers our understanding of the public and private dimensions of child care by revealing the dilemmas faced by women who frame their child care concerns in deeply moral terms, yet are called on to meet their child care needs within a public market oriented child care system. In considering the critical elements of care for their children, women drew on cultural understandings of 'good' mothering and of children's needs. Their anxieties and concerns about making the 'right' decisions about child care were deeply rooted in a moral orientation to

motherhood and child care in which primacy was given to emotional connections within particularistic relationships. In contrast, the marketplace reduces the caring process to the idiom of exchange, governed by market processes of supply and demand (Fisher and Tronto 1990). In the marketplace women are placed in the position of consumers 'shopping' for care with no guarantees that care providers will offer the kind of loving, one-on-one care that they seek. Moreover, in the processes of looking for and maintaining care arrangements, mothers are charged with the responsibility of assessing and monitoring care settings in a way that mimics the role of public officials. The lack of fit between the moral nature of women's concerns and the public market approach to child care services is a source of considerable conflict for women needing non-parental child care.

Women's moral interpretations of child care decisions resonate with the views of feminist political philosophers such as Tronto (1993), Sevenhuijsen (1989 and 1998), and Fisher (Fisher and Tronto, 1990), who have argued that the values underlying caring relationships represent an 'ethic of care'. Central to this concept, is a definition of care as a moral activity rooted in relationships of connection and responsibility and having both universal and particularistic components. Such an 'ethic of care' has the potential to reshape social and political institutions and to fundamentally change the ways in which citizenship is formulated. As Tronto has noted, "The world will look different if we move care from its current peripheral location to a place near the centre of human life" (p. 101).

A further manifestation of the problematic divide between public and private is the ambivalence with which women regard the return to work. Paid employment and most forms of non-parental child care are situated within public ways of being, whereas motherhood is understood in terms of private ways of being.<sup>6</sup> Caught at the interface of public and private worlds, women face profound dilemmas as they try to make the best possible decisions about combining motherhood and paid work. Women in this study clearly recognized the contradictions inherent in simultaneously "fulfilling the script[s] of ideal mother and responsible wage labourer" (Mandell 1988, p. 75). It is significant that once the women became mothers and were faced with the realities of returning to work and using child care, their dilemmas in this regard became considerably more pronounced. For most women, the transition to motherhood brought with it a stronger affinity with the private sphere similar to that experienced by the women in Bailey's (1999) study. Thus the competing claims of motherhood and paid work became more salient and left women with feelings of great uncertainty as to whether they were making the 'right' decisions.

This study both demonstrates and challenges the ways in which tensions between public and private ways of being impinge on women's lives and on their decisions about work and child care. It strongly supports the argument of feminist writers that we need to re-think the concepts of public and private in light of learning emerging from women's lived experiences. In the next section, my concern is with understanding women's decision-making processes in relation to the concepts of public and private.

### **The Process of Decision Making Reconsidered**

The pervasive view of motherhood and child rearing as situated in the private realm and the privatizing of the difficulties that women encounter in finding appropriate care for their children support the perception that child care is the responsibility of individual parents and, in particular, of mothers. As long as issues pertaining to family and child care continue to be viewed in individualistic rather than collective terms, these issues will have no currency in the public sphere. Indeed, motherhood and child care have traditionally been deemed irrelevant to public life and thereby undeserving of policy attention (Baker 1999).

Particularly striking in the accounts of women who took part in this study was their own understanding of their dilemmas and decisions as essentially private. For the most part, women constructed their work and family decisions as individual and personal choices (albeit with the expectation of their husband's involvement) and viewed the problems they encountered in resolving child care issues as specific to their personal situations. Although they recognized that other women faced difficulties in finding appropriate child care, they did not frame such difficulties in terms of collective dilemmas. In the process of looking for and deciding about child care, women felt particularly isolated and were acutely aware of the weight of responsibility that decision making entailed. Although a few women pointed to a need for an improved child care system or more generous maternity leave provisions, by and large they did not view their circumstances and choices as having any collective significance in the public realm.

The concept of individualization is central to the work of Beck and Beck-Gernsheim (1995), who asserted that modern society has undergone a social transformation in which:

biographies are removed from the traditional precepts and uncertainties, from external control and general moral laws, becoming open and dependent on decision-making, and are assigned as a task for each individual. (p. 5)

On the face of it, the extent to which women in this study approached decision making as an individual task would seem to be in accord with the individualization theory of Beck and Beck-Gernsheim. However, a closer look suggests that the theory is problematic from a number of standpoints. Although women saw themselves as individually responsible for child care, in fact they were acting in accordance with social norms that position women as individuals with primary responsibility for children. They were also acting collectively in accepting new norms of working motherhood that impose heavy burdens on women who combine mothering and paid work. Beck and Beck-Gernsheim's claim that individualization has freed men and women from prescribed gender roles is particularly troublesome in light of evidence from the present study and others (e.g., Duffy et al. 1989, Leslie et al. 1991) that social institutions continue to be deeply gendered. The accounts of women in this study clearly reveal the gendered organization of parenting and child care and show that, despite their best efforts, women inevitably end up with primary responsibility for the welfare, development, and care of their children both inside and outside the household.

The construction of women's work and family decisions as essentially private and individual can be traced to versions of public and private in which the private sphere is understood as 'quintessentially individualistic' (McCarthy and Edwards 2001). McCarthy and Edwards have challenged this prevailing view as representing a particularly masculine vision and have offered an alternative version of the private as being about connectedness in social settings. They argued that recent sociological theorizing that conflates the concepts of 'privacy' and 'intimacy' marginalize women's lives with their children and, consequently, "we may be losing sight of issues of connectedness around children, and the associated relational view of individuality, that is a crucial aspect of many women's lived experiences" (p. 12).

As indicated above, women are placed as individuals with moral responsibility for decision making about children. Inasmuch as child care decisions are framed in such highly individualistic terms, women are cast as 'informed consumers' who are expected to negotiate individually for child care services. As individual consumers of child care, they are constructed as autonomous, self-directing, and self-interested agents who gather relevant information and make rational choices. This conceptualization of decision making is consistent with dominant economic and social theories of human behaviour that are grounded in neo-classical economics. The underlying assumption of these theories is that human behaviour is governed by economic self-interest and manifested in rational decision making. In their study of lone mothers and paid work, Duncan and Edwards (1999) have criticized neo-



classical views of social life as offering a distorted understanding of human motivations. Rather, they suggested, "personal decisions are set within socially variable 'gendered moral rationalities' which are collectively generated in different sorts of social networks and social contexts" (p. 272).

As an explanation of human action and decision making, the notion of individual economic rationality on the part of self-interested and self-directing agents has become deeply engrained. Indeed, women in this study assumed that this was how they were expected to make their choices about child care. Without exception, women felt the weight of responsibility for becoming informed decision makers and making the 'right' decisions about care. The emphasis they placed on the importance of obtaining relevant information about child care and on making objective assessments of care settings reflects the extent to which they were influenced by an individual consumerist view of child care choice. However, the expectation that they would act on the basis of individual economic rationality did not fit with their actual experiences of decision making. Nor did it accord with their deeply held and profoundly moral understandings about motherhood and child care.

Far from acting in accordance with rational self-interest, these women voiced distinctly moral understandings about the best course to take in ensuring the welfare of their children. When they talked about making the 'right' decision about child care, they were talking about what they deemed to be morally right in terms of the best interests of their children and their families. The process in which they were engaged as they made decisions about care was clearly not a matter of conscious, explicit agency, but rather was one that was integrated into their everyday lives and based on particular cultural and social understandings. This became clear during the initial interviews when at first neither the women nor I were able to perceive the process of decision making that had already begun. However, as women began to share their understandings of child care, it quickly became evident that they were very much engaged in a decision-making process that had not been visible initially because it was not overt, structured, or intentional. This is not to suggest that women did not have agency in their decision making about child care, but rather that this agency was expressed through the gendered moral rationalities underlying their decisions.

To the extent that motherhood and child care have been privatized, attention has been diverted from the need for collective solutions to child care needs. Critiques of current child care policy in liberal welfare states (in particular, the US, Canada, and the UK) have emphasized the need for child care to be recast as a public good and, thus, as a collective responsibility of society (England 1996, Gormley 1995, Luxton 1997, Michel 1999). The question of whether child care should be regarded as a

universal right and granted broad public support continues to provoke controversy. Efforts to frame child care as a common good have been compared with similar struggles in the past with regard to public education and health care (England 1996, Hill 1987).<sup>7</sup> Although child care has not acquired the broad legitimacy accorded to education and health care, a number of writers pointed to evidence that society is moving toward defining child care as a common good with advantages not only for children and parents, but also for society as a whole (England 1996, Gormley 1995, Truelove 1996). However, the context in which child care is beginning to gain broader credibility is one in which there is a growing emphasis on the importance of early intellectual and social development, with the result that the boundaries between child care and education are becoming increasingly blurred (England 1996, Friendly 1994, Morrison 1989). Thus, the impetus for defining child care as a public issue has little to do with supporting women and families by ensuring accessible, affordable, high-quality non-parental care. Rather, it is linked to efforts to redefine preschool care in terms of early intervention and structured learning opportunities.

Baker (1999) has noted that "the political act of siting the location of the boundary between the public and private spheres has profound public policy significance" (p. 13). In Canadian social policy, this boundary has been located such that child care is defined as a private choice of individual families rather than as a social good. In contrast, some countries have framed motherhood and child rearing in less individualistic terms and have elected to view child care as serving the interests of society as a whole. In this respect, Sweden stands out as having made the most significant public policy commitment to child care, supported by an extensive set of policies focused on parental leave and flexible working hours (England 1996, Fincher 1996, Randall 1999). A number of feminist scholars have argued that such a degree of state intervention in the lives of women and families is not without its drawbacks, particularly given that state policies have been heavily influenced by patriarchal ideology (Baker 1999, Duffy et al. 1989). However, as Randall has responded, it could be argued that "*without* a strong 'philosophy of public intervention', . . . the prospects for public provision of child day care, and by extension for other redistributive policies that help women to transcend the confines of the public-private divide, are distinctly bleak" (p. 131; emphasis in original).

Women who are called upon to make decisions about child care are by no means a homogenous group as regards social characteristics. It is important, therefore, to consider the implications of social, economic, and cultural diversity for the experience of decision making. As indicated in Chapter Three, diversity within the study sample was limited both by the study design and by the realities of using a self-

selected sampling framework. Thus, it is important to reiterate that this study examined the experiences of a particular set of women who cannot be seen as representative of the diversity of Canadian women who use non-parental child care. All of the women were Canadian born, white, and married to or in long-term relationships with men who were employed. Most had strong attachments to the labour force, and a relatively high proportion were in professional and managerial positions. Although they were relatively diverse in terms of economic and social circumstances, overall, these women were well-educated and articulate. Moreover, they were confident in sharing their experiences and perspectives in the context of a research study. Positioned as they were, we might expect these particular women to be most comfortable and confident being situated as decision-making agents seeking non-parental child care. Yet by and large, this was not how they experienced the process of looking for, deciding about, and using child care. On the contrary, they found the experience to be highly stressful and fraught with difficulties. This finding is particularly significant for women positioned differently as regards these particular social characteristics. It points to the likelihood that women in more marginalized positions in society and with fewer resources to draw on will experience decision making about child care as even more difficult and challenging. Indeed, this study demonstrates some of the ways in which social and economic circumstances impinge on women's child care decisions. In doing so, it reinforces the need for further research that takes account of the ways in which diverse social, economic, and cultural factors circumscribe women's decision making about paid work and child care.

#### **IMPLICATIONS OF THE LEARNING**

This research offers learning about an increasingly common experience in the lives of Canadian women: that of looking for and making decisions about child care. In part, the value of such learning is in what it reveals about the everyday realities of women's lives, about the similar issues that women face in combining work and family, and about how they come to decisions about child care and employment that represent the best solutions under the circumstances. Equally important are the broader implications of the learning for social reform, policy development, and issues of practice.

This study clearly demonstrates that the situation that women face in thinking about, looking for, and making decisions about child care is complex and problematic. Women's accounts shed light on the nature and extent of the difficulties that women experience in finding care that is acceptable and offer insights into the ideological and political forces underlying these difficulties. Given the complexity of the overall

context within which women make decisions about child care, it is unlikely that any simple solutions to these problems will be found.

### **The Need for Social Change**

As this study demonstrates, the unequal sharing of responsibility for child care between men and women continues to be a pressing issue. Large-scale transformation of women's work and family patterns appears to have had little impact on social norms that define child care as the purview of women. Despite indications of movement toward more egalitarian beliefs and sharing of domestic tasks, there is no evidence to suggest that men have taken on more than minimal responsibility for looking for, deciding about, arranging, and maintaining child care. Although child care in two-parent families is needed because both parents are employed, it is primarily women's lives rather than men's that are impacted by this necessity. The burden of responsibility for finding and maintaining acceptable care imposes significant costs for women in terms of the worry and strain it adds to their lives as well as the work that it entails. Moreover, whereas men rarely organize their paid work to accommodate child care needs, women frequently do so. The fragmented and episodic nature of women's employment that results from efforts to combine paid work and motherhood has been shown to have serious long-term consequences for women's employment opportunities and economic well-being (Joshi and Paci 1998, Medjuck et al. 1992).

Clearly, there is a need for men to become more substantially engaged in all aspects of child care, sharing not only the tasks of caring but, more significantly, the responsibility for the planning and management of child care. Women in this study have indicated that the considerable strain and sense of isolation that they experienced in looking for and deciding about child care would have been greatly reduced had their husbands been more willing to share in the responsibility for finding safe and appropriate care. The problem lies in trying to determine how to change deeply ingrained patterns such that responsibility for child care is more evenly distributed between women and men. Efforts toward this end would clearly need to be multifaceted and oriented toward challenging existing ideologies and social structures that rigidly maintain women's primary responsibility for child care.

Measures that are aimed toward 'normalizing' the involvement of men in child care are key to shifting current patterns. As bell hooks has pointed out, "men will not share equally in parenting until they are taught, ideally from childhood on, that fatherhood has the same meaning and significance as motherhood" (1984, p. 137). For change of such magnitude to occur, we need to thoroughly examine, challenge, and

revise dominant ideologies of motherhood and gender roles. From a more short-term perspective, existing channels such as prenatal classes, postnatal clinics, and information for parents on how to choose child care could have an impact on encouraging fathers to play a more extensive role in making child care decisions. In addition, child care providers could be more intentional in their efforts to include fathers in child care decisions as well as in ongoing participation in the child care setting. However, it is unlikely that any measures will have a significant impact on increasing men's responsibility for child care as long as the care of children remains devalued in our society.

As will be discussed below, workplace restructuring and parental leave policies are needed if we are to increase the participation of fathers in the care of children. Research too has a critical part to play in redressing imbalances between women and men with respect to responsibility for child care. The great majority of child care research has been firmly grounded in a mother-care paradigm (Pence 1989, Silverstein 1991), with the result that the impacts of fathers' lack of involvement in child care have been overlooked. As Silverstein has pointed out, it is time to transform the research agenda on child care to "elucidate the need for social reforms" (1991, p. 1031), including the need for greater parental investment on the part of fathers.

The considerable difficulties that women face in combining family and paid work, and particularly in finding and maintaining appropriate child care, clearly cannot be resolved through individual efforts alone. Only through social change on a broad scale can current notions of gender, family, and work be challenged and the social problems associated with them be effectively addressed. However, as long as issues relating to women's work and family lives continue to be framed as private issues to be resolved by individual families, the social, political, and economic dimensions of these issues will be obscured. Prevailing beliefs about family, gender, and motherhood promote ideals of family privacy and define child care as the responsibility of individual families. Yet, the rhetoric of family privacy and responsibility masks the reality that, in practice, moral imperatives about the care of children apply almost exclusively to women.

Although child care is prominent as a social issue, it is much less visible as a concern of central importance to a majority of parents. It is not surprising, therefore, that women frame child care primarily as a personal issue for which they seek individualized solutions (Gee 2000). Women's accounts draw attention to the virtual absence of media or other representations that reflect the realities of looking for appropriate child care or that depict child care in other than negative terms. This suggests a need for child care to be made more visible as an everyday concern for

parents. Efforts are needed to counteract the predominantly negative media accounts of child care and to 'normalize' the challenges that women face in finding appropriate care.

The rigid division between private and public has had the effect of hindering our understanding of caregiving as being situated in both private and public spheres. Because it has been equated with motherhood and the private sphere, caregiving typically has not been defined as work and has been accorded little or no value relative to work in the public sphere. As Luxton (1997b) has noted, until society recognizes and responds to child care as socially essential labour, women will continue to face profound contradictions concerning the care of children. One of the many consequences of our failure to define the care of children as socially and economically valuable work is the inadequate pay and poor working conditions of child care providers. In turn, the conditions of work for women who provide child care translate into high rates of turnover and overall lower quality of care (Doherty et al. 2000, Ferguson 1991). Women's interests in finding the best possible care for their children will be served only when caregiving is recognized as critically important work that is deserving of recognition.

### **Towards Policy Change**

Although by now it is clear that a majority of Canadian families will need access at some point to non-parental child care, federal and provincial governments have responded to this reality by reiterating their commitment to ideals of family privacy and responsibility and their confidence in market forces to provide care. The values promoted by the state in debates about child care are the liberal ideals of pluralism, diversity and choice. Thus, both federal and provincial policies in relation to the care of children reflect a consumer approach in which child care is viewed essentially as a marketplace commodity.<sup>8</sup> In justifying this approach, it is argued that leaving child care provision to the free market increases parents' choice of care. Similarly, tax measures and subsidies, which are the primary vehicles of child care funding in Canada, are represented as promoting family privacy and maximizing choice based on consumer preferences. However, promotion of parental choice has little relevance in the absence of policies that ensure an adequate supply of high quality care.

In a system driven by the values of consumer choice and market solutions, parents are deemed wholly responsible for determining the quality of child care chosen. This means that they are expected to be informed about standards of care, safety issues, and caregiver qualifications and to be able to effectively assess and monitor quality of care (Moss 1986, Varga 1997). As with other consumer choices, it

is reasoned that information is the key component needed for parents to make informed decisions. A lack of meaningful and relevant information about child care was clearly a problem for women in this study who were faced with making difficult decisions about care. Yet even when they had information on what to look for in child care, this information was of limited use in helping them to find appropriate care settings and to make judgements about child care placements. While there is no question that access to timely and relevant information is important, it is by no means the answer to the problems of child care. No amount of information will be effective in addressing the critical problems associated with the absence of an adequate system of accessible, high-quality child care. Nor is it reasonable to expect that parents should be responsible for finding quality care when measures that would ensure quality in child care settings do not exist.

Failure on the part of the state to develop policies that support universally accessible child care and enable women's equal participation in the labour force is, in itself, a form of policy. As long as government adheres to this policy of non-intervention in families, women will continue to face serious obstacles to combining motherhood and paid employment. If the goal of child care policy is to ensure an accessible system of high-quality care, the free market is not an effective tool (Doherty et al. 1998, Friendly 1994, Michel 1999). Moreover, until the state takes a more active role in the delivery of child care services, the goal of widespread access to safe and developmentally appropriate care for children will remain elusive.

What then is needed to ensure that children have access to non-parental child care that is safe and that fosters their emotional, social, and intellectual well-being? What is needed for parents to be confident that they can find safe and appropriate care settings where they can leave their children without worry? There are, of course, multiple answers to these questions. The interests of parents and children are best served when governments are willing to make a significant investment in child care. Above all, governments need to focus their efforts on developing a universal system of child care supported by substantial, well-directed public funding (Doherty et al. 1998, Friendly 1994, Lind and Prentice 1992). Among the essential elements of such a system are equitable access and affordability. In addition, it is imperative that the child care system be comprehensive and flexible to serve the needs of families for different types of care and to accommodate the contingencies of different work and family patterns.

Most important, there is a critical need for policies that promote and ensure quality in child care settings. Although women in this study raised a diversity of issues and concerns relative to child care, of paramount importance to them was

finding care that they could trust and in which they could leave their children without having to worry about their well-being. The main criteria that emerged in relation to trust were physical and emotional safety, emotional nurturance, and opportunities for appropriate development. Although they could not always articulate its dimensions, quality of care was clearly important to these women. Their anxieties and concerns about the safety and appropriateness of child care settings speak volumes about their perceptions of a system that fails to instill confidence about the quality of care.

As noted above, many women in this study voiced concerns about the difficulties that confronted them in judging and monitoring the quality of child care settings. They identified the need for some means of discerning indicators of quality. As Cleveland (1990) has noted, there are many factors that militate against parents being able to effectively assess child care quality. Women's concerns about how to discern quality reinforce the importance of a system in which child care is licensed and monitored on the basis of appropriately high standards. Research has firmly established that licensing and regulation are critical to quality of care (Doherty et al. 1998, Friendly 1994, Truelove 1996). Nevertheless, only a small proportion of child care settings in Canada are licensed. Care that is not only subject to standards but is also shown to meet those standards would go a long way toward reassuring mothers about the quality of care their children are receiving. Measures are needed that render the quality of care in non-familial child care settings more transparent. For example, Cleveland has called for regulatory policies that serve to "reduce the ability of day care centres to camouflage quality of services delivered" (1990, p. 101).

Efforts to improve the quality of child care environments must also include measures that address the underfunding and undervaluing of the work of child care. In the child care sector, persistently poor wages and working conditions act as disincentives to improving quality in that "underpaid, overburdened workers do not provide quality care to children" (Tom 1992/93). Until the work of caring for children is more adequately understood, acknowledged, and compensated, it is unlikely that the quality of child care in Canada will be significantly improved.

The concerns that women raised about quality of care need to be taken seriously. Such issues cannot be addressed by providing more information about child care, nor by promoting parental choice at the cost of ensuring quality. Research has clearly revealed the extent to which poor quality care exists in Canada and has documented both the benefits of good quality care and the long lasting negative impacts of care that is merely custodial (Cleveland 1990, Doherty et al. 1998). It is in the best interests of society as a whole to support a child care system that promotes the safety, well-being, and healthy development of children.



## **Reforming the Workplace**

If the problems that women encounter in integrating domestic and paid work are to be resolved, change is needed not only at a public policy level but also in the structures and practices of the workplace. Employment continues to be organized in ways that are not 'user friendly' for employees with family responsibilities (Gee 2000, Hardill et al. 1997). Although some employers have made an effort to adopt 'family-friendly' policies, such efforts have been greatly hampered by the patriarchal values underlying most work organizations. In her study of work-family programs in Canada, Hurst (1996) attributed the apparent lack of success of such programs to the extent to which family responsibilities continue to be defined as women's personal issues. It is incumbent on both government and industry to acknowledge and respond to women's and men's caregiving responsibilities and to adopt policies that would reduce the many barriers that working parents encounter. Change in workplace policies and practices must be based on the knowledge that women make a critical contribution to the economy through both paid employment and domestic labour.

In calling for a restructuring of the workplace, many writers have pointed to the need for greater job flexibility to allow opportunities for job sharing, part-time work, flex time, compressed work weeks, and other alternatives that increase choices both for women and for men (Brannen and Moss 1991, Gee 2000, Joshi and Paci 1998). In concert with more generous provisions for paid leaves, these measures would go a long way towards alleviating conflicts between work and family. However, there is a need for caution in promoting these options as solutions to the problems of combining domestic and paid labour. In particular, part-time work should not be viewed as a panacea for the difficulties that women face in combining paid employment with motherhood. Many women are already exploited in part-time jobs that offer poor pay, few benefits, and little security. Moreover, part-time work is a form of hidden unemployment or underemployment for involuntary part-time workers (Duffy et al. 1989, Medjuck et al. 1992). For part-time work to truly represent a solution, it needs to be secure, permanent, and adequately paid, and to offer the benefits associated with full-time work.

There have also been calls for employers to respond to the family responsibilities of their employees by providing workplace child care. While care provided under the auspices of the workplace may be an appropriate solution for some parents, there are significant problems associated with framing child care as a responsibility of employers (Brennan 1994, Michel 1999). For one thing, economies of scale mean that access to such care would be greatly restricted. Workplace child

care also raises questions about the extent to which employees dependent on this type of care become vulnerable to increased employer control and to the vicissitudes of the labour market (England 1996, Michel 1999, Ungerson 1990). Moreover, there is no reason to expect that in providing child care services, employers would be driven by a desire to provide high-quality care or to pay child care workers appropriately. Moss (1992, as cited in Brennan 1994) summed up the critical issue underlying workplace child care when he questioned whether child care services are not more appropriately viewed as representing a basic right of citizenship for parents and children rather than being seen as an occupational benefit extending only to those workers who have access to such services.

Finally, there is a pressing need for governments and employers to work together to develop legislation that restructures and expands maternity, parental, and other family-leave provisions. A system of universal, well-paid maternity, paternity, and parental leave with job protection is essential for women's equality in the labour force. Access to more generous maternity and paternity leave would also help to alleviate the pressure and anxiety that so many women feel in looking for and deciding about care for very young children and may result in decreasing the ambivalence that women feel about returning to work.

This study has demonstrated the complexity of women's child care decisions and has reinforced the importance of seeking a deeper understanding of how and why women make decisions about the care of their children. In taking into account the context in which women make decisions about child care, the research has highlighted the interconnectedness of women's work and family decisions. As long as the labour force participation of mothers remains at current levels (and there is no reason to suppose that it will decrease), child care will continue to be an urgent concern for women and families and a critical issue for research and policy development. As Silverstein (1991) has emphasized, there is a need for the central focus of child care research to be transformed to more accurately reflect the realities facing women and families. Interpretive frameworks for understanding women's decisions need to take into account women's agency in shaping their own lives as well as the social, political, and economic forces that act as constraints on decisions.

**ENDNOTES**

1. This refers to research undertaken in Canada, the US, and the UK.
2. Although, as noted in Chapter Five, some women who used care by family members did minimally explore the possibility of other types of care.
3. Not only is this true with regard to market care, but women who used care by family members also indicated that such care involved some compromises.
4. Women's perspectives differed primarily with respect to day care and family day homes. Their views were largely in accord as far as nannies were concerned. As indicated in Chapter Five, care by a nanny was not considered seriously by any of the women in this study.
5. Non-parental care was more likely to be defined as substitute care by women who were planning to use full-time care.
6. Ribbens, McCarthy, and Edwards (2002) have proposed that the distinction between public and private be understood as different 'ways of being in the world' (see also Ribbens 1994).
7. This is also true to some extent with regard to nursery provision for the children of 'disadvantaged' families (see Wrigley 1990).
8. Provincial policies vary in the extent to which this comment applies to them. However, this is very much the case with regard to child care policy in Alberta.

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**APPENDIX 1    LABOUR FORCE PARTICIPATION OF MOTHERS**

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**Table 1.1**

**Labour Force Participation Rates of Mothers with Children 0-15 Years, Canada, 1975 to 1999,**  
**Selected Years**

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Age of Youngest Child	1975	1984	1994	1999
Under 3	31.2%	51.5%	63.1%	67.9%
3-5	40.0%	56.9%	67.4%	70.7%
6-15	48.2%	64.4%	76.8%	73.1%

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Sources:

Statistics Canada Catalogue 71-001

Statistics Canada. Women in Canada: 2000. Catalogue no. 89-503-XPE. Ottawa.

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**APPENDIX 2      INTERVIEW MATERIAL**

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**a. Research Description/Request for Participants****RESEARCH ON WOMEN'S DECISION MAKING ABOUT CHILD CARE****INFORMATION FOR POTENTIAL PARTICIPANTS**

My name is Barbara Sykes and I am doing research toward a Ph.D. at the London School of Economics and Political Science. My research is concerned with women's decision making about child care. Although we know quite a bit about the variety of arrangements that parents make for child care, we know very little about how they arrive at their decisions. To better understand these child care choices, I will be interviewing about thirty women who are involved in looking for and deciding about child care over the next year.

I am interested in interviewing women who are pregnant with their first child and who intend to return to work or school within the six month period following the birth of their baby. I will be interviewing each participant three or four times over the course of about one year. Each interview will take about one to one and a half hours and will be carried out in a private place arranged for the convenience of the participant. I would prefer to audio-tape the interviews but will do so only with the permission of participants. The tapes and interview notes will be for my use only and will not be made available to any other persons.

The interviews will be completely confidential. Although I plan to publish the results, there will be no way that the information can be linked with study participants. All participants will be free to withdraw from the study at any time.

Your participation in this study will provide important information that will contribute to our understanding of decision making about child care. If you are interested in participating or would like further information about the study, please give me a call at 988-6102 (my home number in Edmonton) or write to me at the address below:

Barbara Sykes

11255 - 73 Ave.  
Edmonton T6G 0C7

## **b. Conversation Topics for Interviews**

### **WOMEN'S DECISION MAKING ABOUT CHILD CARE**

#### **FIRST INTERVIEW - AREAS OF INTEREST**

##### **The Research**

1. Brief description of the research
2. What participation involves
3. Confidentiality
4. Feedback to me
5. Participant's questions and comments

##### **Specific Information**

1. Due date
2. Marital status and partner's name
3. Length of relationship/marriage
4. Respondent's age
5. Respondent's occupation
6. Respondent's education
7. Respondent's income
8. Partner's age
9. Partner's occupation
10. Partner's education
11. Partner's income

##### **Conversation Topics**

- Having a child
- Parenting
- Job/career - self and partner
- Child care
- Relationship with partner
- Family and social networks

## CONVERSATION TOPICS – FIRST INTERVIEW

### Having a Child

1. Decision making regarding childbearing
2. Feeling/reactions about having a child
3. Anticipated effects on marriage/lifestyle
4. Future plans/probabilities regarding childbearing

### Employment/career - Self and partner

1. Description of work
2. Length of time in job
3. Hours of work and travel to and from work
4. Job satisfaction - positive and negative aspects of work
5. Income and importance of income to household
6. Aspirations for future work role
7. Plans to resume work after baby is born - when and why
8. Feelings about resuming work and partner's feelings
9. Other options considered
10. The difference that staying at home would make
11. Maternity benefits available
12. Anticipated impacts of childbearing on future work role
13. Similar questions as relevant re: partner's work and education

### Experiences and Views Around Parenting and Child Care

1. Childhood experiences - general and child care
2. Mother's employment outside the home:
  - when
  - how much
  - type of work
  - reasons for working
  - mother's feelings/preferences
  - your feelings/preferences
3. Beliefs about parenting/mothering/child rearing and paid employment
4. Sources of beliefs and effects of childhood experiences
5. Knowledge/experience/opinions regarding child care and sources of knowledge
6. Understanding of "expert" opinions about child care

### Decisions About Child Care

1. Decisions/thoughts to date about child care arrangements - what and when
2. Ideal child care scenario and why
  - for you
  - for child
  - for partner
  - same or different
3. Actions taken to date
  - discussions with partner/family/friends/co-workers
  - reading material
  - phone calls
  - visits
4. Roles and responsibilities of self and partner in decisions
  - frequency/timing of discussions
  - who initiates
  - nature of partner's input
  - who should have responsibility/make decisions
  - nature of responsibility (payment of fees/emergencies/transport)

5. Important elements of child care
6. Advantages and disadvantages of different types of care
7. Perception of choice

**Relationship with Partner**

1. Length of relationship
2. Expectations regarding work and family
3. Distribution of household tasks
4. Finances and decision making in general

**Family and Social Networks**

1. Family members of self and partner- who and where
2. Nature of relationships with family members
3. Child care and work arrangements/views of siblings
4. Child care views of parents and in-laws
5. Friends- child care and work arrangements/views
6. Co-workers - child care and work arrangements/views
7. Interactions with others – example, health professionals
8. Importance of others' views

## **SECOND INTERVIEW - CONVERSATION TOPICS**

### **Changes in Circumstances Since First Interview**

#### **Having a Baby/Motherhood**

1. Date when baby born
2. The birth experience
3. Becoming a mother
4. Being a mother
  - image of self as mother
  - positive aspects of being a mother
  - negative aspects of being a mother
  - what has changed (relationships, social life etc.)
5. Caregiving within the family
  - division of child care tasks
  - congruency between partners regarding views on parenting
  - changes in patterns of household tasks
  - sharing care (relatives, babysitters)
6. Connections with mothers' groups or other mothers
7. Plans regarding future childbearing
8. Effects of work outside home on mothering
9. Being at home - positive and negative aspects

#### **Employment/Career**

1. Plans for returning to work
2. Reasons for returning and perceptions regarding options
3. What you miss about being at work/don't miss
4. Changes in view of career/job
5. Feelings about returning to work
6. Views of others about your returning
7. Aspirations for future employment and effect of children on this
8. Effect that staying home would have on your life
9. Effect of having a child on partner's work

#### **Childcare Search**

1. Sources of information/advice about childcare
2. Description of childcare search to date:
  - actions taken (information gathering, phone calls, visits, conversations)
  - timing of search activities
  - participation of partner
  - how child care is assessed
  - arrangements made, if any
  - perception of choice
3. What has been learned/discovered
4. Anticipated cost and implications of cost
5. Reasons for making particular decisions
6. Process of decision making – steps taken
7. Congruency between partners in assessing child care
8. Feelings about partner's involvement

### **THIRD INTERVIEW - CONVERSATION TOPICS**

#### **Changes in Circumstances Since Second Interview**

##### **Being Back at Work**

1. Feelings about decision to return
2. Feelings about being back at work
3. Perception of choice about returning

##### **Child Care Arrangements**

1. Arrangements made
  - description of arrangement
  - why chosen
  - process of search - actions taken
  - how care options were assessed
  - potential child care arrangements rejected and why
  - involvement of partner in making arrangements
2. Congruency with ideal child care scenario
3. Practicalities
  - taking and picking up child
  - costs
  - dealing with child care breakdown/illness of child or caregiver
4. Changes in arrangements to date
5. Long-term plans/thoughts about child care arrangements
  - what would bring about changes in arrangements

##### **How Child Care is Working**

1. Transition to using child care
  - thoughts/feelings about initially using child care
  - your reactions and child's reactions
  - changes in reactions
2. Extent to which care provider shares child rearing values
  - negotiating around differences
  - relationship with care provider
3. Satisfaction with care
  - positive aspects of care situation
  - negative aspects of care situation
4. Connections with the child care setting
  - visits/phone calls
5. Partner's views on how child care is working

##### **Summing Up the Childcare Situation**

1. Assessment of the child care search process
  - what was easy/difficult
  - what was expected/unexpected
  - what would have made it easier
2. Assessment of child care arrangement
  - congruency with ideal childcare scenario
  - what should be available



**Combining Employment and Motherhood**

1. Changes in how you view job/career
2. Others' reactions to your returning to work
3. Support from employer/co-workers for combined role
4. Coping with both work and motherhood
  - feelings
  - practical coping strategies

**Discussion of Respondent's Participation in the Research**

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**APPENDIX 3      INFORMATION ABOUT STUDY PARTICIPANTS**


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**TYPE OF EMPLOYMENT:**

Professional (includes managerial).....	14
Nonprofessional (manual/clerical) .....	11

**AGE OF WOMEN AT FIRST CONTACT**

20-24.....	5
25-29.....	10
30-34.....	5
35 and over.....	5

**ANNUAL HOUSEHOLD INCOME**

\$70,000 or more.....	5
\$60,000 - 69,000 .....	4
\$50,000 - 59,000 .....	6
\$40,000 - 49,000 .....	2
\$30,000 - 39,000 .....	6
\$20,000 - 29,000 .....	0
Less than \$20,000 .....	2
Average income: \$56,217.00	

**WOMEN'S EDUCATIONAL ATTAINMENT**

Less than high school .....	1
Completed high school .....	5
Vocational training/certificate .....	1
College level training (diploma).....	4
University degree.....	14

**WOMEN'S EMPLOYMENT STATUS PRIOR TO AND FOLLOWING MATERNITY LEAVE**

	Before maternity leave	After maternity leave
Full-time employment	21	13
Part-time employment	2	10
Full-time schooling	2	0
Not employed	0	2

**TYPE OF EMPLOYMENT OF HUSBANDS**

Professional	13
Nonprofessional	12

**EDUCATIONAL ATTAINMENT OF HUSBANDS**

Less than high school	4
Completed high school	7
Vocational training (certificate)	3
College level training (diploma)	1
University degree	10

**BRIEF DETAILS OF WOMEN WHO PARTICIPATED IN THE STUDY****NAME: DIANNE****AGE: 26 OCCUPATION: Public Sector Manager (Full time)****EDUCATION: University Degree INCOME: \$45,000****RETURNED TO WORK: Full time to same job after 8 months****HUSBAND: University Student/Teaching Assistant earning about \$20,000. University Degree****HOUSING: Living in own home (duplex) - paying a mortgage.****NAME: DARLENE****AGE: 29 OCCUPATION: Hair Stylist (Full time)****EDUCATION: High School Diploma INCOME: \$16,000****RETURNED TO WORK: Part time to same job after 6 months****HUSBAND: Warehouse Shipper/Receiver earning \$19,000. Has not completed High School.****HOUSING: Initially renting an apartment but moved to a single-family house - paying a mortgage (held by her parents).****NAME: SUSAN****AGE: 26 OCCUPATION: Retail Manager (Full time)****EDUCATION: University Degree INCOME: \$30,000****RETURNED TO WORK: Full time to same job after 5 months – changed job before third interview****HUSBAND: Golf Pro (seasonal) and other jobs earning about \$26,000. High School Diploma****HOUSING: Living in own single-family house - paying a mortgage.****NAME: MARIE****AGE: 30 OCCUPATION: Nurse (Full time)****EDUCATION: College Diploma (RN) INCOME: \$32,000****RETURNED TO WORK: Full time to same job after 10 months****HUSBAND: Engineer earning \$40,000. University Degree****HOUSING: Initially renting an apartment but moved to a single-family house - paying a mortgage.****NAME: SHEILA****AGE: 29 OCCUPATION: School Teacher (Full time)****EDUCATION: University Degree INCOME: \$34,000****RETURNED TO WORK: Full time to same job after 9 months****HUSBAND: Self-employed Builder earning about \$23,000. High School Diploma****HOUSING: Living in own single-family house - paying a mortgage.**

**NAME:** DENISE

**AGE:** 28 **OCCUPATION:** Day Care Worker (Full time)

**EDUCATION:** College Diploma **INCOME:** \$22,000

**RETURNED TO WORK:** Full time to same job after 6 months

**HUSBAND:** Business Owner earning about \$20,000. Vocational Certificate in Plumbing/Pipefitting

**HOUSING:** Living in own single-family house - paying a mortgage.

**NAME:** LEANNE

**AGE:** 35 **OCCUPATION:** University Professor (Full time)

**EDUCATION:** University Degree (PhD) **INCOME:** \$50,000

**RETURNED TO WORK:** Full time to same job after 8 months

**HUSBAND:** University Lecturer (contract position) earning \$28,000. University Degree (PhD)

**HOUSING:** Living in own single-family house – paying a mortgage.

**NAME:** SARAH

**AGE:** 30 **OCCUPATION:** Substitute teacher (Part time)

**EDUCATION:** University Degree **INCOME:** \$23,000

**RETURNED TO WORK:** Part time to same job after 6 months

**HUSBAND:** Law Student with only scholarships as income. University Degree

**HOUSING:** Living in own single-family house – paying a mortgage.

**NAME:** KERI

**AGE:** 35 **OCCUPATION:** Secretary (Full time)

**EDUCATION:** High School Diploma **INCOME:** \$22,000

**RETURNED TO WORK:** Full time to same job after 6 months

**HUSBAND:** Computer Programmer earning \$38,000. University Degree.

**HOUSING:** Living in own single-family house – paying a mortgage.

**NAME:** LINDA

**AGE:** 35 **OCCUPATION:** Occupational therapist (Part time)

**EDUCATION:** University Degree **INCOME:** \$35,000

**RETURNED TO WORK:** Part time to same job after 12 months

**HUSBAND:** Self-employed Agricultural Engineer earning \$30,000. University Degree

**HOUSING:** Living in own single-family house with no mortgage.

**NAME:** ALICE

**AGE:** 22 **OCCUPATION:** University Student (Full time)

**EDUCATION:** University Degree completed during study **INCOME:** Cannot be determined (combination of student loans, earned income and parental support varied over course of study)

**RETURNED TO WORK:** Part time work (retail sales) and practicum placement after 6 months - finished placement and changed jobs (working as Play Assistant) before third interview.

**HUSBAND:** Self-employed Financial Consultant earning about \$15,000. High School Diploma

**HOUSING:** Living in a rental apartment.

**NAME: REBECCA**

**AGE: 26 OCCUPATION: Cook (Full time)**

**EDUCATION: High School Diploma INCOME: \$17,000**

**RETURNED TO WORK: Full time (part time as cook and full time as family day home provider) after 7 months**

**HUSBAND: Sales Clerk earning \$26,000. Has not completed High School**

**HOUSING: Living in own single-family house – paying a mortgage.**

**NAME: BONNIE**

**AGE: 29 OCCUPATION: School Teacher (Full time)**

**EDUCATION: University Degree INCOME: \$39,000**

**RETURNED TO WORK: Part time to same job after 12 months**

**HUSBAND: School Teacher earning \$36,000. University Degree**

**HOUSING: Living in own single-family house – paying a mortgage.**

**NAME: PENNY**

**AGE: 29 OCCUPATION: School Teacher (Full time)**

**EDUCATION: University Degree INCOME: \$32,000**

**RETURNED TO WORK: Full time to same job after 14 months**

**HUSBAND: Plumber earning about \$24,000. Vocational Certificate**

**HOUSING: Living in own single-family house – paying a mortgage.**

**NAME: JOYCE**

**AGE: 29 OCCUPATION: Data entry clerk (Full time)**

**EDUCATION: High School Diploma INCOME: \$24,000**

**RETURNED TO WORK: Full time to different job in same organization after 5 months**

**HUSBAND: Hair Stylist (part-time) earning about \$6,000. High School Diploma**

**HOUSING: Living in own single-family house – paying a mortgage.**

**NAME: JOCELYN**

**AGE: 39 OCCUPATION: Public Health Dental Consultant (Full time)**

**EDUCATION: University courses (degree incomplete) INCOME: \$48,000**

**RETURNED TO WORK: Part time to same job after 9 months**

**HUSBAND: Dentist earning \$52,000. University Degree**

**HOUSING: Living in own single-family house – paying a mortgage.**

**NAME: MARLA**

**AGE: 32 OCCUPATION: Public Health Nurse (Full time)**

**EDUCATION: University Degree INCOME: \$37,000**

**RETURNED TO WORK: Part time to same job after 7 months**

**HUSBAND: Business Owner (restaurants). Earnings not indicated. University Degree**

**HOUSING: Living in own single-family house – paying a mortgage.**

**NAME: NORMA**

**AGE: 20 OCCUPATION: Student (Full-time in aesthetics)**

**EDUCATION: High School Diploma INCOME: \$10,000 (as cashier)**

**RETURNED TO WORK: Full time as retail cashier after 5 months**

**HUSBAND: Production Line Worker earning about \$15,000. Has not completed High School**

**HOUSING: Living in a rental apartment.**

**NAME: VERONICA**

**AGE: 33 OCCUPATION: Occupational Therapist (Full time)**

**EDUCATION: University Degree INCOME: \$49,000**

**RETURNED TO WORK: Part time to same job after 9 months**

**HUSBAND: Graphic Artist earning \$40,000. Vocational Certificate**

**HOUSING: Living in own single-family house – paying a mortgage.**

**NAME: BETH**

**AGE: 37 OCCUPATION: School Teacher (Full time)**

**EDUCATION: University Degree INCOME: \$39,000**

**RETURNED TO WORK: Part time to same job after 8 months**

**HUSBAND: School Teacher earning \$49,000. University Degree**

**HOUSING: Living in own single-family house – paying a mortgage.**

**NAME: TRACY**

**AGE: 28 OCCUPATION: Rehabilitation Assistant (Full time)**

**EDUCATION: University Degree INCOME: \$19,000**

**RETURNED TO WORK: Full time to same job and part time to new job as community educator after 5 months**

**HUSBAND: Retail Owner (racquet shop) earning about \$12,000. High School Diploma**

**HOUSING: Living in own single-family house – paying a mortgage.**

**NAME: LOUISE**

**AGE: 24 OCCUPATION: Corrections Officer (Full time)**

**EDUCATION: College Diploma INCOME: \$24,000**

**RETURNED TO WORK: Full time to same job after 1 month**

**HUSBAND: Corrections Officer earning \$ 36,000. College Diploma**

**HOUSING: Living in own single-family house – paying a mortgage.**

**NAME: SANDRA**

**AGE: 32 OCCUPATION: Office Clerk (Full time)**

**EDUCATION: High School Diploma INCOME: \$23,000**

**RETURNED TO WORK: Full time to same job after 8 months**

**HUSBAND: City Road Worker earning \$29,000. High School Diploma**

**HOUSING: Living in own single-family house – paying a mortgage.**

**NAME: JUNE**

**AGE: 24 OCCUPATION: Mail Clerk**

**EDUCATION: High School Diploma INCOME: \$16,000**

**RETURNED TO WORK: Decided not to return to work**

**HUSBAND: Armed Forces Mechanic earning \$25,000. Has not completed High School**

**HOUSING: Living in rented duplex on Armed Forces base.**

**NAME: CAROL**

**AGE: 24 OCCUPATION: Course Scheduler/Clerk**

**EDUCATION: High School Diploma INCOME: \$22,000**

**RETURNED TO WORK: Laid off during maternity leave**

**HUSBAND: Caretaker and Musician earning \$26,000. High School Diploma**

**HOUSING: Living in own single-family house – paying a mortgage.**

## CONTENTS OF THE META-NARRATIVE

### Woman's Personal Information:

- Name
- Age
- Occupation
- Education
- Income
- Length of time married (or in relationship)

### Husband's Personal Information:

- Name
- Age
- Occupation
- Income
- Hours of work
- Work conditions (e.g. flexibility, security, change during study)

### Woman's Employment Information:

- Hours of work
- Length of time in position
- Employment conditions (e.g. flexibility, security, opportunity for advancement)
- View of work/reasons for working
- Importance of earnings to household income
  
- Planned changes in employment on resuming work
- Planned changes in work hours on resuming work
  
- Actual changes in employment on resuming work
- Actual changes in work hours on resuming work

### Maternity Leave:

- Maternity leave provisions (e.g. timing, pay)
- Planned time on maternity leave
- Actual time on maternity leave
- Age of child when mother resumed work

### Childhood Experiences Relevant to Child Care:

- Whether mother worked outside home
- Care other than parental care: who, when, how often?

### Social Networks:

- Nature of social network (e.g. relatives, friends with children)
- Availability of family and friends as caregivers



**Child Care Choice:**

- Preferences/possibilities as of first interview
- Preferences/possibilities as of second interview
- Outcome (initial arrangements made)
  - location
  - cost
  - numbers of children
  - reasons given for choice
- Changes in arrangements as of third interview
- Satisfaction with arrangements

**Child Care Search:**

- Search activity as of first interview
- Search activity as of second interview
- Search process summarized:
  - inquiries made (e.g. friends, new mothers' groups, day home agencies)
  - conversations
  - preparation (e.g. reading, checklist)
  - telephone calls/screening
  - visits to potential placements
  - assessing care options
  - timing of search
  - sources of information
- Involvement of husband in search for care

**Use of Child Care:**

- Taking child to and from care
- Relationship with caregiver(s)
- Negotiating around disagreements

**Household Work**

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**APPENDIX 4    CONTEXTUAL INFORMATION: WOMEN IN CANADA**


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**Table 4.1****Distribution of Employment by Occupation and Sex, for Canada, 1994**

Occupation	Women	Men
Managerial	7.9%	12.0%
Professional	25.8%	19.6%
Clerical and administrative	26.4%	7.3%
Sales and service	31.2%	19.9%
Trades, transport, and construction	1.7%	25.0%
Primary, processing, and manufacturing	6.9%	16.2%

Source:

Statistics Canada. Women in Canada: 2000. Catalogue no. 89-503-XPE. Ottawa.**Table 4.2****Educational Attainment by Age and Sex, for Canada, 1996**

Educational Attainment	People Aged			
	20-24		25-44	
	Women	Men	Women	Men
Less than high school	16.0%	21.5%	19.1%	22.2%
High school graduate	13.1%	17.2%	17.0%	14.0%
Trade certificate/diploma	6.1%	7.9%	8.7%	15.2%
Some postsecondary	28.8%	29.2%	11.3%	11.0%
Postsecondary certificate/diploma	22.9%	15.7%	25.4%	19.2%
University degree	13.2%	8.6%	18.4%	18.4%

Source:

Statistics Canada. Women in Canada: 2000. Catalogue no. 89-503-XPE. Ottawa.

Table 4.3

**Annual Family Income of Husband-Wife Families with Wife in the Labour Force and No Children, Husbands Aged 25 to 44, 1990 and 1995**

Income Category	1990	1995
Less than \$20,000	5.8%	8.3%
\$20,000 to \$29,999	6.8%	8.4%
\$30,000 to \$39,999	10.6%	11.8%
\$40,000 to \$49,999	13.8%	14.3%
\$50,000 to \$59,999	15.6%	14.4%
\$60,000 to \$69,999	14.5%	12.7%
\$70,000 and over	32.9%	30.0%
Average income	\$61,905	\$58,867

Source:

Statistics Canada. Women in Canada: 2000. Catalogue no. 89-503-XPE. Ottawa.

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**APPENDIX 5      CHILD CARE ARRANGEMENTS OF CANADIAN FAMILIES**


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**Table 5.1****Number of Child Care Arrangements for Children Under Age 6, in Canada and Alberta, 1988**

Number of Arrangements	Canada	Alberta
Two or more arrangements	47.8%	49.8%
One arrangement	50.3%	48.7%
No arrangements <sup>1</sup>	1.9%	--

**Table 5.2****Primary Care Arrangements Used While Parent Worked or Studied, for Children Under Age 6, for Canada and Alberta, 1988**

Type of Arrangement	Canada	Alberta
Care by spouse/partner	18.3%	20.6%
Relative	18.6%	14.8%
Non-relative in child's home	8.9%	5.8%
Family day home care (licensed/unlicensed)	24.0%	19.8%
Regulated group care (day care)	17.3%	21.3%
Care by parent at work	10.7%	15.7%
No arrangement <sup>1</sup>	1.9%	--

Table 5.3

**Primary Care Arrangements Used While Parent Worked or Studied by 1987 Combined Parental Income for Children Under Age 6, 1988**

Type of Arrangement	Canada		Alberta	
	Up to \$35,000	\$35,000+	Up to \$35,000	\$35,000+
Regulated group care	16.2%	18.0%	23.7%	19.6%
Non-relative in child's home	6.6%	10.4%	--	6.1%
Relative	21.5%	16.7%	16.5%	13.5%
Family day home	20.6%	26.2%	15.4%	22.9%
Spouse/partner	18.7%	18.0%	17.6%	22.7%
Parent at work	14.6%	8.1%	18.9%	13.5%
No arrangements <sup>1</sup>	1.5%	2.2%	--	--

<sup>1</sup>Not explained in document.

Source of above tables:

Statistics Canada. (1997). Canadian National Child Care Study: Shared Diversity: An Interprovincial Report on Child Care in Canada. Catalogue no. 89-536-XPE, Ottawa.

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**APPENDIX 6     INTENTIONS AND DECISIONS OF STUDY PARTICIPANTS**


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**Table 6.1****Child Care Preferences and Decisions**

Name	Preference for Type of Care*	Types of Care Considered	Availability of Care by Relatives	Child Care Arrangement Made
Dianne	FDH	FDH	No	FDH
Darlene	Relative	Relative, FDH	Yes	Relative (cousin)
Susan	Relative	Relative, FDH	Yes	Relative (aunt)
Marie	DC	DC, FDH	No	DC
Sheila	FDH	FDH, DC	No	FDH
Denise	DC	DC, FDH	Yes	FDH
Leanne	Husband	Husband, DC, FDH	No	FDH
Sarah	DC	DC	No	DC
Keri	DC	DC	No	DC
Linda	Husband	Husband, relative, FDH	Yes	Relative (sister-in-law)
Alice	FDH	FDH, DC, relative	Yes	Combination including shift work (self, husband, relative)
Rebecca	DC	DC, FDH	No	Shift work (self and husband)
Bonnie	FDH	FDH, DC	No	DC
Penny	FDH	FDH	No	FDH
Joyce	FDH	FDH	No	FDH
Jocelyn	FDH	FDH	No	FDH
Marla	FDH	FDH	Yes	FDH
Norma	FDH	FDH, DC	No	DC
Veronica	Husband	Husband, FDH	No	Shift work (self and husband)
Beth	FDH	FDH	No	FDH
Tracy	DC	DC, FDH	No	Combination including shift work (self, husband, relatives, friends)
Louise	Relative	Relative, FDH, DC	Yes	Relative (mother)
Sandra	FDH	FDH	No	FDH
Carol	FDH	FDH, DC	No	Did not return to work
June	FDH	FDH	No	Did not return to work

\*Preferences from among types of care available as of first interview.

Table 6.2

Maternity Leave, Maternity Benefits, and Work Hours

Name	Intended Length of Maternity Leave	Actual Length of Maternity Leave	Access to Maternity Benefits*	Preferred Work Hours on Return	Actual Work Hours on Return
Dianne	8 mo.	8 mo.	EI plus enhanced benefits (24 wks)	Full-time	Full-time
Darlene	6	6	EI plus EB (6 wks)	Part-time	Part-time
Susan	5	5	EI plus EB (8 wks)	Full-time	Full-time
Marie	10	10	EI only	Full-time	Full-time
Sheila	9	9	EI plus EB (17 wks)	Part-time	Full-time
Denise	6	6	EI only	Full-time	Full-time
Leanne	3	3	EI plus EB (12 wks)	Full-time	Full-time
Sarah	6	6	EI only	Part-time	Part-time
Keri	6	6	EI plus EB (12 wks)	Full-time	Full-time
Linda	7	11	EI plus EB (6 wks)	Part-time	Part-time
Alice	4	7	No benefits	Full-time	Part-time
Rebecca	8	7	No benefits	Part-time	Full-time
Bonnie	5	12	EI plus EB	Part-time	Part-time
Penny	6	12	EI plus EB (17 wks)	Part-time	Full-time
Joyce	8	5	EI only	Part-time	Full-time
Jocelyn	8	9	EI plus EB (6 wks)	Part-time	Part-time
Marla	7	7	EI plus EB (12 wks)	Part-time	Part-time
Norma	Undetermined	5	No benefits	Part-time	Full-time
Veronica	9	9	EI plus EB (8 wks)	Part-time	Part-time
Beth	8	8	EI plus EB (17 wks)	Part-time	Part-time
Tracy	5	5	EI only	Full-time	Part-time

*(table continues)*

Name	Intended Length of Maternity Leave	Actual Length of Maternity Leave	Access to Maternity Benefits*	Preferred Work Hours on Return	Actual Work Hours on Return
Louise	7	1	EI only	Full-time	Full-time
Sandra	8	8	EI plus EB (6 wks)	Full-time	Full-time
Carol	7	Did not return	EI plus EB (6 wks)	--	--
June	6	Did not return	EI plus EB (6 wks)	--	--

\*Based on what women understood to be their maternity leave entitlements.