SHARING CARE OF YOUNG CHILDREN

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"L'enfance est la vie d'une bête" – (Bossuet, cited in Aries, 1971)

"Three is a delightful age" – (Gesell, 1951)
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I hereby declare that this thesis has been composed by myself and that the work referred to therein is my own work.
ABSTRACT

Interviews were carried out with 73 two-parent families with a 3 year old child living in two contrasting areas of Edinburgh. Parents were asked about sharing care, namely circumstances when their child had been looked after by someone other than themselves. Distinctive patterns and processes were identified which were related to broader social relationships and to parental beliefs and attitudes.

Significantly more middle class than working class parents shared care frequently amongst a large carer set, which often included several non-kin. The sequences of care for many middle class children paralleled developments of parental befriending and social interaction. These showed progressive localisation and formalisation. In comparison, most working class parents relied much more exclusively on kin for care support even when their close relatives did not live nearby. Usually there appeared to be less intimacy with other nearby parents of young children. These class dissimilarities were partly explicable in terms of geographical mobility and network composition and contacts. However, just as important were contrasts in boundaries of trust and imposition with regard to different categories of people.

Different patterns of shared care were compatible with similar values about the importance of family life and the need to avoid emotional harm to the child. However, those families who shared care more readily emphasised the benefits of independence for their child
and the entitlement of mothers to have autonomous activities in the daytime. Commonly parents relaxed their restrictiveness about sharing care for a second child. There was some evidence that those children who had been more used to staying apart from parents were more adaptable than others. In both classes, a minority of families were consistently very reluctant to share care. Many of these had children who were shy and tended to react poorly to actual or potential separations from both parents. Conversely, there were some families where both parents worked long hours, so that there was frequent use of a close relative or a paid carer. Other couples arranged for the mother to work at times when the father was home, so that in many cases sharing care with others for this purpose was deliberately avoided.

Notwithstanding the diversity of shared care patterns and parental attitudes, there was a broadly accepted norm about the desirability of some kind of group experience for children from at least the age of 3. This rested on a near universal perception of children's social needs and impulses in a modern, urban environment.
NOTES

1. References in the text to books, articles or papers are given as follows:-
   (Author, Year of Publication)
   e.g. (Smith, 1979)
   When there is a quotation from a work of reference, then the page number is indicated too:-
   e.g. (Smith, 1979 p.16)
   An initial is given if confusion may arise with regard to authors who have the same surname (e.g. P.Smith, 1979). When more than one reference is cited at the same time, these are given in alphabetical order which sometimes differs from the date order. Full details of all references are given in the bibliography. Some organisations with long names are specified in the text by their initials only, such as E.O.C. and C.P.R.S. Their complete names are placed at the beginning of the bibliography.

2. In the interests of clarity, details of statistical associations are not recorded fully in the text. Instead, the significance level of the particular correlation or cross-tabulation is given. For simplicity, five bands of significance levels have been used, i.e. :-
   p<0.1   a suggestive relationship
   p<0.05  a significant relationship
   p<0.02  a significant relationship
   p<0.01  a highly significant relationship
   p<0.001 a highly significant relationship
3. Underlining is used for titles and bold type is employed to emphasise particular words or phrases. Quotation marks are used for the following:—
   a. A verbatim excerpt from a book or article
   b. A verbatim excerpt from an interview
   c. A key concept which is being introduced or a term which is applied in a special sense (e.g. "local", "protective")

   The context should make clear which purpose applies. Brackets within a quotation indicate that part of what was said has been omitted or summarised for the sake of brevity or clarity. Brief quotations are kept in the main text, but generally those which are longer than one sentence are indented with single line spacing.

4. Tables in the text are referred to by a dual number which indicates the Chapter to which the table applies and its order within that chapter. For instance, Table 4-2 is the second table of Chapter Four. In addition, there are a number of tables placed in Appendix 5, because they are longer or less essential to the understanding of the text. These are numbered in sequence of appearance in the text and an "A" at the front shows that they are in the Appendix, i.e. A1, A2, A3, etc.
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Chapter One

INTRODUCTION

Most very young children in our society are with one or both of their parents for most of the time. In particular they are usually looked after by their mothers considerably more than by anyone else (Lawson & Ingleby, 1974). It is also a widely held view that this is the best arrangement for children. Much research attention has therefore been devoted to the mother-infant relationship and to wide deviations from care of children performed mainly by their mothers, as in institutions. Surprisingly little is known about the more intermediate range of situations where children living at home with their parents are cared for by other people. Often "home-reared" children have been seen as a unitary group in contrast to others in residential or day care (Moore, 1975). In fact such children may experience a diversity of non-parental care with varied persons, purposes, frequencies, timing and implications.

This study set out to investigate such kinds of care as experienced by some families living in two different parts of Edinburgh. The term "shared care" is used to refer to any situation in which a child who lives with his or her parents is looked after by someone other than the parents for any reason. "Sharing care" then comprises the processes involved in such arrangements. P. Smith (1980) has used the same terminology independently. This wording is preferred to the more commonly used day care or child care. These have occasionally been defined in a similar broad way (e.g. G.H.S., 1979; Roby, 1973a), but have mostly been applied in practice to only certain forms of lengthy and
officially regulated care such as nurseries and childminding. Moreover, shared care includes evening and overnight care as well as daytime care. Some writers have employed the phrase "shared care" to refer to the sharing of responsibilities between a family and an institution, organisation or government agency sometimes in relation to dependent adults as well as children (R.Parker, 1981), but here sharing will be taken to mean the involvement of any kind of individual or group of people in the care of children. The term is to be seen as a sensitising concept (Blumer, 1954; Bulmer, 1979), because it not only serves to delimit the field of analysis, but also calls for exploration of the content and boundaries of the concept itself.

A differentiation may be made for some purposes between external sharing care (by people other than the parents) and internal sharing (between the parents). The primary concern of this study is with externally shared care, although the relation between this and internal sharing is an important one, for they can perform similar functions. External sharing may include care by relatives, friends, neighbours, babysitters and paid minders, as well as those forms of care normally considered in day care studies, where children are looked after in groups, such as nurseries, nursery schools and playgroups. Appendix 1 gives detailed definitions of these terms. The word carer will be used to designate any person who is responsible for a child when both the parents are not there. It is preferred to "caretaker", i.e. "someone with whom a child may be left, at times alone" (P.Smith, 1980 p. 371), because this could include someone looking after the child whilst a parent is still around. The increasingly common expression "caregiver" is a broader term which indicates
anyone looking after a child including the parents (Lewis & Rosenblum, 1974b). Indeed sometimes "caregiver" functions simply as a device to avoid the presumption that the mother is always the main person in charge of a child.

McIntyre (1979) has made a useful distinction between tackling a subject as a social problem (that is according to the existing concerns of some or most parts of society) and approaching it as a sociological problem (in order to determine what may be of theoretical importance in the relevant social relationships). For the most part day care has been studied from a social problem standpoint and has concentrated on testing lay views about a narrow range of difficulties which non-parental care has been thought to cause or alleviate. In this study a more sociological perspective has been adopted in order to help understand more broadly how differing forms of shared care develop and have consequences for families. This understanding may in turn have implications for the perceptions of and reactions to certain social problems. Shared care will be examined, whatever its ostensible purpose, to see how it is influenced over time by the experiences and relationships of families and in turn influences them. The beliefs and values of parents are seen as crucial in this interchange. It will be a major theme that parents, policy makers and researchers often operate with a similar range of ideas and practices. They are part of the same society whose pluralism of definitions and values affects how they all perceive and react to early childhood.
This research aimed to identify differing patterns and processes of shared care in the everyday life of ordinary families and to relate this developmentally to the families' internal and external relationships. Care arrangements may be differentiated according to many aspects, such as their timing, duration, location and cost. Before a child starts school, the parents make a number of choices about the extent and nature of sharing care. These choices can be related or unrelated, deliberate or casual. Decisions not to share care or to change or stop a particular arrangement may be as important as initiating shared care. The processes which lead to and follow from differing patterns of shared care are to be seen as interactive in two senses. Firstly, they are part of the general transactions which take place between family members and other people. Secondly, there is an interplay among many factors influencing care arrangements. These may be consciously taken into account, be taken for granted or operate unperceived.

This approach differs from most perspectives on day care in that it recognises changes with time; acknowledges the reciprocal influences between care arrangements and a family's internal and external relationships; and does not centre on institutional care or care for the children of working mothers, but considers these as part of a spectrum or sequence of possible care forms. Although the study is about children in relation to people other than parents, it is also concerned with certain features of parenthood itself. Not only was the information obtained by parents, but sharing care was predominantly arranged by them. Furthermore, patterns of non-parental care resemble photographic negatives of the extent of
It will be suggested that shared care has significance in several directions, but this should not be exaggerated. For much of recent history, early childhood has been considered to be of cardinal importance for the future outcomes of individual personality and adjustment on the one hand or the acquisition of social norms and the maintenance of social order on the other hand (e.g. Erikson, 1965; Mead, 1934; Parsons & Bales, 1956). The first few years of life have not always appeared so crucial and lately there has been a certain redressing of the balance towards recognition that subsequent experience can be very important in confirming, complementing or reversing earlier trends (Clarke & Clarke, 1976; Sameroff, 1976b). Therefore, it would be unwise to suggest that care patterns in the first period of life are necessarily more important than what comes afterwards, but they may constitute an important part of formative experience. Sharing care has consequences for the adults concerned too. In a broad sense, the transition to parenthood has a fairly uniform response. Usually internal sharing occurs by which mothers stop work during pregnancy and assume the main responsibility for initial care of babies (Mackie & Patullo, 1977). However, there is a wide range of ways in which families shift away from this arrangement. The manner in which care is then distributed among mother, father, network members, group facilities or others may have important social and psychological consequences for the child and the family. Most discussion has centred on possible emotional harm or benefit to the child or mother, but other kinds of result also need to be considered, like the implications
for social interaction and relationships. Sharing care can be an aspect of support to young mothers who are sometimes vulnerable to stress (Gavron, 1966; Richman, 1978). It also signifies opportunities for parents to participate in employment, social and other activities. This reflects how people differ in the way they define, accept or alter various constraints on them as parents. The dependence of infants has a special meaning at a time when there is an active debate about the extent of kin support, the effects of the separation of home and workplace, women's opportunities for more full participation in employment and society and the role of the state in the socialisation of children.

Shared care also represents the intersection of a number of interested parties and spheres of activity. These include network and neighbourhood members; the worlds of work, education and welfare; central and local government; and different professional groups. Representatives of each of these often have differing assumptions, obligations, needs and rights. Sharing care offers an example of the comparative, and at times combinatory, functions of natural support networks, and public, private and voluntary services within the community (Caplan & Killilea, 1976). Class and sex divisions are strongly in evidence. Elizabeth Wilson stated "Feminism and socialism meet in the arena of the Welfare State...." (1977a, p.7) and these issues apply particularly to care of young children.

The understanding of shared care lies at the intersection of child development and primary relations, which have mostly been studied separately by (child) psychology and (family) sociology and anthropology. Only recently have there been attempts to link these two
aspects theoretically and to a lesser extent empirically (Cochran & Brassard, 1979; Lewis & Rosenblum, 1979). Early childhood has mostly been viewed in relation to parental and especially maternal influences (Lewis & Rosenblum, 1975). Other people have been seen as secondary both in importance and sequence, so that the child's relations with siblings and persons outside the family simultaneous with the period of early parenthood have been little explored. Sharing care may be a key moderator of socialisation for it is one element in the involvement of people outside the nuclear family in the child's upbringing and so of wider social influences on the child. As children grow older, the boundary between the family and society normally becomes more permeable. At five in Britain (though later in many other countries) there is an enforced external involvement by compulsory school attendance, but before then parents have considerable discretion in controlling the impact of outsiders. The extent and kind of sharing care is also closely linked, purposefully or incidentally, to the child's contacts with peers and children of other ages.

Within this broad backcloth are interwoven many detailed threads of policy, research and social theory which have affected the formulation of this study. For the sake of clarity the next three chapters seek to separate out the main strands as follows :-

1. Policy and practice - actual and proposed prescriptions concerning the responsibility for and arrangement of shared care.

2. Review of relevant research - empirical findings about how care is shared in different ways, and with what implications.
3. Theoretical framework of this study - the perspectives developed in the present project to investigate some of the policy issues and some of the gaps in empirical knowledge. The method devised for the study is then developed from the guidelines which all three chapters provide.
Chapter Two

ISSUES OF POLICY AND PRACTICE

It might seem logical to examine first what happens to children with regard to sharing care and then to consider what actions seem desirable in the light of that. Yet, as in many fields, prescriptions have often preceded rather than followed from systematic knowledge of existing needs and arrangements. This does not mean that those who have proposed, enacted, carried out or criticised policy have been uninformed, but often their bases of information have been partial. Therefore, it seems preferable to adumbrate first of all the main issues relevant to shared care and then to consider how far empirical research supports the particular assumptions and presumptions which underpin different stances on these issues. This account will treat together what Pinker (1971) called the "institutional" and "intellectual" aspects of social policy, i.e. both the activity of policy making/implementation and commentaries thereon.

Most policy discussion has looked at day care in the narrow sense of that which is officially provided or regulated. This occurs even when authors begin with definitions which embrace sharing care in its widest sense (e.g. Fein & Clarke-Stewart, 1973; J.Tizard, 1976). It is the aim of this study to place official care in the context of all shared care of whatever form. This fits with the broadening perspective which has occurred in the general domain of social policy. Initially, attention focused on what were seen as the largely benign actions of central government for the welfare of citizens, especially the poor and the needy (Marshall, 1970). It has become increasingly recognised that
governments may inhibit as well as promote services. Often the implementation of government enactments is by local delivery systems, which may be highly variable in their responses to permissive legislation. Furthermore, similar functions to those of direct public provision may be performed by other means (Sinfield, 1978; Titmuss, 1976). Therefore, it is important to consider the differential effects of the distribution and access to a wide range of resources and services relevant to sharing care. It is also necessary to look at how social policy alternatives are managed in public discussion, for certain options may be devalued or kept from the agenda altogether (Bachrach & Baratz, 1962; Lukes, 1974). Official policy often rests on implicit assumptions about the provision of services non-officially in the "community" (Land & Parker, 1978). Consequently it is pertinent to look at how far services fit with families' wishes and capacities to meet desired care arrangements from within their own networks and neighbourhoods (Barnes & Connolly, 1978; R.Parker, 1974).

FORMS OF SHARED CARE

Public provision

First of all we shall examine the development of services offered under the auspices of central and local government, and then consider the various other sectors which affect opportunities to share care. Several full historical accounts of official policy developments exist (e.g. J.Tizard et al., 1976; van der Eycken, 1977a), so here only a brief synopsis of the evolution of present care forms will be given to set the scene.
Since the Education Act, 1870, there has been a gradual solidification of the boundary between children above and below five years of age, such that a separate category of "pre-school children" is now widely recognised. Compulsory public intervention in the socialisation of the over fives is now taken for granted. In contrast, the period before compulsory schooling is generally seen as the preserve of parental responsibility. The last hundred years have witnessed a fluctuating negotiation in public debate about the extent to which communal participation in child care before the age of five can be regarded as legitimate, desirable or affordable. Government legislation and other policy documents have mostly been concerned with the extent and nature of publicly provided group care (See Appendix 2 for full details). Developments have often been secondary to broader child care or educational issues and prompted by dramatic incidents or short-term considerations rather than a long term perspective on the needs of families with young children (Kahn, 1966). The present organisation of official day care facilities reflects the inconsistent nature of its historical development. Day care has usually been a secondary concern attached by law to departments set up with other primary goals, ideologies and preferred organisational structures. At no time has there been a unitary framework for child care and education, as elsewhere (O.E.C.D., 1975). In Britain as in the U.S.A. this may be connected with the absence of an explicit family and/or preventive child care policy, unlike some West European and socialist countries.

Blackstone (1971) has identified two main strands of thought dominating the emergence of group care for the under fives. On the one hand, there has been a concern
to compensate poorer, mainly working class children for their disadvantages in life and to help prevent health or social problems. On the other hand, there has been a growing interest in supplementing the educational experience of ordinary families (Woodhead, 1976). This divided concern was confirmed in the legislation of 1918 and 1944-6, which segregated health and educational nurseries. Subsequently, the remaining day care responsibilities of health departments were passed to newly created social service departments, which themselves reflected consolidation of a view that social and emotional problems now merited their own public helping agencies (Brock, 1978; Innes, 1976). This has resulted in the separate functions and administrative structures of day nurseries and nursery schools (and classes). Day nurseries offer full day care from an early age, but this is available to very few, because of the limited distribution of facilities and the rationing of places to families with problems (C.P.R.S., 1978). Nursery schooling is more widespread, but has restrictions of hours and age of entry. The contrast between a minority who are deemed to "need" full day care (in day nurseries), and the majority who are thought to "want" part-time education (nursery schools) has been frequently reasserted (Watt, 1979).

Much of the academic and public debate has concerned day nurseries, but it is in fact the Education service which provides the majority of public pre-school care. Day nurseries have remained a small residual service resistant to pressures for expansion, except in Wartime (J.Tizard et al., 1976). Most places are reserved for children who are considered very disadvantaged or at risk. Nursery schooling has undergone an overall growth, but with recurrent spurts
and retrenchments (Whitbread, 1972). After the War, resources were mostly devoted to the over fives, so that the desire for widespread access to nursery schooling remained an "unfulfilled promise" (White Paper, 1972a). Then, following a period of consolidation and optimism concerning education in general, the time seemed ripe to redeem that promise. The 1967 Plowden Report recommended and the 1972 Government White Papers accepted the principle of nursery education places for all who wanted it, although not necessarily at the ages or for the hours which some parents would want it. After this, some real advances in provision were made (Halsey and Smith, 1976). Educational care has always proved more able to attract government support than day nursery care, because it is seen as a more legitimate institutional intervention. It appears to offer investment prospects in the next generation, has acquired acceptability by association with universal schooling after five and is less threatening to ideals of family responsibility. However, as in the 1920's and again in the 1930's, the brief expansion of nursery school places, mostly part-time, was followed by stabilisation well below targets (Penn, 1982; St.John-Brooks, 1980).

In contrast to the mandatory schooling of older children, group care for the under fives has resulted from legislation which has been permissive and ambiguous. The 1944 Education Act spoke of "having regard to the need of securing provision (for under fives) where the authority considers this expedient" (Plowden, 1967 p.97). In Scotland the Education Act of 1946 placed on Local Authorities a more specific duty to make "adequate and efficient provision" of nursery schooling. This was replaced by a discretionary power
in the 1980 Act which specifically excluded under fives from the education facilities that Local Authorities were obliged to provide. One consequence of the non-mandatory nature of pre-school provision has been "to shift the arena of decision to a lower level" (Rein, 1976 p.22). This has led to wide variations in the judgements made by local councillors and officials about the extent of need and the expediency of meeting it (Blackstone, 1971). A further effect has been greater vulnerability to cutbacks than is the case for obligatory public services.

The appropriate age at which nursery schooling should start has varied considerably, but has generally become higher and more rigid. It is seen as a matter for public fiat rather than parental judgement. In the 19th Century many under threes attended school (Whitbread, 1972). The Education Act in 1918 set the lower limit of entry to nursery school at 2 as did the Scottish Act of 1946. Otherwise in law and in practice the age of 3 has subsequently become confirmed as the appropriate starting age, as first recommended in the Hadcow Report (1933). Following the Plowden Report (1967) it briefly became official Government policy to provide a universal service on demand for children aged 3 and over. Thus, it was intended that parental choice would be paramount after 3, but not before.

The Non-public Sectors

Besides the public domain, Titmuss (1976) identified occupational and fiscal welfare as alternative systems of providing benefits to citizens. He also recognised the availability of services in the private economy which paralleled those provided communally. In the day
care field, it is necessary to recognise an additional voluntary and self-help category.

The shortfall in public provision has in part fostered the expansion of the voluntary sector. This has principally taken the form of playgroups developed either by mothers themselves or by organised groups and charities. Beginning as an attempt by parents to provide the pre-school experience the State was failing to offer, these have proliferated to become the most commonly used form of group care and to develop a distinctive identity and philosophy (van der Eycken, 1977a). The rapid expansion of the playgroup movement since the 1960's has been an unprecedented development of a self-help arrangement. It grew from nothing to national coverage within a decade. This is a striking example of people "organising themselves to deal with mutually recognised problems - the problems of people like us" (Abrams, 1978 p.102). At first, playgroups were set up as a temporary means of giving educational experience to children, which it was hoped would soon be elicited from the public sector. But once established, organisations rarely work towards their own replacement. A distinctive ideology evolved, which has become an alternative to nursery schooling rather than a substitute for it (Boss, 1973; Crowe, 1973; Keeley, 1968). To an early emphasis on learning through play has been added a unique contribution of promoting parental involvement in care, more social contacts in the community and greater skills among individuals (Denney, 1966). On the other hand, they have been criticised for their irrelevance for poorer families and working mothers, and for their lack of accountability to public authorities (T.U.C., 1977; van der Eycken, 1977a).
In the last decade a more radical form of self-help has developed in the form of community nurseries. These vary in form but are usually run partly or completely by groups of local parents. They offer full-day care for children from an early age and seek to provide a multi-purpose community resource (Sutton, 1981). Whereas playgroups largely follow prevailing social values, community nurseries seek to challenge professional exclusiveness, sex-typing and adult-child distinctions (A. Garvey, 1974; van der Eycken, 1977b).

The private sector comprises those forms of care provided for a cash profit. Very little is known about private nurseries, schools and playgroups, especially as they are not differentiated from voluntary playgroups in official records. Doubt has been expressed about the quality of care in some private nurseries given that the fees are too low to pay for adequate staffing (E.O.C., 1978). Apparently new private schools and classes have opened to meet demand as cutbacks in the public sector have occurred (M. Clark, 1979). There is some evidence that the rich gain early access to privileged education through private nursery schools, whereas poorer working mothers may have to use cheap nurseries with low standards of care (Boss, 1973; van der Eycken et al., 1979).

Out of home family day care (childminding) is the main form of full day care available outside existing social networks to children of all ages and with no rationing of access except by cost. From a parental viewpoint, minding often calls for a large percentage of income, but for the minder the fees provide small financial rewards for long hours without the usual employment benefits (Hannon, 1978; T.U.C., 1977).
Therefore, some are seeking to redefine minding as skilled work, entitled to better pay, training and contracts (Jackson & Jackson, 1979). The tradition of substitute care inside the family home among wealthy families, formerly represented by wet nurses and nannies, now appears in the guise of au pairs and children's nurses or helps. In contrast to childminding this is not regulated and has received little stigmatising publicity.

Occupational welfare refers to benefits and services provided by employers in addition to pay. Workplace nurseries can offer convenient day care at less than commercial rates to employees (Day, 1975). Compared with Eastern Europe and China, Britain has few such creches (less than 100) and these are mostly for the over twos (Grant, 1968; Herman & Komlosi, 1972; P.Moss, 1978; Various, 1973). This can be seen as a reflection of the insulation of the world of work dominated by men from the domestic consequences of employment. Work creches have been criticised for stressful journeys, isolation from home, "tied-cottage" effects, poor quality care, under-resourcing and separation from education (Jackson & Jackson, 1979; Stein, 1973). The continuation of individual creches may be uncertain owing to factors in the parent organisation which are unrelated to employees' child care requirements (Mottershead, 1978). But they can increase the amount of time that working parents spend with children and reduce travel (van der Eycken, 1978c). Hence some trades unions and the Institute of Personnel Management have supported them (Day, 1975; Kingsley, 1969). By and large occupational day care has not been a prominent theme in British policy discussions.
Perhaps even more crucial to shared care options is the extent of co-operation between employers and parents in organising their time to fit with child care needs. Employment Protection and Equal Opportunity Legislation have paid little heed to this, though this could be crucial to achieving the underlying objectives of greater equality for women. Job sharing and job twinning can give scope for parents' internal sharing in ways which are more equitable between mothers and fathers, but opportunities for this have mostly been confined to the self-employed and couples with the same profession (Arkin & Dobrowsky, 1978; Rapoport & Rapoport, 1976). Similar results could ensue more simply if both mothers and fathers could work part-time without loss of career opportunities or work benefits. Sweden has made steps towards that position (Karre, 1973; Lidestrom, 1978).

Fiscal welfare consists of the differential effects of taxation and allowances on certain recognised "needs" groups, such as those with dependents. Fiscal effects on child care are almost uncharted. Unlike the United States, in Britain child care expenses are not deductible from taxable income (E.O.C., 1979; Income & Corporation Taxes Act, 1970; Zigler & Gordon, 1982). If it were, this would accord more with an ideal of sharing responsibility for the extra expense of the next generation more broadly over society (Harris, 1974; Wynn, 1970). In fact families with resident caretakers have to pay their carer's tax and National Insurance contributions. Recipients of Supplementary Benefit may continue to receive income support if they work for less than 30 hours per week and then their child care expenses incurred in relation to their employment should be disregarded in the calculation of payments.
due to them (Allbeson & Douglas, 1982). There is a housekeeper allowance which can cover child care in special circumstances (e.g. for widowers). The amount paid is small (Land, 1979). On the other hand, families who do not share care for work reasons may be penalised financially. Couples in which both partners work pay considerably less tax than a couple on the same income but with the mother not working (Raphael, 1980).

**Public involvement in private arrangements**

Public involvement in shared care spans a continuum from total provision through regulation and support to complete non-interference. In the main, government policies have been premised upon minimal regulation of such extra-household care as childminding and playgroups and upon non-interference of either a negative or a positive kind in arrangements within the household or wider family. Nevertheless, the nature of those policies does entail implicit and sometimes explicit corollaries about non-official arrangements. The restrictions in public provision according to location, number of places, hours, and admission criteria is linked to a presumption that daytime care of children should be done chiefly by non-working mothers with such support from their network and voluntary or private arrangements as they wish or are able to obtain. Yet critics of Government policies have argued that there is much evidence of stress experienced by many mothers with sole or primary care responsibilities and this may have adverse effects on the children (Gittus, 1976; Hughes et al., 1980; Richman, 1976). The greater use of childminders than day nurseries, and of playgroups than nursery schools, illustrates that many parents seek and
find means of sharing care outside as well as within their informal networks and public facilities (Boyle, 1976; Jackson & Jackson, 1979). Constant care of young children by mothers cannot therefore be taken for granted as the "normal pattern" from which public care is an exceptional deviation. Therefore, many think that private and voluntary forms of care should be supported by, integrated with or replaced by public provision.

Before 1948 there was no official recognition of non-public arrangements. Prompted by scandals about the deaths of children cared for away from home, Local Authority supervision was then made obligatory for paid care outside the home. In 1968, this was extended to include all non-kin care outside the home for more than two hours, whether for payment or not (N.J. Smith, 1977). It was implicit that parents are able to choose and supervise effectively with regard to some forms of care (those within the extended family and in their own home) but not others. This derived from a respect for family relationships, practical difficulties in supervision and the fact that within-home care by non-kin was mainly confined to the wealthy. In practice, supervision of daytime care outside the home has been largely negative in nature and ineffectual (Jackson, 1975). More recent positive inducements to encourage improved minding by means of material and social supports have depended on piecemeal local initiatives (Emlen, 1974; Phillips, 1976). Long term informal approaches seem most useful in improving standards (Jackson & Jackson, 1979; N.E.R.S., 1976).

Playgroups are in many ways analogous to nursery schools, but have in fact been dealt with by the same legislation which applied to individual out-of-home care.
Consequently, they have been supervised by Health and then Social Work departments. The administrative separation from nursery schools and Education departments has perhaps facilitated the independence of the two care forms at the expense of co-ordination. The resulting somewhat fortuitous connection of playgroups to social work has encouraged some to emphasise the therapeutic and social service potential of playgroups (Crowe, 1973; K.Joseph, 1972). The associated regulations, which did not foresee this distinctive form of care, have similarly imposed conditions rather than offered assistance to playgroups. The early and middle 1970's saw some change from a regulatory to a more promotional stance by government departments, which gave encouragement for both minding and playgroups as apparently cheaper alternatives to public facilities (C.P.R.S., 1978). But effective support is not cheap (Willmott & Challis, 1977) and specific funds have not been allocated by central government.

**Convergence and integration?**

Evidently, there is a wide range of options for sharing care which are unevenly accessible. Availability can depend on family income, the age of the child, level of local provision or administrative/professional determination of need. This can be seen either as a healthy diversity of choice or a restrictive fragmentation of services. Partly out of some dissatisfaction with the lack of co-ordination, there has been a trend towards both a common range of functions offered by different services and closer co-operation between them. Functional convergence is illustrated by the attempts within all the care forms to provide a more comprehensive and skilled service.
For example, the levels of training for minders and playgroup leaders have improved. Some playgroups and nursery schools have extended their hours to cater for working mothers (Ferri, 1978; P.Moss, 1978). Closer administrative co-operation has been widely advocated too (Pringle & Naidoo, 1975). This may simply take the form of what Watt (1976) calls "interdependent functions", whereby the distinctive contributions of each care form are preserved within a framework of systematic coordination. The autonomy of individual groups may mean that communication at local level is less effective than policy makers urge (Halsey and Smith, 1976). Moreover, there are divergent pressures for nursery schooling to become more closely associated either "vertically" with education in general or "horizontally" with other facilities for under fives. A more fundamental change is to fuse services in combined centres (Hughes et al., 1980). Again the ideal can encounter difficulties in practice, especially because of the differing traditions, beliefs and work conditions of the staff. The divisions of aim and style in the treatment of children may persist within one building rather than be replaced by a new common approach (Ferri et al., 1981, 1982).

In the 1960's, the well established administrative division between education and day care was perpetuated in the Plowden and Seebohm Reports. But Government policy in the 1970's was to encourage departmental co-operation. Many commentators believe it would be best to allocate all pre-school care to one department (usually education), in order to provide a non-divisive service for all without stigma and with teaching input (Blackstone, 1973; E.O.C., 1978; T.U.C., 1977). Rodgers (1968) argued that unity within social services
departments would be preferable, because of "doubtful interest" for the under fives within the field of education. Challis (1980) has argued forcibly that organisational issues should be set aside whilst efforts are made to clarify agreed aims for day care. Unfortunately, views about what arrangements can or should be made for young children and their parents are so diverse, emotionally charged and at times incompatible that a clear consensus is improbable. We shall now examine some of these viewpoints.

THE IDEAS EMBODIED IN DAY CARE POLICY

Social and economic influences on policy

The present distribution of care between different sectors and families' own resources reflects a dynamic interplay of material and ideational pressures affecting the extent and forms of sharing care. This presentation will concentrate on the effects of prominent beliefs and values so that comparisons may be made with the views of consumers in this study. It must be emphasised beforehand, therefore, that this should not be taken to imply that demographic, economic and social factors have been unimportant in their influence on the present nature and distribution of care forms. Quite the opposite is the case. This can itself be seen to reflect particular values, such as the view that social provision is secondary to considerations of economic performance.

Fluctuations in the birth rates have led to variations in the size of age cohorts passing through the education systems. This influenced the allocation of resources between the under-fives and over-fives and
the per capita impact of additional resources (S.W.S.G., 1976; Osborn, 1981b). Changes in the length of the childbearing period have affected women's freedom to work (Moroney, 1976; P.Moss, 1980). The steady rise in the paid employment of mothers coupled with the concentration of most work opportunities outside the home has been widely perceived as a major pressure for more non-maternal care (e.g. Clarke-Stewart, 1982). Mothers of children under five have been most resistant to these trends, but decreasingly so. Roughly half of such mothers now work before their child's fifth birthday (Davie et al., 1972), although at any one time the majority are not engaged in paid employment (Bone, 1977). In the 1970’s there was a sharp rise in the proportion of those working, from one quarter to two in five. But the percentage of mothers with children under five who work full-time has remained static at 5-6% (P.Moss, 1976). All the increase has been in mothers of young children working part-time, though sometimes this involves longer hours than those of part-time group care.

The two World Wars have left a major imprint on official day care. Both witnessed a marked alteration in attitudes to women working and a corresponding willingness to expand group care places to facilitate this (Ferguson & Fitzgerald, 1954). On the other hand, Wartime insecurity and separations may have contributed to the subsequent emphasis on nuclear family attachments, mothers staying home and playgroups which minimised mother-child separation (Crowe, 1973; Fletcher, 1973; Heywood, 1973). Last but not least, the country's general economic performance has repeatedly led to reversals in group care expansion programmes (Ferguson & Fitzgerald, 1954; Social Trends,
1979b; Woodhead, 1976). This trend was paralleled in other countries (Kamerman and Kahn, 1978). The marginal value attached to extra-family pre-school care outside Wartime and the permissive nature of the legislation made it especially vulnerable to public expenditure restrictions. In the last decade, optimism about nursery school expansion has been replaced by government attention to "low-cost" alternatives (Hannon, 1978; van der Eycken, 1978b). Some have thought this may be a welcome trend by encouraging community care and parental responsibility which might otherwise languish (Patterson, 1972; Simey, 1976). In contrast, others have depicted such arguments as a mere rationalisation for financial stringency (J.Tizard, 1976). More fairly, it could be argued that conservative or radical ideas about public spending and family life tend to go together and be mutually supportive.

Blackstone (1971) argued that fundamental changes in industrial society have created demands for extra-family care institutions that have been resisted by traditional attitudes which developed under different circumstances. Discussion has therefore tended to crystallise around the relative merits and contributions of mother care and group care. There has been little consideration of broader actual or potential means of sharing care responsibilities. Policies which have ostensibly been concerned with the provision or limitation of public services have in fact often rested on untested assumptions about what happens or should happen with respect to the care of children in families and communities. Therefore, we shall examine how far policy has been affected by such ideas. Empirical evidence concerning how accurate these notions may be will be dealt with in the next chapter. Perceptions of
reality can be real in their policy effects whether they are accurate or not. Hardly any government actions with respect to pre-schooling have followed directly from research findings about children, families or parental preferences, although the Plowden Report is a notable exception. In any case, the selectivity, ambiguity or even contradictory nature of much relevant research permits divergent views to be supported. The views of theorists and advisers on child care and family life have often been conflicting and changeable (Clarke-Stewart, 1982; Hardyment, 1983; Rapoport et al., 1977). It may be that experts instigate changes in attitudes to child-rearing, especially among the middle class (Kohn, 1963). More probably theory and practice interweave in relation to shifts in the values and material circumstances of society.

**Views about young children and motherhood**

Just as in the 16th Century the development of specific institutions for children (i.e. schools) accompanied the emergence of a separate world of childhood (Aries, 1971), so in the 20th Century the exclusion of under fives from ordinary school settings has created a new category of pre-school children with their own institutions. In other societies and at other times children have commonly been seen as robust or capable of taking on simple responsibilities from an early age (Appendix 3). In present-day Western society it is more normal to perceive children under five as emotionally vulnerable, lacking in social capacities and tending to be cognitively egocentric, so that adjustment to group settings and different care environments is difficult (Clegg & Megson, 1973; Leach, 1979). Young children's tendency to play in solitary or parallel forms
(Johnson & Medinnus, 1969; Millar, 1968) has seemed to obviate the need for other children as companions. It has been asserted that a young child cannot accommodate two different environments, nor function normally in the absence of their mothers (Baers, 1954; Pringle, 1975; Schmutzler, 1976). Children have also been depicted as sources of fun and satisfaction. Their future progress is a justification for personal sacrifice (Busfield, 1974b; Wolfenstein, 1954). As a result any desire to spend time away from them may be considered as a personal defect — at least for women (Bronfenbrenner, 1972, 1974; Shipman, 1972).

These claims have been challenged as unfounded and as forming an erroneous ideological basis for limiting or criticising public day care services (Liegle, 1974; J.Tizard, 1976). Such critics of traditional wisdom put forward an alternative view that interaction with other children and with non-parent adults can enhance social and practical competence more than exclusive mothering (Fein & Clarke-Stewart, 1973; Lewis & Rosenblum, 1975). Ethologists have argued that the period between 1 and 3 years is a particularly important one for peer interactions, yet there is little opportunity for it in Western society (Blurton-Jones, 1974). Many years ago, Isaacs (1932) commended for all young children participation in an environment like that of a nursery school, which was adapted to their size and skills as few homes can be.

An essential part of modern ideas about children is that they pass through a series of discrete and discernible stages, which are qualitatively different from each other (Harter, 1973). An earlier view that invariant stages are little affected by experience
(Gesell, 1951) has given way to the belief that care arrangements should fit with children's differing sensitivity to emotional harm or cognitive benefit in particular phases of development. Psychoanalytic and ethological theory have been invoked to suggest that sharing care before 3 may do lasting damage (P. Morgan, 1974). Piaget's sequence of universal cognitive development has sometimes been interpreted to suggest that the inculcation of skills in group settings is inappropriate to the capacity for understanding of young children so that nursery education may be depicted as unnecessary, at least before the age of 3. This idea has been much criticised in the USSR and Hungary (Blanken, 1973; Hermann & Komlosi, 1972).

There is considerable merit in seeking to suit care arrangements to a particular child's evolving nature, but there are dangers in applying simple notions universally and rigidly. Policy makers have tended to make absolute age distinctions for group care, rather than leave this to the judgement of parents or others about the individual child's development. For most purposes group care is confined to the 3-5 age group, because younger children are thought to be unable to separate comfortably, play socially or learn formally (Plowden, 1967; Yudkin, 1967). Expert opinion in both the USA and the USSR recommends family care before 3 and group care later (Caldwell, 1973; Liegle, 1970). This indicates some general applicability of this age as a dividing line. However it has been said that to operate two different systems for the over threes (largely part-time) and for the under threes (mostly full-time for special children) is socially divisive and simply a device for economy (T.U.C., 1977). The children of the poor and dual worker families may be thereby denied
access to the best funded and trained service i.e. nursery schools (J.Tizard et al., 1976). In modern economies it is taken for granted that older children need more formal instruction separate from under fives. The resulting institutional discouragement of contacts between younger and older children may deprive both parties of modelling, role practice and breadth of experience (Hartup, 1978a; Konner, 1975)

Ideas about young children are closely associated with notions of good mothering, which Shorter (1976) considered to be "an invention of modernisation" (p.168). There has been a tendency to see a child's needs in terms of only a few of the possible functions required from caregivers. Nurturance and supervision have been emphasised more than play and exploration. Furthermore, such functions have been assumed to be best performed by just one person, namely the mother, rather than by a range of persons (Lewis & Feiring, 1978). In official day care pronouncements, attempts to exclude ordinary children from public groups has consistently been linked with admonitions that all young children should be at home and should be there with their mother (Ferguson & Fitzgerald, 1954; Hadow, 1933; Fonda, 1976). It has been noted that to confine mothers to the home is economically convenient and preserves jobs for men (Hughes et al., 1980; Murray, 1975). The relativity of apparent concern for the welfare of children is demonstrated by the fact that exemptions from the prescriptions about total mother care have been made in Wartime, for single parent households and when there have been specific labour shortages.
There has been frequent recourse made to expert accounts in order to legitimate prescription of near total mother care or condemnation of alternative care arrangements (e.g. Hassenstein, 1974; Schmutzler, 1976). Psycho-analysts have stressed the critical nature of early parent-child relations. A very close mother child bond has been seen as essential by itself for basic trust in others (Erikson, 1965; Maier, 1965; Wolff, 1969). Winnicott (1947a, 1947b) saw the role of other people as supporting mother's care of the child in infancy, rather than perhaps having a direct contribution to make to the child. In particular, the writings of Bowlby (1965) expressed and supported the ambient concern with motherhood in the 1950's and thereafter. His attachment theory has been used to support assertions that group care before the age of 3 would do permanent harm to children, to see entry to nursery school as a major crisis for the child and to oppose the extensions of public day care (Bannister, 1967; Plowden, 1967; Shinman, 1981; Stroud, 1972). Although Rutter (1978) suggested that these are unwarranted extensions of Bowlby's own conclusions, these did include declarations that a child needs an "ever-present companion" (Bowlby, 1965, p.61) and that there should be "only one person who steadily mothers him" (p.13) The implication was not simply that mothers' care is important, which few would quarrel with. It was also more contentiously portrayed as unique and exclusive. Care contributions by others were consequently depicted as signifying rejection and harm to the child and not as positive additions to the child's experience in their own right. The fact that Bowlby's ideas have received much more attention than those of his critics or of more measured accounts (e.g. Rutter, 1980a; Schaffer, 1971b) suggests that they resonate with deeply held values in
our society. Hardyment (1983) argues that this attitude is fairly recent and that before the 1930's there was no reference to considerations of maternal deprivation in relation to nursery schools and non-maternal care, whose usefulness from an early age was much more broadly accepted.

The supposition that child care should be exclusively the mother's task is linked to the idea that it is more generally only the concern of women. This idea has been increasingly questioned. It has been asserted that the "myth" of motherhood, by denying other people's responsibilities or potential contributions to young children, has been used collusively to divert attention from men (and their work) as it affects children (Crabtree, 1976; Green, 1976; Land, 1978). Moreover, it has hidden the fact that sharing care may achieve positive effects such as independence or less charged relationships with parents (Boyle, 1976; Willner, 1965). Traditionally, the best interests of mother and child were thought to coincide in the home (Leach, 1979). Reluctance to provide resources for group care has been repeatedly accompanied by recommendations that women though not men should stay home to look after young children (Coote & Hewitt, 1980; Fonda, 1976). Feminists have argued that on the contrary both mothers and children can benefit from extensive alternative experience (Hagen, 1973). For some this would only be possible if public day care were a full service available to all and not a welfare concession (Kerr, 1973; Wilson, 1977a). As yet it is not clear whether such ideas represent a vanguard of major change or an unrepresentative vocal minority. Pringle (1973) and Leach (1979) think feminists agitate rather than express maternal satisfaction, and that they purvey false
Portraits of children as boring or unfulfilling.

**Attitudes to the family and the State**

Policy in relation to sharing care often concerns the division of responsibility between the family and wider society as represented by Central and local government. Generally, the family is seen as a benign institution, so that controversy has mainly concerned its functions and strength. By contrast, attitudes towards the State and its services range from hostility through ambivalence to strong advocacy.

According to Busfield (1974a), the family is a locus of collective responsibility, whereas elsewhere in society autonomy and individuality are valued. This means that responsibility for dependents is readily assigned to families. Moroney (1976) showed that evidence can be adduced to support a whole range of assertions that the family is dissolving, anachronistic, changing, diversifying or in good health. Correspondingly, day care has been seen as a cure or a cause of family disruption (Fein & Clarke-Stewart, 1973). Many see the family as fragile and needing support for its few remaining functions like child care (Bannister, 1967; Lasch, 1977). But a few people see the family as stifling, so that sharing care can mitigate parental power over children (Greer, 1971; Safilios-Rothschild, 1973). Land and Parker (1978) have unravelled implicit models of the family within social policy thinking. Ideals of family privacy and kin obligation to care have been used to justify minimal intervention by society, except to buttress those unfortunate to be without a family. Within these models are assumptions about the centrality of family obligations in determining lifestyles.
of women, especially wives" and of the secondary importance of women's attachment to the labour market (Finch & Groves, 1980 p.501). Thus, community, family or parental responsibility often act as code phrases for women's duty. From this standpoint, the family is not necessarily unitary and in functional harmony as policy makers contend. The interests of mothers, fathers and children may not coincide (Morgan, 1975).

"Attitudes to what is public and what is private, to what is appropriate and what is inappropriate for governments to do, are deeply buried in cultural history" (Kamerman & Kahn, 1978, p.483). Government day care services have been regarded variously as supportive of parental fulfilment; the guarantor of good quality care; the basis of proper intellectual and linguistic development in the child and the prerequisite for wider parental choice (Rapoport et al., 1977; T.U.C., 1977). But others have seen State provision as undermining family responsibility and expropriating family functions (Lasch, 1977; Mount, 1982). Government Ministers have recently emphasised that nursery schooling should not detract or distract from parental responsibilities for their children (Coote & Hewitt, 1980; St.John-Brooks, 1981; Wicks, 1983). Leach (1979) claims that increasing centralisation and socialisation of child care provides organised control of children at the expense of individual mothering.

The boundaries between the family and the State with regard to responsibilities for young children can be set at a number of junctures, ranging from minimal communal involvement via sharing of functions to family replacement. Some people see communal approaches as in opposition to family centred child-rearing, so that
governments should provide only for the disadvantaged. Playgroups are supported, because they involve little disengagement of mother and child (Simey, 1976). Day care on demand is then seen as a threat to family care and mother responsibility. Alternatively, it has been said that to concentrate care responsibility on the family exploits women and buttresses male prerogatives as breadwinners (Land, 1973; Wilson, 1977b). Moreover, to leave some children to the vagaries of private arrangements may be damaging to some, so that society has a duty to intervene (Jackson & Jackson, 1979). The community may be seen as having a broader responsibility to invest in and safeguard the optimal development of children for its own future benefit (Gil, 1973; Wynn, 1970). Moreover, provision of group care on demand may be regarded not as taking away from the family, but as a form of partnership which gives the family autonomy in making its own child care decisions (Hawkes, 1978; Hughes et al., 1980; van der Eycken, 1977a). Public and family care can be viewed as complementary. In the last World War, "the nursery () was a contribution towards the feeling of mutual responsibility between government and family" (Ferguson & Fitzgerald, 1954, p.211).

The role of education before the age of 5

The early 20th Century saw a reaction against rigid instruction in pre-schools. Children under five were separated from the formal instruction of older children. Learning through exploratory play has become the dominant philosophy in nursery schools (Fein & Clarke-Stewart, 1973; Pringle & Naidoo, 1975). British pre-school educationalists in particular have emphasised children's self expression and been averse to structured
curricula (P. Smith, 1982). By the 1960's a growing middle class commitment to nursery education had emerged, partly as a means of helping children get ahead (Rapoport et al., 1977). It was apparently supported by research which suggested that children's intelligence was more malleable than had previously been thought and that the period before age 4 was especially vital for cognitive development (Chazan, 1973b). Chamboredon & Prevot (1973) describe how this trend developed from a redefinition of early childhood. This period came to be seen increasingly as within the area of interest of educationalists and thereby acquired as one of its central tasks learning through play. Besides lending support to the expansion of public nursery schools, this trend provided the fertile soil without which the playgroup movement, germinated by a letter to the Guardian, might never have blossomed (Crowe, 1973). At the same time this view of children has been associated with a functional division between the family (for child-care) and the state (for education), whereas both may have an important role in these two tasks which inevitably overlap.

At the same time, concern with educational disadvantage in poor areas combined with the "rediscovery of poverty" to create an atmosphere in which cognitive enrichment before five was seen as a means of dealing with educational and other handicaps of the poor, just as pre-school care had tackled the health needs of the poor in the past (D. Clark 1967; Plowden, 1967; Roby, 1973a). For many this was linked to an ideal of equalising pre-school experience for children from different backgrounds (Berfenstam & Olsson, 1973). There were expectations that special group care programmes could by themselves deal with
recurrent deprivations, but these hopes are now seen to have been excessive. As wider social and environmental influences on children remained the same, it is hardly surprising that pre-school education alone proved to have only a marginal impact. The relative ineffectiveness of these programmes could be used to excuse contraction, but it has been pointed out that pre-schooling should be cherished for its intrinsic short-terms merits regardless of any putative long-term educational benefits (B.Tizard, 1974; Watt, 1979).

Pre-school intervention was seen to be most effective when programmes actively engaged parents as well as children (Bronfenbrenner, 1974). Many mothers in the playgroup movement have also found satisfaction and inspiration, so that the idea that parental involvement in group care is a good thing has become widespread. It underlies the evaluation of many researchers (e.g. Ferri et al., 1981). In general, the goal has been to involve mothers and not fathers. However, different kinds of group care staff and policy makers have varying opinions about the extent and nature of desirable parental involvement (P.P.A., undated; Taylor et al., 1972).

CURRENT POLICY STANDPOINTS

Government policy has been sufficiently ambiguous or at odds with achievement that it has been easy for people with opposite viewpoints to feel aggrieved. For instance, Leach (1979) quoted official pronouncements to portray public policy as substituting full day care schemes for the parental responsibility which she thinks
the majority of people want. Conversely, Hughes et al. (1980) examine what has actually been provided and conclude that very little has been done to provide such comprehensive care, for which they in turn feel there is much demand. In order to summarise the various goals and attitudes espoused by both proponents and critics of Government policies, it is useful to draw on the outline made by Rein (1976) of three main frameworks for action which he discerned in social policy. These are differentiated according to their main target—individuals, institutions or power systems (See Table 2-1). Of course, particular policy statements or practical actions may combine elements of more than one framework. For instance, some institutional or public utility models do seek moderate social change in compensatory or preventive strategies. The three kinds of policy position will now be outlined.

The traditional "child welfare" view suggests that there are limited resources, which should therefore be devoted particularly to those in special circumstances (Chaplin, 1975; K.Joseph, 1972; Pringle & Naidoo, 1975). It is argued that mothers should be encouraged to look after children most of the time, although playgroups are acceptable for short periods after the child is aged 3 (Finch, 1982; Leach, 1979; Wilby, 1980). Values need to be changed in the sense that mother care should be de glamorised, but accorded high status as a vital function for society (Baers, 1954; Jenkin, cited in Coote & Hewitt, 1980). Fiscal welfare can help achieve this in the form of high child care allowances to enable mothers to stay home without financial strain. This already happens to a large extent in Eastern Europe (Ferge, 1973, 1978; Waite, 1980). Without such monetary input, there is a danger that individualist policies
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<tbody>
<tr>
<td>INDIVIDUALIST</td>
<td>Favours small-scale support by government to individuals deemed to be unable to cope. The majority are assumed to be able to make satisfactory arrangements individually.</td>
<td>(TRADITIONAL) CHILD WELFARE</td>
<td>Selective public day care services for the needy e.g. single parents, children at risk. &quot;Low-cost alternatives&quot; may be encouraged, too.</td>
</tr>
<tr>
<td>INSTITUTIONAL</td>
<td>Supports expansion of communal services, sometimes accompanied by changes in their form or administrative structures</td>
<td>PUBLIC UTILITY</td>
<td>Comprehensive public services available free on demand, particularly in the form of combined centres.</td>
</tr>
<tr>
<td>STRUCTURAL</td>
<td>Proposes basic transformation in the arrangements of people's influence and command over resources</td>
<td>RADICAL OR FEMINIST</td>
<td>Social changes in access to finance and care forms OR Redistribution of child care between women and men</td>
</tr>
</tbody>
</table>

Source: Adapted from Rein (1976)
result in families using less good care forms in order to increase their incomes or relieve mothers' dissatisfaction at home (J.Tizard et al., 1976).

In an "institutional" strategy, the aim is to achieve a level of public provision so that it would be available to all who want it without stigma (D.Watson, 1980). With respect to group care, it is normally envisaged that the service should be both universal (open to all free of charge) and comprehensive (offering a wide range of functions) (Hughes et al., 1980; Kadushin, 1970a; T.U.C., 1977). Felt need by parents would be the only criterion of access, rather than expert opinion or ability to pay (Fandetti, 1978; Holman, 1976). In particular, combined centres have been recommended. These are an example of "integrated community services, preventive in outlook and of high quality for all, irrespective of means, social class, occupation or ethnic group" (Titmuss, 1968 p.81) Ideally, they could meet different families' needs for education, recreation and social functions (van der Eycken, 1977a). Such institutional schemes would be costly. Undoubtedly high quality centres can offer excellent care, but some nurseries can be characterised by routinisation, high staff or student turnover, low levels of individual attention or isolation from the community. Therefore, some prefer childminding as an institution to be strengthened. Minding is likely to remain common whilst government parsimony prevails. More positively this form of care can give personalised care embedded in everyday life in the community (Davidson, 1970; Emlen, 1973). Likewise, support to playgroups and community nurseries could extend and stabilise their contribution of more intimate care arrangements and neighbourhood co-operation.
"Structural" strategies have typically been seen as redistributive between different income levels or social classes. In the context of shared care, reallocation between women and men is an equally pertinent consideration (P.Hall, 1979; Land, 1981). Group care has been perceived as a means of redistribution of resources and life-chances, either by freeing the poor to work or by educating them to improve their economic potential. Lately, it has been argued that it would be more effective to make direct cash transfers from the better off and childless to poorer families with children. This would not only give more financial benefit, but also widen the choice of recipients about their work and child care arrangements (Gil, 1969). Insofar as poverty may be seen as resource deficiencies which bar normal social participation (Townsend, 1979), redistribution of wealth and income would automatically alter patterns of free and forced choice in sharing care. The rich do not need to apply for day nursery places and the poor have neither the money nor the accommodation to consider employing carers in their own homes.

The individualist approach to the predominance of women in child care is to revalue mothering so that women are seen as equal in worth to men, but different. Structural change would confer on women equal and identical rights to those of men. This would mean that that "breadwinning is no longer a monopoly of men and homemaking no longer the monopoly of women" as Myrdal & Klein (1956 p.161) said nearly a generation ago. For some this necessitates an array of services such as day care centres, home makers, older children looking after younger children and mutual assistance between families (Bronfenbrenner, 1976;
Challis, 1974). This would be only superficially egalitarian if care was simply transferred from one set of women (mothers) to another set (female carers). If considerable numbers of mothers are to have genuinely equal access to work opportunities, then men will need to make a compensating shift in their commitments from work to home (Firestone, 1973). This could involve redistribution of workloads over the life-span, so that fathers of young children could spend more time with them (Lecoutre, 1976). The occupational sector would have to acknowledge costs to families involved in the home-work segregation, by adjusting work hours and time off to help meet children's needs (Moss & Fonda, 1980c). Swedish moves in this direction have demonstrated that "Family policy is brushing more and more against the structure of the job world" (Lijlestrom, 1978 p.46). These kinds of changes would only become likely if there were major changes in the socialisation and consequent attitudes of both sexes in relation to child care and expressiveness, especially at school and work (Karre, 1973; Rapoport & Rapoport, 1975).

CONCLUSIONS

Many individuals and groups in society with differing interests and power have been swayed by diverse economic, theoretical and ethical considerations to produce varied but unevenly available forms of care and a wide spectrum of possible policy directions. The development of policy depends at least as much on the strength of past and present influences as on quality of argument. Young children have no public voice. Women do the bulk of child care, yet policy is often much affected by men who perhaps have the least to
gain by change. It has been too readily assumed in the past that child care arrangements can be made within the family to the benefit of all without considering possible drawbacks to some family members, particularly mothers. Indeed it is interesting how readily policy-makers have jettisoned their normal assumptions that mothers of young children should stay home when economic or military circumstances have appeared to justify a different attitude.

Day care is normally perceived as a welfare service, so that it is vulnerable to counter-welfare ideologies (George & Wilding, 1976; R.Parker, 1974). Unlike education of the over fives where collective responsibility is now largely taken for granted, pre-school group care provision is based on a "precarious value" which does not enjoy general acceptance (B.Clark, 1956; Sinfield, 1980). Therefore it needs constantly to seek out support to maintain its position and may have to modify its goals in the process. Few disagree about the value of public care for children in aberrant or threatening family situations. There is much less concurrence about what kinds of contribution should be made by different types of people and agency to the care of children in more ordinary circumstances. Partly as a result, policy has often followed the minimum about which there is an apparent consensus. The assumptions about what people do or want to do and about possible beneficial, detrimental or neutral effects of different care arrangements need to be examined in the light of existing research findings. These are discussed in the next chapter.
Chapter Three
RESEARCH RELATING TO SHARED CARE

Introduction

Researchers, like policy makers and commentators, are also ordinary people with their lay understandings of people and society, as Garfinkel (1959) and Schutz (1972) among others have emphasised. Both academic and everyday concepts have their roots in the categories of social experience (Schwartz & Jacobs, 1979; C.Smith, 1979). Ordinary parents operate partially as imperfect "scientists", with their own ideas based on intuition, experience and generalisation about the nature of children, families and care. This review of research serves both to illuminate beliefs and imperatives which underly policy and to offer comparison with the views of parents as exemplified in this study.

It is convenient to deal separately with non-official and official shared care arrangements - the latter being that which is publicly provided or regulated (See Appendix 1). As with policy, much less is known about non-official than official forms of care, even though the former is much more important for the great majority of children under 3. Scant information exists about how the two forms of care relate to each other contemporaneously and longitudinally. Official care has been the subject of considerable applied research sponsored by central or local government, practice agencies and specialist research institutions. These mostly take the form of needs/usage/demand surveys of which the most comprehensive was the national study by Bone (1977). There have also been a few academic
studies which have sought to relate specific aspects of day care to more theoretical issues (e.g. Blackstone, 1971; Shinman, 1981; Watt, 1979). Information about non-official shared care is on the whole more indirect, as it has been dealt with in day care surveys only cursorily at best. "Most of the family sociological literature is not a developmental literature" (Hartup, 1978b p.29), so that references to shared care are largely disconnected and must be inferred from findings about parents' network relationships. Psychology has provided a wealth of detail about certain aspects of childhood, but these primarily reflect interest by society at large in the mother-child bond and possible deleterious effects of group care. References to such societal concerns frequently preface research reports (e.g. Moskowitz et al., 1979) and researchers have often expressed surprise or doubts about findings which appear to go against common beliefs about these issues (e.g. Caldwell et al., 1970). In the last decade, there have been attempts to rectify the preoccupation with infant interaction and group care effects, but this has been largely confined to considering the child's interactions with fathers, peers and siblings (Dunn & Kendrick, 1979; LaGaipa, 1981b; Lamb, 1978; Lynn, 1974). In the main, this has involved the addition of one other kind of relationship for consideration alongside that of the child with the mother, rather than an attempt to comprehend the multiple interactions of those concerned. The complexity and consequences of children's wider relations outside the nuclear family remain barely examined let alone understood (P.Smith, 1979).
THE NATURE OF SHARED CARE

Non-official care

First of all, we shall summarise the evidence from surveys which focus on non-parental care. In these very little notice has been paid to sharing care which does not take the form of a group unless it has been arranged for the sake of mothers' employment. It is often simply assumed that outside official arrangements children undergo exclusive home-rearing in which variations of care experience are negligible. Even Moore (1975) does this, despite his initial plea to take more account of the diversity of care patterns. Manning and Herrman (1981) exemplify a common assumption in stating that "For the three to five year old, nursery school usually represents the first step into the social world outside the family" (p.145). Yet from the few investigations which have asked parents about shared care within their networks it is clear that by the age of 2 most children have stayed away from their parents at some time. They are more likely to stay with relatives rather than parents' friends, especially for lengthier overnight care (Douglas & Blomfield, 1958; G.H.S., 1979). Sharing care seems to occur on average more often for middle class children than working class children and perhaps more frequently for boys than girls (G.H.S., 1979; Honey, 1973). However, information about why this occurs, how and with what results is very sketchy. For instance, the General Household Survey has recently (1979) extended its definition of day care to include any non-parental care, but the resulting records about care for reasons other than work are so vague that they have little meaning. A rare study of non-working mothers' arrangements by
A.Joseph (1974) found that most of them shared care to give themselves a break or to develop companionship and independence for their children.

Much more is known about arrangements made in families where the mother works. It has been a consistent preconception even among experts that official care (particularly childminding) is the "principal form of looking after children of working mothers" (Bruner, 1980 p.127). But all the evidence shows that when both parents work then care of the children by relatives and by parents themselves is consistently more common than either childminding or group care (Moss, 1976). Moreover, these forms of care are the main ones for part-time working mothers, who account for virtually all the recent increases in the numbers of working mothers (C.P.R.S., 1978; Moss, 1980). To compare different survey results about the arrangements of working mothers with young children is difficult, because of differences in the dates and location of the surveys and the lack of uniformity in categorising care arrangements (Table A1). Nevertheless, it seems that in the 1960's grandmothers and especially mothers' mothers were "indisputably the most popular mother-substitute" (Yudkin & Holme, 1963 p.54). Next most important were fathers (for part-time work), mothers' sisters and next door neighbours (Hunt, 1968; Thompson & Finlayson, 1963). By the 1970's, there are signs that care by fathers had become proportionately more widespread (Bone, 1977; C.H.E.S., undated). This is consistent with the increase in part-time work. Mothers with young children often show a preference for working in the evenings, so that care can be kept within the marriage (Fletcher, 1973; Jackson & Jackson, 1979). About one in ten working mothers are able to look after the child themselves.
(Honey, 1973; Hunt, 1968; Watt, 1976). One half of all working mothers with under fives have some kind of relative as their carer, but it seems that rather more than formerly are working while the child is at group care (Bone, 1977; Osbourne, 1975). Fewer than one in ten use minders, friends and neighbours (Moss, 1976). In spite of the presumed demise of the nanny (Tizard et al., 1976) there is evidence that a considerable proportion of managerial and professional families continue to have assistance with child care from female employees, who are mostly young, often living with them and only sometimes trained for the task (Eskola, 1973; Young & Willmott, 1973).

Given the paucity of information in day care studies about non-official sharing for other than work reasons, it is helpful to glean further details from social science research. Psychology, for all its pre-occupation with early childhood, has remained surprisingly silent about the extent and kind of non-maternal non-group care which occurs in the everyday life of families. What evidence there is points to low frequencies of external sharing in most families in the first 2-3 years of a child’s life. The Tizards (1971) reported that only one third of their sample of "home-reared" two year olds had been left with friends or relatives for significant occasions. Dunn and Kendrick (1982) found that half of their sample of working class children with frequent kin contact had been apart from their mothers less than monthly. Lewis et al. (1975) discovered that few children have regular playmates outside the family before they are 2.
The natural occurrence of shared care is referred to more often in the sociological/anthropological literature, albeit briefly. There has been a somewhat misconceived debate (Basham, 1978; Morgan, 1975), in which the common assertion that modern mobile nuclear families tend to be relatively more independent of kin support than at other times or in other cultures (Gibson, 1972; Parsons, 1949, 1955, 1965) has been countered by empirical evidence that in absolute terms kin provide substantial services (Sussman & Burchinal, 1962; Litwak, 1960a, 1960b). Fortunately for present purposes, this has yielded some details about who people turn to for help with everyday and crisis needs, including child care. It seems they look firstly to female kin, particularly maternal grandmothers (Rosser & Harris, 1965; Young & Willmott, 1957). Parents' siblings are used for care mainly in working class areas and sharing care with other types of relative is rare (B.Adams, 1970; Allan, 1979; Firth et al., 1969; Turner, 1969). Kin may be preferred to non-kin even when there is a stronger affective tie to friends, because there is less need for exact or immediate reciprocity to relatives (Firth, 1956). Working class families appear to use kin more for babysitting than most middle class families do, but are perhaps less able to maintain contacts at a distance or develop substitutes if kin are not available (B.Adams, 1971; Allan, 1979). There appear to be a small minority of families who do not like to ask relatives at times of need, because of feelings of self-reliance or mistrust (Schaffer & Schaffer, 1968).

In the classic British community studies of stable working class areas, neighbours were depicted as sharing common responsibilities for children as part of a patterns of intensive mutual aid. This disappeared when
people were rehoused to new housing estates (Harrington, 1965; Young & Willmott, 1957). Many of the "neighbours" in the original areas were in fact relatives who lived nearby, so that in the new environment people felt inhibited amongst non-kin neighbours they had not known before (Klein, 1965). Thus it seems that except in propitious circumstances care of children by neighbours who are not also relatives is not common (Fisher, 1981a; A.Mitchell, 1981). It has sometimes been inferred that middle class families' greater mobility attenuates assistance amongst neighbours (Harris, 1977). On the other hand, there is evidence that neighbours and friends in areas of high population turnover may develop mutual child care arrangements as one mechanism of social integration, particularly for non-locals with little other support (C.Bell, 1968; Whyte, 1960; Willmott & Young, 1960).

Much less attention has been given to the role of friends in family functioning. Friends appear to be less important for child care than either kin or neighbours. More middle class parents have friends as carers than working class parents (Allan, 1979; Gavron, 1966; Goldthorpe et al., 1969). Usually, only close friends are used (B.Adams, 1967). Incidental information indicates that babysitting circles and paid babysitters are also more prominent among middle class families and that working class families are generally less willing to trust non-kin as carers. On average, working class mothers seem to share care less often and have lower rates of social outings compared with most middle class mothers (Allan, 1979; Jarvie, 1975; Rushworth, 1968).
Although father care is nearly always much less than mother's care of children, it does seem to be preferred to external sharing by many families (Edgell, 1980; Hutton, 1975). Hard evidence is difficult to come by, but it appears that fathers' involvement in child care is on the increase (Beail & McGuire, 1982; Pedersen, 1980).

**Official shared care**

A number of surveys have documented demand, usage, motivations and evaluations with respect to official forms of care. For several reasons they are hard to compare in order to make generalisations or assess changes over time. The sample sizes and regions covered vary. The care forms and ages of children are differently grouped. Some refer to forms of care which are used or wanted at a particular point in time, whilst others include any usage during the first five years of a child's life. The numbers or percentages can relate to institutions or places, which are sometimes but not always differentiated into part-time and full-time. The "rising fives" in primary schools are sometimes included and sometimes omitted. Quite commonly, all regulated provision is lumped together to give a meaningless aggregation of day nurseries, childminders and playgroups, simply because all are supervised by Social Work Departments (e.g. Seed & Thomson, 1977). Hughes et al. (1979) deliberately extend the meaning of the word nursery to cover any form of day care, so that not surprisingly they find demand for "some form of nursery place" higher than most others. Similarly, Mackie & Patullo (1977) assume that all working mothers would prefer some kind of nursery place in order to work. Furthermore, interpretation
may fail to take account of institutional constraints. For instance, Stevenson and Ellis (1975) concluded that children who attend day nurseries travel further to get there and start at an earlier age than those at playgroup and nursery schools. This is hardly surprising, given that the latter are much more numerous but do not admit children below the age of two and a half.

In spite of these variations in procedure and classification, some definite trends are evident. About two thirds of all children will have attended some form of official group care at some point by the time they reach the age of five (van der Eycken et al., 1979). The attendance rate is lower at any fixed point in time when between one quarter and one third of children under five are estimated to have a place (Bone, 1977). Of these about one half go to a playgroup and most of the remainder to nursery school. The percentage of children attending nursery school and playgroups doubled during the 1970's, although the absolute increase was smaller as there was a decline in the birth rate (C.H.S., 1979; S.E.D., 1980). Official figures for childminding are misleading, for many minders do not register and registers usually include some people who are no longer minding (Jackson, 1971; Yudkin, 1967). Estimates of the true numbers of children cared for by minders varies from 100,000 (J.Tizard et al., 1976) to 300,000 (Jackson, 1975). This compares with 26,000 children in day nurseries. The total number of children aged under five in Britain is over 3 1/2 million (C.P.R.S., 1978). Thus, of the two forms of official care available full-time and before the age of 3, childminding caters for many more children than day nurseries, but both taken together are used by a small percentage of all under fives.
These global figures mask great variations. The age of the child is crucial both in determining what is available and influencing what parents want to do. Under 5% of babies are in any form of official day care, but the equivalent figure for those aged 4-5 is 75%. Virtually all nursery schools and many playgroups do not admit children before their third birthday or just before. As these are the main forms of official care used by families, there is a sudden upsurge of overall attendance after 3. Playgroups are used by some 2 year olds, and by one third of both 3 and 4 year olds. Fewer 3 year olds attend nursery school than playgroups, but the number of 4 year olds who attend each type is about the same. In contrast, attendance at day nurseries and with childminders varies little with age (Bone, 1977; van der Eycken et al., 1979). There are striking regional and local variations. These may bear little relation to need and often reflect particular preferences and decisions by councillors and officials. In general, rural areas have lower overall usage. Levels of provision in the voluntary and private sectors appear to complement public provision geographically (Blackstone, 1971; Packman, 1968).

Perhaps unexpectedly, the proportion of children in dual worker families who go to group care is no higher than in families where the mother does not work (G.H.S., 1979; Thompson & Finlayson, 1963). More single parents and immigrant families make use of minders and day nurseries than the average (C.R.C., 1975; Jackson & Jackson, 1979). Rather more non-manual than manual families use some form of group care (Bone, 1977; C.H.E.S., undated). The working class and the disadvantaged tend to use nursery schools more than others, for these are more often located near to them.
Playgroups are widely regarded as a middle class phenomenon and they are actually used by a much higher percentage of middle class children (A. Joseph, 1974; van der Eycken, 1977a). However, working class families appear to make just as much use of playgroups when they are equally available to them (Watt, 1976). It has often been assumed from local studies that childminders mostly look after the children of the poor (Jackson & Jackson, 1979) but larger scale surveys have shown that there is no overall class or income difference in families using minders (Bone, 1977; Bryant et al., 1980). Three studies indicated that slightly more boys than girls attend day care (Ferri et al., 1981; G.H.S., 1979; Stevenson & Ellis, 1975). The meaning and generalisability of this finding are unclear as the sex differences were small and several types of care were aggregated. Rather more children with behaviour difficulties attend day care than others (Bone, 1977), but surprisingly Stevenson and Ellis found little difference in the proportions of "problem" children in day nurseries, nursery schools and playgroups in one district of London.

As day care is not fully or evenly available, actual usage may well be very different from what people need or would like. Need may be assessed in at least 3 ways (Forder, 1974):

1. need defined by "experts"

2. expressed demand of those actively seeking a service

3. felt need - what the family state they would like

Attempts to determine need in the first way by employing a number of widely accepted indicators of
disadvantage have shown that day care usage by the "needy" is in the same proportion as other families, but their desire for care is higher (Bone, 1977; C.H.E.S., undated). These superficially objective assessments beg at least two questions. Is it the case that only families with certain measurable problems difficulties need day care? Is day care the best way to help with those difficulties, anyway? Expressed demand is also an unreliable measure, because shortage of facilities is likely to discourage requests for care. Rationing by waiting lists makes them often out of date (Birchal, 1974). Therefore, Bone's figure of a 7% excess of formal applications for day care over supply of places is probably an underestimate.

When people are asked what they would like for their children, a far larger gap between supply and demand emerges. Bone found that one third of families were currently using day care, but a further one third wanted to do so. Totals like this have little meaning unless anchored to age, hours, purpose and type. There is a pattern of sharply rising desire for day care as children get older so that the vast majority of those with 3-5 year olds would like a place. This seems fairly uniform from area to area (Table 3-1). Evidently, day care is wanted at an earlier age by far more parents than policy makers have assumed. The greatest discrepancy between supply and demand occurs between 2 and 3 (Moss & Plewis, 1976). On the other hand, a fair number of the parents seem ill-disposed to regular attendance even when the opportunity is there (van der Eycken & Shinman, 1975). The character of families who do not make use of group care even when it is readily available is of interest, especially if it is believed that the children thereby miss something of benefit to them.
### Table 3-1

**Usage and Desire for Day Care at Different Ages**

<table>
<thead>
<tr>
<th>Age</th>
<th>Usage</th>
<th>Desire</th>
</tr>
</thead>
<tbody>
<tr>
<td>All under fives</td>
<td>32% (46%)</td>
<td>64% (61%)</td>
</tr>
<tr>
<td>0-1</td>
<td>4% (6%)</td>
<td>20% (17%)</td>
</tr>
<tr>
<td>1-2</td>
<td>8% (12%)</td>
<td>41% (44%)</td>
</tr>
<tr>
<td>2-3</td>
<td>19% (43%)</td>
<td>72% (73%)</td>
</tr>
<tr>
<td>3-4</td>
<td>47% (72%)</td>
<td>87% (90%)</td>
</tr>
<tr>
<td>4-5</td>
<td>72% (80%)</td>
<td>90% (91%)</td>
</tr>
</tbody>
</table>

All the numbers are percentages of those interviewed.

The figures given first are from Bone's national study (1), while those in parentheses refer to the study by Moss and Plewis in three areas of London (2). Note that the London usage figures are considerably higher, but the desire rates are almost identical.

1. **Bone, Margaret, (1977)**
   
   "Pre-school children and the need for day care".
   
   D.H.S.S.: London

2. **Moss, Peter, and Plewis, Ian, (1976),**
   
   "Who wants nurseries", *New Society*, p.188
Apparently non-users are of two contrary kinds. Some are child-centred mothers who think home offers better care and stimulation than a group. Others find it difficult to arrange regular attendance, because of pre-occupations with difficulties at home related to poverty, large family size, lack of confidence or problematic adjustment to parenthood (Haystead et al., 1980; Shinman, 1981; van der Eycken, 1978a).

Far more parents want group care than minding. Slightly more favour nursery schools compared with playgroups, especially after age 4 (Bone, 1977; Wandsworth, 1978). Many want a progression from playgroup to nursery school which is described as "dual provision" by Watt (1976). In absolute terms, places in day nurseries and work creches are wanted by only a few people but demand is high among particular groups of working parents and is far above levels of provision (G.Ginsberg, 1979; Labour Research, 1980).

It is little use knowing about the levels of demand for care, if the reasons for it are not understood. Some survey reports have largely ignored the reasons why people want day care (including Bone and Moss & Plewis), which conveys the impression of a uniform large demand for the same thing. This has been reinforced by both advocates and opponents of widespread day care, who respectively support and complain of a large demand for full day care centres (Hughes et al., 1980; Leach, 1979). Demand for pre-schooling has been explained in terms of rising female employment, reduced network support and increased social or expert pressures (Blackstone, 1971; J.Tizard et al., 1976). In fact, mothers' employment is not a major factor for most people wanting group care. It seems that about
one quarter of non-working mothers would work if they had suitable care arrangements, but that would not always mean group care (Holman, 1975; Stroud, 1972). Most parents say they want group care for their children's social benefit in the form of play opportunity, befriending, stimulation and preparation for school (Blatchford et al., 1982; Haystead et al., 1982; Watt, 1976). This differs from many of the purposes for which pre-school care has been officially promulgated, although it is consistent with the views of many nursery teachers (Taylor et al., 1972).

The vast majority of mothers who use group care say they are quite satisfied. Some would prefer more direct formal teaching, but others have a high regard for informality. Many want more places or longer hours (S.Ginsberg, 1976; Hopkinson, 1976; Stevens, 1981). On the other hand, fewer than half of the mothers who use childminders find this satisfactory and many would prefer a place in some kind of group (Bone, 1977; Mayall & Petrie, 1977). However, outside poor inner city areas most parents with minded children seem content with their arrangement (Bryant et al., 1981; Shinman, 1981).

The prevailing wisdom has been that high involvement by mothers in group care is advantageous to them and their children (van der Eycken, 1977a; Watt, 1979). In fact, quite a few users do not want much involvement (Haystead et al., 1980; Morsbach et al., 1981). This has sometimes been attributed to lack of self-confidence and discouraging staff attitudes (Joseph & Parfitt, 1972). Helping with care on a rota basis and parental participation in decision-making are common in playgroups, although many do not conform to the ideals of the Pre-school Playgroups Association in this respect.
The present study was conducted in Edinburgh, so it is important to note any apparent differences from England and and Wales, to which much of the evidence is confined. Rather more Scottish children have no regular group experience before starting school (C.H.E.S., undated), but the falling birth rate and increase in pre-school places meant that the percentage of Scottish 3 and 4 years olds in nursery schools doubled during the 1970's. This chiefly benefitted 4 years olds and mostly consisted of part-time places (S.E.D., 1980). Playgroup attendance in Scotland seems to be similar to English levels, but childminding is apparently less common (Haystead et al., 1982; Jackson & Jackson, 1979). The City of Edinburgh is in Lothian Region which has the highest rate of nursery school provision in Scotland. Indeed the overall level of pre-school places relative to the population of under-fives is one of the highest in Britain (McFadyen, 1977; van der Eycken et al., 1979). Expansion continued into the late 1970's, longer than in most other Local Authorities, so that cutbacks in expansion and then in services began just after the present study took place (Nursery Concerned, 1983; B.Wilson, 1981; Young, 1983). Therefore, Edinburgh presented the opportunity to examine sharing care in an area which is comparatively rich in officially run pre-school facilities at a peak period of provision.

THE IMPLICATIONS OF SHARING CARE

The paramountcy ascribed to the mother-child bond in Britain has meant that a child's varied experience with others has been judged mostly in terms of mother-separation and its possible ill-effects. The
neutral influences and possible benefits of a child's interactions with and care by others have received little attention. The effects of separation from fathers, siblings, home and significant others have been mostly ignored. Furthermore, the implications of sharing care for people other than the child or for society in general have only rarely been considered. For instance, sharing care may help carers prepare for parenthood and increase co-operation across age, sex or race boundaries (Hubert, 1974; Kagan, 1973).

The emotional effects of non-maternal care

I shall consider first the general issues of the impact of sharing care apart from the mother, then the particular concern which has been devoted to arrangements by working mothers and finally specific forms of shared care. Reflection should suggest that the range of possible non-maternal care arrangements is so diverse that any generalisation about comparative merits is impossible. Nevertheless, a extensive body of research has been reviewed by attachment theorists like Bowlby (1965, 1969, 1973) and Ainsworth (1962, 1965) in support of a view that sharing care in early childhood is a form of deprivation and is therefore undesirable regardless of the child's overall experience. Oakley (1980) has urged that "it is time to leave Bowlby out of the whole business" (p.670) because of the irrelevance of his findings to day care and working mothers. However his work remains influential and it is important to examine the evidence about the mutual impact of mother, child and care by others, rather than move from blanket acceptance to total rejection of these ideas.
The central theme of attachment theory is that of monotropy. Bowlby claimed that "the bias of a child to attach himself to one figure" (normally the mother) "seems to be well established and also to have far-reaching implications for psychopathology" (1969 p. 368). He has amassed empirical evidence to suggest that for a critical period up to the age of 3 it is essential for children to have the availability of a single attachment figure in order to gain confidence, minimise fear and avoid unhealthy personality development. He did concede that care by others now and then could be beneficial and Ainsworth was not against brief separations. However, other writers have applied their ideas to infer that early shared care can be very damaging (e.g. Leach, 1979; Plowden, 1967). The evidence put forward in favour of monotropy has taken three main forms. Prolonged care in certain residential institutions with high turnover of caretakers and little warmth or stimulation has been found to have profound negative effects on children (Heinicke, 1956; Robertson & Robertson, 1970). Early ethological findings appeared to demonstrate an innate tendency for the very young of some species to attach themselves to a single protective figure (Bowlby, 1973; Sluckin, 1964). Finally, when children are taken into artificial "strange situations" by their mothers for experimental purposes, then the departure of the mother has been shown to produce distress in young children especially in the presence of a stranger (Ainsworth et al., 1974; Main, 1977; Pawlby, 1981).

These ideas have been criticised on both methodological and theoretical grounds. Most people would now accept the potentially depriving nature of residential care which is impersonal and unstimulating.
Even so, this damage may be reversed at a later age by favourable family placements (Kadushin, 1970b; B.Tizard, 1977). It is also soundly established that between about 7 months and 2 years most children exhibit heightened sensitivity to the presence of unfamiliar people and to being in strange circumstances without a familiar companion (Schaffer, 1971b). However, the potential long term damage from the former is now seen as quite distinct from the short term crying associated with the latter (Weinraub & Lewis, 1977). Besides, the explanation of these phenomena in terms of monotropy and the generalisation to other shared care experience has been widely challenged. Many of the early studies were retrospective, lacked sample controls and failed to distinguish the complexity of factors operating (Lebovici, 1962; Schaffer, 1971b). It is now recognised that most of the negative consequences which result from poor institutional care are caused by multiple deprivations of love, stimulation and family life rather than separation from mother by itself (Rutter, 1980a). Ethological ideas about imprinting have become more complex and do not provide a firm foundation for inferences that human babies seek to attach themselves to just one person (Schaffer, 1977). The strange situation experiments confounded anxiety about the unfamiliar with separation from mother. They failed to investigate whether the comfort given by mothers was unique to them or might be forthcoming from other familiar people too.

In addition it has been demonstrated that children can be friendly to strangers who are careful and sensitively responsive in natural settings (Clarke-Stewart et al., 1980; Lewis et al., 1975). It is also clear that people other than mothers do act as
sources of security and that children develop multiple attachments from an early age (Lamb, 1977a, 1977b; Schaffer & Emerson, 1964). From cross-cultural comparisons P. Smith (1979) concluded that "infants generally seem able to form strong and secure relationships with up to five, and possibly ten caretakers" (p.504). For the child to be cared for and attached to more than one person may assist a child's adaptability and safeguard against the loss of a single trusted adult (Kitzinger, 1978; Mead, 1962a). As children have a propensity to become attached to several people they have close contacts with, it could be seen as restrictive to confine their main bonding to one person (Gudat & Permien, 1980). Compared with attachment to mother alone, sharing care may help reduce anxiety, increase the child's independence and interactive skills, and enhance the child's later ability to handle stress (Easterbrooks & Lamb, 1979; Mead, 1962b; Rutter, 1980b). Tizard and Tizard (1971) found that children left regularly with friends and relatives showed no adverse reaction on return.

Much of the more specific research on the effects of shared care had been prompted by an assumption or fear that mothers' employment outside the home (unlike fathers') is harmful to young children. The issue is often confused with that of group care, even though most working mothers do not rely on group care. Mothers who work do so for very different lengths of time and with a wide array of care forms, so no simple comparison with non-working mothers is possible. In addition many extraneous factors influence both decisions for mother to work and outcomes for the child. In particular, when working mothers were fewer, they included a higher proportion of those with
material or social difficulties, which could explain why more of their children had problems (Comer, 1974). Much early research did not control for such factors and was retrospective (Stolz, 1960; Yarrow et al., 1962).

Most recent controlled investigations have refuted earlier reports about the apparent bad effects of mothers' work on delinquency, school achievement and socio-emotional adjustment (Murray, 1975; Swift, 1964; Yudkin & Holme, 1963). One British longitudinal survey found no adverse effects attributable to mothers working (Davie et al., 1972). From another cohort study, J.Douglas (1975) reported that children of working mothers were less disturbed by hospital admissions, perhaps because they were more accustomed to being away from home. Working mothers often report that their relationship with their child improves (Hunt, 1968) although Wallston (1973) cautions that such statements may reflect defensiveness. On the whole, the quality of the child's care and relationships appears to be affected less by the fact in itself of whether the mother works or not than by her satisfaction or discontent with either role (Brinkmann, 1982; Etaugh, 1974).

Group care has also been widely thought to be contrary to a child's developmental needs, but testing such an assertion has proved fraught with methodological difficulties. Care forms are diverse in their nature, hours and age span. Each type includes both good and bad examples and may have different effects at different ages (L.Yarrow, 1964). The children selected for study in group care are often unrepresentative of the general population in their home backgrounds. Usually matching only takes account
of a few factors like sex, class and parents' IQ. Control groups of supposedly uniform home-reared children may have diverse care experiences. Statistical differences between comparison groups may be produced by a few extreme cases (Moore, 1975), especially if the samples are small as they often have been. Effects may be hard to measure and can have consequences which only become apparent some time afterwards (sleeper effects, see Kagan & Moss, 1962). Behaviour which is interpreted negatively by some as weak attachment to mother or non-conformity may be seen by others more positively as independence or self-confidence (Webb, 1977b). Much of the research has been conducted in high quality day centres, usually those offering full day care. These are easily accessible to academic researchers, but are not typical of the group care which most families use. The effects of the most widely available forms of group care (nursery schools and playgroups) have received little attention.

The immediate effects of entry to group care seem to be short-lived. Some children are upset when starting, but more typical is temporary watchful passivity which soon gives way to sociable participation (McGrew, 1972a, 1972b). As a result, "old hands" are normally more assertive than new entrants, but soon the two become indistinguishable (Schwartz et al., 1974).

The pre-occupation with assumed longer term ill-effects is shown by the repeated examination of the same issue and by the surprise expressed by some researchers at their discovery of no adverse consequences for the child (e.g. Kagan et al., 1979). As long ago as 1947, Glass concluded that group care causes no problem in itself compared with home care,
when differences in family circumstances are allowed for. This finding has been reaffirmed many times (e.g. Davidson, 1970; Harper, 1978; Rubenstein et al., 1981). Day care does not appear to lessen children's trust in their mothers, but can mean that the child has additional people as sources of comfort (Caldwell, 1973; Cornelius & Denney, 1975; Kagan, 1979).

There are two studies which are exceptions to the general findings of no difference between children in group care and other matched children. Blehar (1976, 1977) found that children attending group care were more distressed on separation from their mothers in the "strange situation" compared with children who did not. They also avoided their mothers more on reunion. There must be doubts about the generalisability of this finding, because of the narrow, artificial situation; the small, rather crudely matched sample; possible observer bias; and the failure to take account of pre-test differences between the two groups of children (Belsky & Steinberg, 1978). Replicatory studies with "blind" assessments and pre-testing showed that children in day care exhibited no greater mother-separation distress, did maintain the prime allegiance to their mother and had the same maturational sequence of sensitivity to separation as others (Kagan et al., 1979; Moskowitz et al., 1979; Roopnarine & Lamb, 1978).

A more substantial negative result comes from a rare controlled longitudinal study by Moore (1963, 1969, 1975). He took great trouble to discount extraneous influences like mother's personality, so that his findings deserve serious consideration. However, their correlational nature makes interpretation difficult, for there is no information about the processes involved.
Moore discovered sleeper effects, differentiated by sex. Boys with day care experience were later less co-operative with adults and more peer-oriented. By contrast, day care for girls was associated with greater domesticity in adolescence. Other research indicates that day care may reduce sex-typed mother-dependence in girls (Cornelius & Denney, 1975) or increase confidence with strangers and general independence in boys (Moskowitz et al., 1979). However, work by Schwartz et al. (1974) found no sex differences in reactions to group care.

Unlike group care research, studies of minded children have lacked control groups and often concentrated on the poorest examples, which has led to oversimple generalisations against minding (e.g. Hughes et al., 1980). Non-systematic evidence has revealed many worrying instances of poor and even dangerous physical conditions. Many minders in poor inner city areas seemed to offer limited stimulation and responsiveness. Many of the placements are short-lived (Jackson & Jackson, 1979; Jackson, 1974; Mayall, 1982; Mayall & Petrie, 1977). Two recent studies by Bryant et al. (1980) and Shinman (1981) give a more balanced picture. Many warm-hearted women with strong local ties were seen to offer good everyday experience to the children they look after. Perhaps they did not provide the therapeutic or educational experience which outsiders might wish, but then nor do many parents. Minded children have mostly been observed briefly and incidentally during interviews. Nevertheless there has been a consistent finding of quietness and passivity in 3 studies (Bryant et al., 1980; Jackson & Jackson, 1979; Shinman, 1981). The fact that the children were perceived as alert and active at home implies that this
quietness is situationally dependent rather than a permanent personality defect. Carefully controlled research from Germany about publicly supported minding suggests that at its best it can be beneficial to children in comparison with matched children who remained with their mothers nearly all the time (Brinkmann, 1982; Swift, 1982). This analysis was mainly based on children living in disadvantaged circumstances and may not be generalisable to other kinds of family.

The social implications of shared care

The evidence suggests that sharing care is not harmful provided that the carers and care setting possess favourable qualities. But a further common view is that it is unnecessary, because young children are perceived as non-social in orientation (Lewis et al., 1975). Leach (1979) claims that before 3 there is no need or motive for contact with other children. The seminal study on this topic by Parten (1932, 1933) showing that young children often engage in solitary or parallel play has been widely quoted in support of this view of children (e.g. Matterson, 1975), as have Piaget's conclusions that pre-school children are egocentric in communication and thought (1959). However, it must be remembered that both Parten and Piaget derived their ideas from observations of children happily mixing at nursery schools. In fact Parten included parallel play in her category of social activities, because cognisance of others was definitely involved. Piaget was referring to children's conceptualisations and modes of expression as self-centred not their interactions, for he was examining animated conversation and interchange among young children. The implications of his work are ambiguous. On the one hand, he emphasised the
importance of environmental stimulation which pre-school enrichment theorists have drawn on, but it can also be inferred that educational inputs need to await children's maturational readiness (Harter, 1973; Lomax, 1979). Mueller and Lucas (1975) point out that much of the early theorising about the lack of interactive interest and ability of pre-school children either was not based on systematic observation at all or else dealt with children in special circumstances rather than children from ordinary homes who knew each other well.

Undoubtedly, younger children do engage in less complex, less co-operative play than older children (C.Garvey, 1974, 1977; B.Tizard et al., 1976a). This does not mean that other children are irrelevant to them. Well before 2 and increasingly thereafter, children perceive like-aged children as similar and show an active interest in them. This contrasts with their wariness towards unfamiliar adults. Even infants aged under one year can adjust and synchronise their actions according to the activities and responses of others. Later on, parallel play is apparently not a sign of indifference to others, but an important means of developing interactive skills with peers (Anbuhl, 1976; J.Becker, 1977; Bronson, 1975; Eckermann et al., 1975; Mueller, 1979). Consequently, even very young children's behaviour is social in the Weberian sense of orienting action towards that of others (Aron, 1967; Corsaro, 1981). Egocentric behaviour seems to be in part specific to particular situations and tasks (Donaldson, 1978; Cox, 1980).
Not only do children appear to have a predisposition to welcome repeated opportunities to play with other children, but this in turn has been shown to help independent social operations, facilitate friendship formation at an early age and promote orientation to other children (Bronfenbrenner, 1979; Cornelius & Denney, 1975; Rubin, 1980). Interactive abilities seem to be helped by social experience, willingness to be left and confidence in novel surroundings (Light, 1979; Webb et al., 1977). However, different studies have reached opposite conclusions about whether "home reared" children or those attending some kind of day care are more sociable (J. Becker, 1977; Blehar, 1977; Yarrow et al., 1962). Probably day care is not by itself a vital determinant, for children's other social and shared care experiences are important, too. Children have been shown to like and learn from older children, so that greater opportunity for age-mixing might be beneficial (Edwards & Lewis, 1979; Hartup, 1978a).

Not much attention has been paid to the manner in which a child's prior or concurrent social experiences might influence or be influenced by the way that the child gets on in a nursery or playgroup setting. Blatchford et al. (1982) gave cursory attention to children's previous contacts outside the family, but their main conclusions concerned levels of maternal interest and stimulation which affected children's social and intellectual progress in group care. Heinecke et al. (1972) reported that a combination of parental affection and acceptance of children's peer relations appeared to help children's response to day care, but Highberger (1955) found no relation between mothers' behaviour and successful early adjustment to nursery school. A child's adaptation to a group setting seems to depend on
abilities to negotiate entry to fluid, temporary groups at play without offending children's prior loyalties. Most children find this difficult at first, but usually develop the necessary integrative skills with time (Corsaro, 1981; Levy-Bruhl, 1956; Putallaz & Guttman, 1981). As with children's popularity generally, social success in group care depends on avoiding extremes of withdrawal or self-concerned aggression and rule-breaking (Asher & Renshaw, 1981; Manning & Herman, 1981). Such adaptive skills seem to be more frequently found in girls than boys and in later borns (Hayes, 1978; Miller & Maryama, 1976). In group care girls and boys tend to associate with others of the same sex. They develop different styles of play and interact differently with staff (Dweck, 1981; Eckermann et al., 1975; Hutt, 1978; B.Tizard et al., 1976a).

If a child has previously attended a pre-school group, this is likely to help that child adjust more easily to primary school and other group situations (Hander, 1972; Sjolund, 1973). It seems that primary school entrants who have been to nursery school tend to be more confident and independent than others, but may also be more restless (Morsbach et al., 1981; Thompson, 1975; Widlake, 1971). However the differences are not large, perhaps because other relevant experience in the comparison groups (notably playgroup attendance) has not always taken into account.

Virtually nothing is known about the effects of sharing care on a child's or family's relationships with other adults, except that playgroups have been thought to extend the range of a family's social contacts. Early group care has been found to lessen the risk of re-injury in abused children (Korbin, 1977) and to
improve relationships in troubled families (Hamilton, 1972; Pilling & Pringle, 1978). Day care of any form may reduce the need for residential care away from home for children (Packman, 1968; Radinsky, 1970). The implications of sharing care for the functioning of non-problem families are hardly known.

Cognitive implications of shared care

In the 1960's somewhat naive statistical interpretations by Bloom allied to a new optimism about modifying teaching methods to young children's mode of understanding seemed to demonstrate that major teaching inputs at pre-school group care could have lasting intellectual benefits (Bruner, 1974; D.Clark, 1967). As in the case of working mothers, uncontrolled early studies produced findings which later more careful analysis did not substantiate. Thorough reviews by Bronfenbrenner (1975) and Tizard (1974) clearly showed that although substantial immediate gains in language and intelligence can occur, this mostly helps those with a low starting point and the effect soon dissipates. The impact on the later performance of children with at least average ability is minimal (Belsky & Steinberg, 1978). Longer involvement in structured programmes of a kind generally eschewed in Britain appears to give the greatest benefit (Chazan et al., 1971; Miller & Dyer, 1975). More lasting improvements can result if the parents and the home are systematically involved in the child's education and if extra educational inputs persist throughout the school career (Halsey, 1980; Rutter, 1980b; Woodhead, 1976).
By contrast, Mayall and Petrie (1977) discovered very poor language performance by many of their sample of children who stayed with childminders whilst their parents worked. The absence of a control group in their study means that the causes of that retardation may well have nothing to do with the experience of minding per se. German research indicated that minders backed up by public finance, training and support did seem able to raise children's educational achievement relative to that of similar children at home (Gudat & Permien, 1980)

CONCLUSIONS AND IMPLICATIONS FOR THE PRESENT STUDY

Most of the evidence about shared care arrangements concerns the incidence and static features of different categories of care. Little is known about how arrangements change or are combined together. Not much attention has been paid to the decision-processes or the qualities of the relationships and experiences involved. The reasons why non-official care happens are barely understood, except when it is related to both parents working. Nevertheless, it seems clear that for most everyday and emergency purposes, families chiefly share care with a limited range of close network members, especially relatives. Larger numbers of middle class families share care more often and with a wider number of non-relatives. Most mothers who do work do so part-time. When mothers work away from the child, care by fathers and grandmothers is more common than use of official care. Few families use any form of alternative care for a full day. Well under 10% of children ever go to a day nursery or childminder even according to the most generous estimates. Probably the true figure is more like 5%. Approximately two out of
three British children attend a playgroup or nursery school at some time, usually for a period of one to two years before they start school. Nonetheless, there remains a wide gap between the demand and provision of places, especially for children aged between 2 and 4 years. When facilities are available most parents want to use them, primarily for social reasons. In the main, they are well satisfied with the service.

It is helpful to place our understanding of these current British patterns in context by reflecting on the range of shared care arrangements and attitudes which have existed at other times and in other cultures. These are examined in detail in Appendix 3. Here it suffices to observe briefly that in most societies the care of children is provided mainly by females and that usually mothers are the prime carers, as in Britain (Barry & Paxson, 1971). On the other hand, our society appears unusual in stressing the constant companionship of the mother before 3 and supporting supervision by prior strangers of peer-only groups after 3. In most other societies, there is ready access by young children to a much broader range of adults and of mixed age playmates and carers (Blurton-Jones, 1974; P. Smith, 1980; Weisner & Gallimore, 1977). Diffusion of child care amongst a range of people has been common, especially after 9 months. Among many peoples sharing care appears to occur more frequently and for more extended periods than is generally the case in Britain. It is casually and flexibly integrated with community life and not considered a dereliction of parental duty. Work at or near the home in circumstances which are compatible with child care has been common in non-industrialised society (Schapera, 1971; Oakley, 1974a). The difficulty of combining economic pursuits with looking after children
in industrialised societies has contributed to the more clear-cut divisions of responsibility which are normally made.

Perhaps the main generalisation that can be made about the consequences of shared care is that it is too diverse and interacts with too many other factors for overall assertions to be useful. Strong attachment to mother is not incompatible with attachments to and care by others. Prior familiarity or opportunities for familiarisation appear to be of cardinal importance in successful shared care. The sensitivity and interest of carers are also critical. Smith (1980) sees this as related to the degree of existing or future investment in the child by the carer. Security is vital for children, but so are variety and complexity of experience (Bronfenbrenner, 1979; Greif, 1977). Provided that there is opportunity for familiarisation and continuity, shared care can offer social advantages to the child and family without damaging effects. Thus, more needs to be known about what assists children in reacting to people and situations other than mothers, as much as what deters them.

Sometimes previous research on a particular topic is reviewed in order to draw out specific hypotheses to be tested. Sometimes it is largely ignored so that insights from the current study may be firmly grounded in the new data itself (Glaser, 1978). In this project, there was an attempt both to illuminate some of the shadowy recesses of existing knowledge and to leave open the opportunity for shifts in objective and design influenced by the emerging data. In particular, a gradual broadening of perspective occurred, which opened out attention from official day care to sharing
care in general. Several writers have regretted the lack of knowledge about non-group care and its impact on child and adult relationships, work patterns and neighbourhood functioning (Belsky & Steinberg, 1978; Schorr, 1974; B.Tizard, 1974). Little is known about combinations of care at any one time or sequences of care through time in relation to changing circumstances and purposes. Therefore, this study sought to place the overall phenomenon of shared care (rather than particular manifestations of it) in the context of a family's evolving internal and external relationships. A major component of this is the examination of non-parental care prior to and outside of group care. It can then be seen how this fits in with and affects the child and family's experiences of group care.

The mutual accommodation between care and family relations is mediated by parents' categorisations and perceptions of children, potential carers and care arrangements. These ideas may be compared with those embedded in policy and research assumptions. From the outset it was decided to consider fathers' as well as mothers' viewpoints. Day care research has virtually ignored fathers. Whilst most care is done by mothers and they often arrange specific external sharing, there are hints that fathers may sometimes set broad agendas about mothers work or day care (Gavron, 1966; Hunt, 1968). Their willingness and availability to act as carers themselves is crucial.

Such aims invoke methods and analysis which are interdisciplinary, dynamic and interactional. These are described in the following chapter.
Chapter Four
THEORY AND METHOD

We have seen that there remains a potential harvest for many studies in the field of shared care. Selection of specific issues to be dealt with in this study and the means of investigating them involved an inevitable compromise between positive choices and restricting practical constraints. There are a number of non-theoretical factors, often unremarked, which may influence the genesis of research. Operating as an individual researcher without secretarial support restricts the amount of work which can be undertaken and may make assessments more subjective compared with co-operative efforts. This is offset by the value of having one person exposed to all the original data and standardising the approach to the people studied. Personal skills and experience were quite instrumental in the choice of the interview method rather than naturalistic observations, although the diffusenes of the subject matter also affected this. Family and financial considerations confined the study to Edinburgh, thereby limiting possible cross-cultural comparisons. Personal preferences shaped otherwise arbitrary decisions like choosing a family perspective rather than that of carers.

Some bias in gathering and interpreting information is inevitable (H. Becker, 1967), but it is important to make this implicit and self-conscious so that its effects may be seen. It has been pointed out that social workers carry within them images of the "normal" family and "correct" kin relationships which affect their judgements of others (Goldberg, 1965; Leichter &
Mitchell, 1967). Doubtless this applies to researchers too. In general, my views fit closely with those of the Rapoports' "liberal humanism" (1977). This suggests that there is more than one way to be a good parent and more than one way to share care successfully. This may seem obvious, but the policy analysis showed that there are strong pressures either to assume that traditional patterns should be maintained or that they must be inevitably broken. I hoped to remain respectful of each family's rights to devise its own mode of functioning, but sought also to examine possible costs to those concerned.

THEORETICAL INFLUENCES ON THE RESEARCH

In order to place sharing care in the context of the child's development, family relations and the wider environment, it has been helpful to draw on different disciplines, as well as several perspectives. Such an eclectic approach risks causal imprecision, but also gives promise of an integrative understanding of this aspect of family life. It provides opportunities for pursuing issues or problems which emerge during the research rather than simply testing pre-conceived ideas (Parlett & Hamilton, 1972; Parlett & Dearden, 1977).

This involves merging perspectives about individual development and social processes which have been largely dealt with separately (Archibald, 1976). Sociological and anthropological accounts have mostly considered parents or older children. They have rarely concerned young children as active participants (Denzin, 1977; Mead & Wolfenstein, 1954). Some apparently relevant sociological writings have been more concerned with abstract concepts of childhood than with real
children (e.g. Dreitzel, 1973; Jenks, 1982). By contrast, child psychology has focused on mother-infant interaction divorced from wider social relations (Brody & Endsley, 1981; Endsley & Brody, 1981; Renshaw, 1981). This has usually been studied in unnatural settings with artificial procedures (Bronfenbrenner, 1979; Hill, 1981; McCall, 1977). Recently, there have been attempts to marry child development and network relations, but mostly at a theoretical level (Cochran & Brassard, 1979; Lerner & Spanier, 1978b). For adults too, there have been attempts to link psychology's notions of attachment and interpersonal attraction with sociology's interests in primary relations (Duck & Gilmour, 1981a).

Within a broad fusion of approaches from family sociology/anthropology and developmental psychology, this study has drawn on insights from five specific perspectives:-

1. The interpretive approach
2. The interactional-developmental approach
3. Ecological perspectives
4. Network theory
5. Exchange theory

Each one of these could have provided a satisfactory overall framework in itself to handle some important features of sharing care. Yet each would also have difficulty in dealing with other vital aspects. Therefore, rather than apply more completely one perspective to illuminate part of the nature of shared care, it was preferred to blend certain key features from several perspectives to arrive at a more complete picture. An interpretivist viewpoint fits with the central concern to understand the processes and meanings of sharing care. It is important to comprehend how parents' ideas interact with their
network relationships to affect their perception of potential carers and the selection of actual carers. However, purely interpretivist research risks segregating topics from their antecedents, consequences and environments. Variations in the distribution of ideas in different parts of society also tend to be neglected. Therefore, developmental and ecological perspectives help in understanding families' temporal and socio-spatial contexts. More specifically, primary relations and exchange theories give insights into the functioning of a family's internal and external relationships, as these affect choice of carers and relationships with carers. Each of these approaches will now be presented in more detail.

The Interpretivist Approach

The last three decades have seen a concerted reaction in sociology against so-called positivist approaches (Bell & Newby, 1977b). Theoretically, this challenged the earlier view of people as almost totally subject to the broader social system (Wrong, 1961). Methodologically, it attacked the pre-occupation with statistical manipulation of measurable variables which were stripped of meaning, context, intricacy and theoretical input (Blumer, 1956; Wright Mills, 1970). Slowly, a replacement orthodoxy has emerged, with a view of people as consciously responsible for their own behaviour. The task of sociology shifted from examining numerical associations between structural factors and outcomes to the interpretation of the complex meanings given to and derived from social interaction (Denzin, 1970).
There are several components of the interpretivist frame of reference (Schatzman & Strauss, 1973; Silverman, 1970). Symbolic interactionism has probably been the one which has exerted most influence in family sociology (Broderick, 1971; Hay, 1977). Its central proposition is that ideas of reality develop from childhood onwards through interaction with others and the incorporation of the viewpoints of significant other people (Mead, 1934). This insight was developed by Berger and Luckmann (1971) and fused with the phenomenology of Schutz to expound a persuasive argument that reality is in some ways constructed through social experience. Taken for granted categories of thought and routinised ways of behaving derived through primary socialisation help make life more predictable and tractable (Berger, 1966; M. Douglas, 1973). This perspective requires the examination of the rules and meanings by which people and situations are classified by parents as relevant for sharing care; the processes by which the role and relationship of carers are negotiated; and the influences of reference persons and groups on the evolution of ideas about sharing care.

In practice the interpretivist perspective has been applied more to marriage than to family interaction let alone wider networks. Even discussions of parenthood concentrate on couples' adaptations to this status with surprisingly little acknowledgement of the influences of individual children (e.g. LaRossa & LaRossa, 1981). Interpretive accounts of marriage have now usurped earlier functionalist, sex-typed analysis (Brim, 1957; Parsons & Bales, 1956). The development of understanding within a marital partnership has been depicted as a process of harmonisation relatively free of outside normative constraints (Berger & Kellner,
1965). Yet often there are discrepent ideas that may only sometimes be reconciled or disguised (LaRossa & LaRossa, 1981; Stokes & Hewitt, 1976). More attention was paid to the parent-child relationship by Backett (1982). She developed the useful concept of "images of children", which are definitions and interpretations people have of children and their behaviour. These develop both from absorption of common-sense ideas (abstract images) and from direct observations by parents of their own children (grounded images).

Psychology has also witnessed a disenchantment with an even stronger positivist ethos than sociology, although alternative views have mostly arisen more recently and had less impact. In contrast to the traditional concern with overt and artificially elicited behaviour, some writers now urge a renewed emphasis on understanding how people's interpretations, intentions, decisions and implicit theories influence their ordinary life as it occurs naturally (Armistead, 1974a; LaGaipa, 1981a; McCarthy, 1981). Consequently, personal reports of how and why people do things are again seen as valuable, valid and economical sources of understanding, not necessarily inferior to outsider observations (Harre & Secord, 1972; Newson & Newson, 1970a).

**Interactional-developmental approaches**

Most day care studies have been static and cross-sectional in outlook and design. However patterns of care at any one time are parts of sequences in the life of the child and parents. They need to be considered in the perspective of past and future development and relationships over the life-span. In
psychology, age specific studies are slowly being linked to a more dynamic interactional view that children develop by means of a reciprocal interchange with their evolving human and physical environment (Lerner & Spanier, 1978a; Sameroff, 1975a). Furthermore, children are no longer regarded as passive prisoners of either environment or maturation, but as active participants in influencing what happens to them (R.Bell, 1970; Lewis & Rosenblum, 1974a). The child's sex, birth order, personality, state, and developmental level can all modify parental behaviour (Korner, 1974; H.Moss, 1967). Children's actions in particular circumstances can also shape what parents and other adults do.

To see development as a reciprocal process has been regarded as a means of linking child psychology with family sociology (Klein et al., 1978). Developmental family sociology was initially concerned with life-cycle stages in somewhat abstract formulations (Hill & Rodgers, 1964). Now the elements of negotiation in family life are given more attention, particularly in relation to the stage of transition to parenthood. It is during this period that issues of shared care first arise and their outcome may have important implications for parents' adaptations to the new demands and responsibilities. The advent of the first baby may be stressful (Hill, 1965; Russell, 1974) and certainly involves readjustments (Boswell, 1969; Burgess, 1981; Rollins & Galligan, 1978; Rossi, 1968). Early parenthood is characterised by restrictions on parental activities especially for mothers and a reversion to more traditional role divisions (Gavron, 1966; Hoffman & Manis, 1978). The non-domestic activities of women in particular may depend on opportunities to share care, because most married men take it for granted that
their wives will look after the children while they are at work. Early functionalists naively thought that this division of responsibilities was of benefit to all the parties concerned and happily served the interests of society at large, too (Bell & Vogel, 1960). The feminist critique in sociology has subsequently illuminated the differential impact of parenthood on men and women's satisfactions and choices. No current study of family life should remain untouched by this, so that in addition to seeing parental actions and roles as the product of fluid negotiation rather than predetermination, it is also vital to take account of the distribution of implications, tasks and responsibilities between the sexes (Oakley, 1974a, 1974b; Morgan, 1975; Roberts, 1981).

The ecological approach

Human behaviour is anchored in particular environments as well as in time. The term ecological has been borrowed from biology for varied purposes to represent people's symbiotic relationship with their surroundings. Two distinctive but related types of ecological understanding were relevant to this study. One works out from the individual to the setting. It emphasises the progressive mutual accommodation of active human beings and the changing immediate and wider contexts in which they operate. The second kind proceeds from the setting to the individuals. According to this view, social behaviour is best studied on an area basis to recognise the reciprocal interaction of residents and neighbourhood. Both these aspects may be combined by sampling families from restricted locations and acknowledging how they perceive and respond to their physical and social environments.
Ecological ideas had been applied in child psychology in the 1950's (Barker, 1963, 1965), but only became fashionable in the 1970's (Ambrose, 1978). They provided a corrective to the experimental tradition which attended to what children can do in artificial surroundings, rather than what they do do in everyday contexts (McCall, 1977). Bronfenbrenner (1977, 1979) has presented the most developed exegesis of an ecological scheme for early childhood. This linked an alternative, Lewinian heritage in psychology to systems theory as a means of organising thought about the person-environment life-space of children (Lewin, 1936; Marrow, 1969). Bronfenbrenner outlined 4 interlocking open systems of increasing scale which impinge on children (Table 4-1). From this point of view, sharing care represents an "ecological transition", by converting the child-with-parents microsystem into a multiple setting mesosystem. Bronfenbrenner's framework was further applied to day care by Belsky and Steinberg (1978). The C.E.R.I. (1982) also advocate ecological understanding of all the interwoven factors in a child's environment which affect the use of day care services. This enjoins the researcher to take account not just of a child's home and group facility (if any), but also the network, neighbourhood, work and class contexts in which the family is embedded. The concept of "boundary" is important in the systems approach (LaGaipa, 1981a). Families differ in the positioning, rigidity and permeability of boundaries of functioning and trust (Minuchin, 1974). This is a prime factor affecting the acceptability to parents of people and places for care of the child.
<table>
<thead>
<tr>
<th><strong>SYSTEM</strong></th>
<th><strong>DEFINITION</strong></th>
<th><strong>EXAMPLE</strong></th>
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<tr>
<td><strong>MICROSYSTEM</strong></td>
<td><strong>Description</strong></td>
<td><strong>Example</strong></td>
</tr>
<tr>
<td><strong>Roles</strong></td>
<td>Family, functions, and women's attitudes to care of children, impact of day care on societal</td>
<td></td>
</tr>
<tr>
<td><strong>Neighborhood</strong></td>
<td>Function of the neighborhood, marital relationships, and influences on parents of care</td>
<td></td>
</tr>
<tr>
<td><strong>Exosystem</strong></td>
<td>One or more settings in which the person is not active, but in which processes by which outer settings influence the child or family</td>
<td></td>
</tr>
<tr>
<td><strong>Mesosystem</strong></td>
<td>Interrelations between two or more settings in which a developing person participates, care, and family + work</td>
<td></td>
</tr>
<tr>
<td><strong>Macroecosystem</strong></td>
<td>Consistencies in the lower order systems which are present at the level of culture and subculture, or are affected by them</td>
<td></td>
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</tbody>
</table>

Adapted from Bronfenbrenner (1979) and Belsky and Steineberg (1978).
The second, sociological development of an ecological approach derives from the pre-War Chicago school and British post-War community studies. These examined distinctive ways of life and social status associated with particular kinds of area (Fisher, 1975; Klein, 1965; M.Stewart, 1972). This body of work has been criticised for the implication that urban environments cause differing life-styles and life chances, whereas it can be argued that resource inequalities and housing markets encourage similar people to congregate together (Jones & Eyles, 1977). In either case, it remains true that social values, contacts and opportunities express themselves geographically and this may be observed in particular small areas (Anderson & Egeland, 1961; Chisholm, 1971). Whilst a family may interact with comparatively few local people, a high proportion of contacts are usually local (T.Lee, 1968; Priest & Sawyer, 1967). The physical and demographic features of a locality, including population density, composition and turnover or play facilities and restrictions, may affect the desire and opportunities to share care (Filkin & Weir, 1972; Harrington, 1965).

The concepts of action space and environmental perception may serve to link ecological psychology and small area study. All the locations about which a person has information and preferences constitutes his/her action space. More restricted is the activity space, which comprises all locations where a person's daily activities take place (Goodey, 1971; Horton & Reynolds, 1970). Children's limited mobility tends to restrict the activity space of their mothers (Martensson, 1977; Tivers, 1978a, 1978b). Some families, especially the better off, have transport, knowledge and interpersonal connections which extend their action
space and care resources more than others (P.Hall, 1974; D.Smith, 1977). Both action space and key social relationships extend outside the neighbourhood (Stacey, 1969). Therefore, an ecological account must include more than an areal basis. Network and exchange theories can assist in the understanding of non-territorial aspects of the interpersonal transactions involved in sharing care.

**Network and exchange theories**

Network theory mostly developed in anthropology and to a smaller extent in sociology, but has recently also been applied to child psychology (Lewis & Feiring, 1979). Cochrane and Brassard (1979) propose that sharing care in networks may have not only direct effects on the child through the range of different interaction styles and settings of care but also indirect effects by modifying parental behaviour as a result of support, advice or interference. The network concept provides a means of extending ecological concern from group care to relatives, neighbours and babysitters.

Strictly, the term network was first developed analytically from vaguer ideas by Radcliffe-Brown to depict the total social field of interpersonal connections, in contrast to the "set" of relationships of any one individual (Barnes, 1969; Radcliffe-Brown, 1977). However, it seems preferable to follow the more widespread lay practice of applying the word network to the people with whom any one person has contacts outside the nuclear family. Epstein (1969) preferred this usage too. Although it may be convenient to treat a family's total contacts as a single network, it is important to recall that the different family members
have separate, though overlapping networks (Cochran & Brassard, 1979; Dickens & Perlman, 1981). One of the key features of a network is its "connectedness" or "density". This refers to the number of actual independent connections between network members, as a percentage of the total possible links which would occur if everybody knew everybody. The pioneering study of network connectedness by Bott (1957) led to her key insight that a family's internal and external relations are likely to be interdependent. She conjectured that connectedness is related to marital role segregation and that both are associated with class. This has important implications for child care, which can be distributed both within the marriage and between a couple and network members. However, after several early attempts to test Bott's specific hypothesis (G.Lee, 1979), the marriage of network and role theory subsequently became divorced. Partly as a result, the potential of network ideas remains unfulfilled.

Conceptual clarification about networks following Bott occurred largely under the impetus of the Rhodes-Livingstone Institute (Hannerz, 1980; Wolfe, 1978). An important distinction was made by Mitchell (1969b) between:

1. **interactional aspects** (content, directedness, durability, frequency and intensity of contacts)
2. **morphological aspects** (anchorage, reachability, density and range)

Interaction and normative control depend on categorisations of people within networks according to superficial typifications and functional links, as well as
personal knowledge (Table 4-2). Such socially maintained classifications (Geertz, 1975) proved to be relevant in this research to parents' judgements about potential and actual carers.

Originally, network theory was seen to offer an opportunity to move away from structural/functional determinism by highlighting people's subjective categorisations and choice (Boissevain, 1973; Gluckmann & Eggan, 1966; Noble, 1973). Ironically most recent work has been directed at quantifiable properties of network forms to the neglect of content and interaction (e.g. Burt, 1976, 1977; Heckathorn, 1979; Sailer, 1978). Nevertheless, it is important to remember that the morphological features of a network may have effects irrespective of the characters of the people involved. Network size and structure may affect norm development or substitution possibilities, for instance. The huge amounts of data needed for mathematical analysis of connectedness are generally impractical (Boissevain, 1974). Fortunately most people have relatively few sectors of high connectedness which correspond to common sense groupings such as kin, workmates and neighbours (Cubitt, 1973). These sectors are critical for norm enforcement, diffusion of services and obligations and the spreading of information and advice (Firth, 1956; Leinhardt, 1977b).

Applications of network theory to particular policy areas suggest that for most needs network members are approached first. Bureaucratic services are usually more appropriate for large regular demands or to meet the needs of those with qualitative difficulties in their networks (Collins & Pancoast, 1977; Davies, 1974; Henderson, 1977; Litwak & Szelenyi, 1969). Lightman
<table>
<thead>
<tr>
<th>Relationship type</th>
<th>Level of normative control</th>
<th>Personal information</th>
</tr>
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<tbody>
<tr>
<td>1. Structural - enduring, ordered (e.g. workmate)</td>
<td>HIGH</td>
<td>LOW</td>
</tr>
<tr>
<td>2. Personal - broad, familiar (e.g. kin)</td>
<td>LOW</td>
<td>HIGH</td>
</tr>
<tr>
<td>3. Categorical - perfunctory superficial, based on category distinctions</td>
<td>LOW</td>
<td>LOW</td>
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**Sources**


(1980) questioned the value of network theory for social policy. He argued that it lacked explanatory power and concentrated on reciprocal rather than unilateral transactions. In fact this latter distinction is often difficult to make in practice. Abrams (1978; 1980) has shown that there is a subtle interplay of altruistic motivations and personal satisfactions which give rise to informal services within social networks.

Exchange theories may be usefully linked to network concepts in order to examine how ideas about giving and receiving apply to different categories of people who look after a child on behalf of parents. Sharing care is an unusual form of exchange in that a human being is temporarily given from one party to another. The giver of the child is the receiver of the service. As children can be inherently rewarding, the extent to which sharing care is seen as a service for which some form of return is due remains open to investigation. Whereas network theories have concentrated on multiple, indirect relationships, exchange theories have mostly confined themselves to direct interactions in pairs or series of pairs (Befu, 1977).

Ekeh (1974) distinguished two main types of exchange theory. These emphasise different aspects of interpersonal relationships. The first developed chiefly in America, based on behaviourist psychology and conventional economics. It has an individualist orientation. People are seen as motivated by calculative self-interest to minimise their costs and maximise their material and social rewards from engagements with others (Blau, 1964; Homans, 1958). More sophisticated accounts within this framework have shown that in established groups there may be
apportionment of resources and rewards on a collective rather than competitive basis (Hatfield et al., 1978). Recently, psychologists have given attention to altruism as well as self interest in behaviour (Mussen & Eisenberg-Berg, 1977). Hornstein (1978) believes that "altruistic" giving is related to the internalisation of "we-group" categories. Assistance is given to those with whom there is a sense of solidarity and withheld from people who are dissimilar or have a different membership category. With respect to shared care, this may apply to the acceptance of help as much to giving.

The second type of theory has its roots in France and in anthropology. It highlights the social functions of exchange. Practical and symbolic transactions are seen as intertwined to promote alliance and cohesion, or to mark prestige and differentiation (Fox, 1967; Leach, 1970; Levi-Strauss, 1963, 1971; Mauss, 1954). Mauss, Gouldner and others have suggested that there is a universal "norm of reciprocity" underlying all exchange. Gifts or aid invoke obligations to receive and to provide some form of return. Social transactions are thereby linked in a chain to past services and future expectations of return, such that continuing relationships and perhaps friendships are fostered (Gouldner, 1960; Wood, 1978). However, caution is needed in drawing analogies from public exchange between groups or representatives of groups in non-industrial societies to modern gift relationships at several removes from the original practice. Cohen (1978) argues that modern societies are different in associating generosity with affective intensity, so that personal relations are important in exchange not just past services. Research does suggest that the norm of reciprocity is modified in practice by the character and
past relationships of participants and by the attribution of intentions (Leat, 1983; Staub, 1972).

There has been much terminological confusion in exchange theory. For instance, McCormack (1976) pointed out that reciprocity has been used to denote several different concepts:-

1. an obligation to return in some way
2. a duty to return to a specific person
3. exact balancing of exchange

Balance may mean equal profit for both parties or that costs equal benefits (Befu, 1977). Different authors have employed the same word (like generalised) to refer to different forms of exchange and different terms to describe the same form.

For present purposes, the following distinctions are the most useful:-

1. **BALANCED EXCHANGE** - requires exactly commensurate returns
   **UNBALANCED EXCHANGE** - means that expectations of return are diffuse

2. **PAIR EXCHANGE** - refers to dyadic interaction
   **GENERALISED EXCHANGE** - denotes transactions amongst a series of people

3. **HORIZONTAL EXCHANGE** - entails a transfer between equals
   **VERTICAL EXCHANGE** - entails a transfer between persons at different hierarchical levels

For example, parents with an au pair would be an example of vertical, balanced pair exchange. It is thought that most non-kin aid requires exact repayment. Kin help on the other hand is often unbalanced, at least in the short run. It is based on shared risks, reciprocity over the life-span and a norm
of social responsibility towards dependents (Halbertsma, 1968; D.Morgan, 1975)

Both the individualist and the collectivist versions of exchange theory have been applied to social policy. Titmuss (1970), Pinker (1979) and Watson (1980) have examined how people's sense of obligation and eligibility for giving might extend beyond those to whom they have personal attachments to include anonymous strangers. It is possible to look at people's feelings of entitlement, indebtedness or shame in relation to receiving as well as giving a "service" like shared care. This is available from free public facilities, paid private or voluntary arrangements and network members with varying expectations of return that may affect parents' willingness to make use of them. The stigma and power relations associated with receiving and non-return may vary according to the social distance of the giver (Blau, 1964; Wolff, 1950).

RESEARCH DESIGN

It follows from these theoretical influences that this study aims to understand the naturally occurring range of shared care arrangements, as part of the sequences and processes involved in the development of the child and the evolution of a family's network. This is to be seen in the light of the opportunities and pressures of the family's external environments and of the structuring of activities and relationships within the family. An interpretive approach favours the exploration of the complex interplay of elements over time, rather than the testing of specific hypotheses (Denzin, 1970). At the same time the processes need to be rooted in particular and general environments whose
differences may be more fully appreciated from statistical analysis. It follows that the research requires both numerical and non-numerical elements. The former are essential to see how meanings are attached and used with respect to the nature of children and of social relations in mediating the family's actions. The latter are vital to take account of the structured and prior aspects of a child's and family's external relationships. To seek both kinds of data can result in a loss of breadth compared with surveys and a loss of depth compared with intensive studies. Hopefully sufficient of breadth and depth is achieved to produce a combination that may be more fruitful than just one or the other. "Statistical portrayals must always be 'interpreted', 'grounded' and given human meaning" (Lofland, 1971 p.6), whilst phenomenological insights can be linked to sound statistical analysis.

In narrowing down the focus of study, the researcher is faced with a number of interrelated options. A rough hierarchy of decisions is shown in Table 4-3. These will be discussed in turn. In practice choices were not all made in succession, but sometimes simultaneously or with feedback to higher order decisions.

Rationale for choosing the sample

At an early stage, it was decided to meet with parents in order to obtain an integrated picture of the child's history of shared care. In small scale research, there is a conflict between maximising the representativeness of the sample and minimising the number of significant variables. My interest in a spectrum of practices and attitudes fitted best with a
<table>
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<tr>
<th>ASPECTS CHOSEN</th>
<th>ALTERNATIVES CONSIDERED BUT NOT CHOSEN</th>
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<tbody>
<tr>
<td>Topic</td>
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<tr>
<td>Overall Method</td>
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<td>Perspective</td>
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<td>Nature of Sampling</td>
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<td>Character of Sample</td>
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<td>Access to sample</td>
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<td>Family Composition</td>
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<td>Child's Age</td>
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<tr>
<td>Child's Position in Family</td>
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<tr>
<td>Geographical Mobility</td>
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<tr>
<td>Main Data Gathering Technique</td>
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<td>Respondents Interviewed</td>
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<td>Interview Depth/Breadth</td>
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<td>Sample Size</td>
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<td>Number of Interviews</td>
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</table>

**KEY**

- **Yes** This alternative was selected
- **No** This alternative was not selected, because of research or time considerations
- **No** This alternative was necessarily excluded by practical problems of access
general sample of families, not one selected for particular problems or types of care. The sample was simplified by restricting it to two parent families, so that the relationship between internal and external sharing could be looked at. Comparability was assisted by standardisation of the age of the children concerned. It was decided to approach families with a child aged about 3, intermediate between infants and older pre-school children who have received most research attention. There would also be more opportunity to consider sequences of care than at an earlier age. It was foreseen that some would have started at group care and others not, so that comparisons could be made between attenders and non-attenders. Previous research had also shown that this was the age at which parental reports of problem behaviour reach a peak and there is the maximum discrepancy between desire for group care and its availability (Bone, 1977; Jenkin et al., 1980; Moss & Plewis, 1976).

The ecological framework favoured a small area study. This permitted familiarisation with the neighbourhood and group care provision. It also ensured that there were not wide variations of publicly available resources. It was decided to see families from two areas rather than one as this would allow for the deliberate contrasting of phenomena, concepts and their associations under different conditions following the same logic as cross-national comparative studies (Kammeyer & Bolton, 1968; Payne, 1973; Przeworski & Teune, 1970; Vallier, 1977).

A two area approach is also a convenient way of contrasting socio-economic status. It was considered important to consider class influences, not only because
of the known effects on sharing care noted in Chapter 3. Class has strong associations with stresses and family relationships which may help shape sharing care (Brown & Harris, 1978; Kohn & Carroll, 1969; Newson & Newson, 1963, 1970a). Many studies have shown significant class variations in parental behaviour and values, parent-child verbal interaction, the child's language and intellectual development and preparedness for school (e.g. Carew, 1980; Davie et al., 1972; Walters & Stinnett, 1971). Sex and birth order effects may also be conditional on class (Robertson, 1971). At the same time, it is important to remember that a comparative study should also consider similarities across class. Most discovered class contrasts involve differences in percentages which are sometimes quite small (e.g. Sewell & Haller, 1956). Littman et al. (1957) concluded that class differences in child-rearing were neither general nor profound. Many socialisation studies have produced conflicting results and employed inadequate indices of childrearing patterns (Johnsen & Leslie, 1965; Zigler & Child, 1973). The features concerned may nevertheless become characterised as belonging to one class, whereas it is simply rather more common in that class. Aspects of disadvantage often pertain to a minority of families who are mostly working class but are not typical of working class families in general (Chazan et al., 1971; Mackie & Patullo, 1977).

Early family and community studies concentrated on working class areas. Recent attention has been focused on middle class areas. Only a few have compared the two, but this can provide a convenient way of obtaining a class comparison. Exact correspondence of class of area and class of family should not be expected. Differences between families within areas may be
greater than differences in area averages, so that individual families must remain the basis for comparison (Platt, 1971; Robinson, 1950). It is also quite possible for social class membership of a family (via opportunity structures and values) and social class of area (via associations and norms) to influence behaviour independently (Braithwaite, 1979; McDonald, 1969).

It was decided to select two municipal wards roughly equidistant from the centre of Edinburgh. In order to choose two districts of contrasting social and physical characters, data from various sources were examined and ranked (Tables A2-A5). Milburn was chosen as an area of comparative advantage, where most men had middle class occupations. Whitlaw was selected because of its relative but not extreme disadvantage and mostly working class population. Administrative units such as these do not usually coincide with geographical areas, but two local studies had shown that the boundaries did correspond roughly with residents' ideas of the limits of their locality (Currie, 1965; Walker, 1965). The two areas had similar and declining population totals. There were slightly more children under five living in Whitlaw at the time of the last available census (1971), but Milburn had a slightly higher birth rate (Buglass et al., 1980). Both areas appeared to have group care places for just over half of 3-5 year olds. Milburn had more playgroups whilst Whitlaw had more nursery schools and classes (Edinburgh S.W.D., 1977). Both areas contained largely Victorian housing stock, which represented class segregated axial growth of Edinburgh out from its historic core in the 19th Century. Whitlaw occupies a valley site in which a congested mixture of factories, shops and tenement houses straddle important road and rail routes.

**The sample and its characteristics**

The ideal sampling frame would have been an up-to-date list of all families with children aged 3. Attempts to gain access to such a list proved unsuccessful. Therefore, names and addresses were extracted from centralised birth records. The "first-stage sample" consisted of all those children born between July 1977 and June 1978, whose parents were married at the time and living in Milburn or Whitlaw. Careful timing of approaches to families through the year from October 1980 then made it possible to see them shortly after the child's third birthday. 264 names were obtained, which were almost equally divided between the two areas (Table A6). A crucial and unwished for effect of using birth records to contact families of 3 year olds at the birth address was the exclusion of families who had moved in the meantime. Those who remained at their address after 3 years formed the "second-stage sample". It is to be expected that such relatively non-mobile two parent families might on average have fewer problems, more local contacts and more opportunity to book group care than families who have moved.

Families were approached to establish whether they were still at the birth address and to ascertain their willingness to participate in the study. Prepared calls have generally yielded a lower response rate than direct doorstep approaches (Gorden, 1975; A.Mitchell,
1981), but as a considerable time commitment was sought from both parents, it seemed better to write and explain the purpose of the visit. Parents were invited to return a form agreeing to interview. If they did not, further doorstep enquiries were made. Quite a few people did not return a consent form but were willing to be interviewed after a personal call, as Bradburn & Sudman (1981) also discovered. Of the original "first-stage sample", about two in three had moved within 3 years. This represents an abnormally high rate of mobility (cf. Davie et al., 1972; Robertson, 1979; C. Watson, 1973). The difference may be partly due to greater inner city mobility than elsewhere. Families with young children are notably more mobile than others (Ineichen, 1981; Rossi, 1965). More people had moved from the working class area, contrary to national trends (Social Trends, 1979a). More girls had moved which left an excess of boys, especially in Milburn.

The "second-stage sample" proved to be only 85. Of these, 13 declined to participate, giving a refusal rate of 21%. This is slightly higher than is normal for family research, but low in comparison with other studies requesting some commitment from both parents (LaRossa & LaRossa, 1981). Shinman's work showed that people who are reluctant to be interviewed may be under more stress and are less likely than others to use group care (Shinman, 1981). The number of refusers was evenly divided between the two areas and between mothers and fathers. In Milburn, four fifths of eventual respondents returned a consent slip, but in Whitlaw over half consented only after personal contact. This fits with findings of class differences in response to written questionnaires (Oppenheim, 1966).
Of the remaining 67 respondents, 4 couples were seen in a pilot study and 63 formed the "main sample" on which all statistical findings in the study are based. 36 lived in Milburn and 27 in Whitlaw. In addition, 6 families who had moved to other parts of Edinburgh but returned the consent form were also visited. To ease identification in the text, the initial letters in the names of children and parents will be used to indicate the nature of the families, as follows:-

<table>
<thead>
<tr>
<th>Initial</th>
<th>Description</th>
<th>Example</th>
</tr>
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<tbody>
<tr>
<td>A-L</td>
<td>Milburn resident</td>
<td>Anthony Balfour</td>
</tr>
<tr>
<td>N-Z</td>
<td>Whitlaw resident</td>
<td>Stanley Tulloch*</td>
</tr>
<tr>
<td>P</td>
<td>Pilot study family</td>
<td>Pauline Purdie*</td>
</tr>
<tr>
<td>M</td>
<td>Family who moved</td>
<td>Mary Mitchell</td>
</tr>
</tbody>
</table>

Information from the last two types of family was used only in the qualitative analysis. The * sign after a name designates that the family is working class, according to a definition to be explained in Chapter 7. One couple had divorced and another had been separated for a long time. Otherwise all had apparently remained two-parent families consistently since the child's birth. 8 households contained people outside the nuclear family - relatives (2), au pairs (2), and lodgers (4). Over three quarters of the children were aged between 36 and 40 months at the time of contact. The other 9 were aged between 40 and 46 months.

The Interviews (See Table A7)

At an early stage, I decided that the central method would be a semi-structured tape-recorded interview with both parents. There have been many criticisms of the interview method for the doubtful accuracy of reports about behaviour, especially if it is retrospective (Cannell & Kahn, 1968; Phillips, 1971). The normal detached style of interviewers has also been
described as inimical to a fair expression of women's viewpoints (Graham, 1982; Oakley, 1981). Nevertheless, interviews continue to dominate family sociology (Endsley & Brody, 1981) and are increasingly advocated in social psychology to understand the meanings and mechanisms of social behaviour (Harre & Secord, 1972). They seemed the most efficient way of handling data about care in multiple spatial and temporal contexts which are often private and of gaining access to the feelings, beliefs and values central to an interpretive approach (Newson & Newson, 1976; Shields, 1981).

A series of interviews with the same family can increase the breadth, depth and honesty of communication or make possible longitudinal assessments of different stages of childhood or parenthood. Reluctantly it was decided to settle for a single interview only. As a result it was feasible to have a larger main sample (63) than in much qualitative research. This permitted some analysis of co-variation. In addition, some families could be included whose motivations might not have stretched to multiple interviewing. The loss in depth was partly offset by holding a longer interview. Most lasted 3-4 hours, so that a wide range of topics could be handled. This also gave more scope for free expression and increased the opportunity for recall. Nevertheless, it is probable that less discord and dissatisfaction was evinced than would have been the case if there had been follow-up interviews (Backett, 1977).

One of the factors which required longer interviews but also made them more acceptable and less fatiguing was the choice to talk to both parents together, wherever possible. Involving fathers not only
acknowledges the intrinsic value of their viewpoint, but permits assessment of their contribution to the processes of sharing care. Most research on children and day care has involved the mother only (Graham, 1979), even when interviews are referred to as parental (e.g. Watt, 1979). Danziger attributes this to "cultural bias and practical convenience" (1971b, p.12). The two parents in an interview can also provide checks on each others' forgetting, defensiveness or social acceptability (M.Yarrow, 1963). Rutter and Brown (1966) concluded that there is little advantage from interviewing spouses separately. Joint interviews also exhibit parental interaction and permit direct comment on the opinions of the other. On the other hand, they may be more difficult to control or can inhibit one partner. They increase the range of issues to try and follow up. In only two of the families did the father not take part. This means that four out of five of all the fathers approached in the "second-stage" sample agreed to take part in research on a topic which is commonly regarded as a woman's affair. In a number of interviews the father said as much as the mother - occasionally much more. With some important exceptions, the mothers tended to talk most about actual care arrangements, whilst fathers contributed more equally about family relationships. To some extent this is reflected in the illustrative quotations which were used in the text. These were chosen because of their relevance or clarity, regardless of who said it.

Consistent with the aim of obtaining both quantitative and qualitative material, it was necessary to strike a balance between the maximisation of opportunity for open expression and standardised presentation of key issues and specific details.
Therefore, the interviews were semi-structured in two senses. Firstly, they were explicitly divided into an initial relatively unstructured part followed by the posing of uniform questions. Secondly, within the first conversational part there was a fixed range of themes to be explored, while in the second structured half questions were mostly open-ended, with opportunity for voluntary contributions and exploration of complex issues (Sellitiz et al., 1965). It was hoped that the rapport established in early informal stage would carry over to continued openness in the later part of the interview. The introduction explained the purpose of the research, assured confidentiality and indicated that spontaneous descriptions and explanations were desired. Multi-angle questioning was used to focus on the details of sharing care: who, why, when, where and with what effects (Merton & Kendall, 1945). Contrastive questions were used to deal with what people did not do. For example, "Some families use babysitters outside the family, would you?" or "Some mothers work during the day, what do you think about that?". This approach invites respondents to explain their point of view to an interviewer interested in different practices, whereas the "Why don't you... ?" format would be more threatening.

As this was not a longitudinal study but sought to deal with past care sequences and other aspects of the child's and parents' histories, considerable reliance was placed on parental recall. The classic study by Yarrow et al. (1970) showed that remembering is often inaccurate, although they interviewed mothers several years after very specific events and did not distinguish errors from changed perspective with time. In the present research it was hoped that there were some
safeguards against inaccuracy of recollection. Joint interviewing tapped both parents' memories. Multiple approaches were used within the interview to encourage reminding and recognition, as well as spontaneous recall. For example, listing prominent network members sometimes brought to mind a care situation previously omitted. Moreover, particular instances which were forgotten would not normally affect the general patterns of shared care.

At the end of the first part of the interview, a check was made with a questionnaire that the pertinent topics had been covered. The second part of the interview normally followed the questionnaire in a more or less fixed order and phrasing. Besides summarising the child's care experiences over the three years, the questionnaire was designed to include relevant issues derived from the research literature, theoretical and policy perspectives, and from personal experience. The main ones were as follows:-

Child's contacts with relatives, friends and neighbours

Child's health and development

Siblings' care experiences

Parents' background and experience of shared care

Parents' views of aspects of family life and child care

Parental roles, work, interests, and stresses

Parental income and class identification

Parents' perceptions of their neighbourhood

Compared with the more expansive initial conversation
about shared care as the object of the study, these were operationalised in a more short-hand fashion, so that some oversimplification or distortion may result. In addition, some closed questions were incorporated in written forms for parents to complete (Appendix 4).

As is customary, the questionnaire was tested in pilot interviews (2 in each area) and then revised. Busfield and Paddon (1977) commented that pilot studies have contradictory goals, namely testing the research instrument and developing the research problem. However, both these aspects are important, for it is on a mixture of practical and theoretical grounds that questions may be added or discarded, the order and style of the interview changed. The pilot study helped crystallise the two stage structure of the interviews. It also became clear that the original intention to deal with group and non-group care in exactly the same way should be modified, as it was necessary to obtain different as well as some similar information. The influence of siblings and of parents' perceptions of siblings, achieved greater salience than had been expected. Other features like network extent and connectedness had to be simplified to become manageable. Busfield and Paddon's second goal was not lost sight of. A detailed summary of the main themes emerging from the pilot interviews was made. From this a provisional classification of shared care dimensions was established. This was elaborated and tested in the main study.

Lack of time prevented much use of supplementary techniques for triangulation or further theoretical sampling (Denzin, 1970; Glaser & Strauss, 1967). Parents were asked to complete a simple diary record, which
could act as a partial check on subjective descriptions and recollections. Lytton (1974) concluded that to learn about some aspects of parent–child relations a combination of interview and diary is more useful than either experimental or naturalistic observations. Some form of diary record has been used occasionally for the corroboration or extension of parental accounts (Endsley & Brody, 1981; Richards, 1977). These have been found to be quite accurate, though some are filled in more attentively than others (Bernal, 1973; Douglas et al., 1968). In order to minimise the level of literacy required (M. Smith, 1972), parents were given a simple form requesting details of the child’s activities, companions and persons in charge for the 3 main “sessions” of the day (morning, afternoon, evening) during a two week period (Appendix 4, Form H). Probably as a result of rapport established during the interviews, nobody refused to fill in a diary, but five were eventually not done or incomplete. By and large the diaries confirmed most of the patterns derived from interviews about frequencies of care and contacts with kin and non-kin. Therefore, diary data will normally be referred to in the text only when it amplifies or modifies information from the interviews.

Recording and analysis

In conventional texts, research is divided into sharply defined stages of theoretical formulation, investigation and analysis (e.g. Mayntz et al., 1976). My view accords more with that of Lofland (1971) that data gathering and analysis are intertwined, albeit with analysis becoming more prominent as the research progresses. Recording is not simply a matter of documenting facts, but also impressions, theoretical
insights and tentative generalisations as they occur. These different types of information need to be kept separate, so that respondent and interviewer constructions of the material are not confounded. This study did not follow the complete recipe of grounded theory (Glaser, 1978; Glaser & Strauss, 1967; Lester & Haddon, 1980)). However, it did aim to generate ideas from the records by comparison and clarification, for which supporting data or falsifying evidence were then sought in further data. The contrastive questions described earlier helped obtain such information from the later interviews.

Recording is pivotal in this interaction between information gathering and analysis. Several kinds of cross-referenced records were kept and these are summarised in Table 4-4. Questionnaires, diaries and summary charts formed the main basis for coding and quantitative analysis. Histograms were used to establish relevant break points for numerical data.

Cassette recording has been increasingly used to support numerical findings, form the basis of qualitative analysis or free the interviewer to concentrate on communication. In this research, all three of these purposes applied. Belson (1967) discovered that recording did not affect the accuracy of simple factual information. In the 73 interviews carried out in the present project there was only one refusal of recording. Another couple were not asked in view of their reluctance to be interviewed at all. In two other interviews the cassette failed to record. In all, just 4 interviews went unrecorded. Long ago, Bucher et al. (1956) showed that transcription is costly in time or money. The pilot interviews confirmed the experience
A. INFORMATION EXPRESSED BY PARENTS

1. Written record of questionnaire responses - one per family.

2. Verbatim part-transcripts from the tape recordings of interviews - one per family.

3. Diaries filled in by parents themselves (and summarised on the questionnaire) - one per family, except five not done.

4. Network, attitude and stress forms-summarised on the questionnaire - one for each parent, with a few omissions.

5. A summary chart giving the abbreviated data from the questionnaires and diaries - one per area.

B. INTERVIEWER'S RECALL AND IMPRESSIONS OF THE INTERVIEW

1. Family summary - one per family, kept with A1 to A4 above, in a family file.

C. INTERVIEWER'S EMERGING PERCEPTIONS OF THE RESEARCH PROCESS AND DEVELOPING THEORETICAL INSIGHTS

1. Work record - notes on field work methods

2. Analytic record - notes on themes and tentative generalisations suggested by ongoing reflection on interviews and recorded material.

D. REGROUPING OF INFORMATION TO JUXAPOSE RELATED TOPICS

1. Subject files - copies of family summaries, transcripts and analytic records divided and rearranged to bring together data on the same topics from different families.
of others (e.g. Young & Mills, 1978) that total records are very time-consuming to type out. This led to a reluctant decision that only part of the interviews (usually more than half) would be transcribed verbatim. Omissions were confined to information already on the questionnaire record or digressions. In addition, a detailed precis was made for each family under a number of standard headings to recapitulate the main characteristics of the family, the shared care history and the interview process. Two copies of each transcript and family summary were made. One was kept in the original order and the other was literally cut up into topics, so that sections from each family on the same topic could be grouped together. Ideas about descriptive patterns and possible explanations were noted as they occurred in an "analytic record". These were grouped into themes identified as important before or during the research. They correspond roughly to analytic files or theoretical notes, forming a "vehicle for ordered creativity" (Schatzmann & Strauss, 1973, p.105). Those parts of the dissected copies of transcripts, family summaries and analytic records which referred to similar topics were rearranged together in "subject files". Each of these acted as the main source for a section of the research report derived from qualitative analysis. Finally, a "work record" was made to provide a continuing account of significant aspects of access, interviewing and recording. This corresponds to Lofland's fieldwork file (1971) and Schatzmann and Strauss' methodological notes (1973).

Analysis should be a constant companion of data gathering and recording. There should be an openness to emerging categories and properties (Halfpenny, 1979), but a complete tabula rasa approach which is the ideal
of Glaser (1978) is impossible. Rather the researcher imports sensitising concepts (Blumer, 1954) which are expanded, modified and added to in the light of what respondents actually say on relevant issues. For instance, the theme of "strangers" was explored in the interviews and this revealed that families defined strangers in different ways, ascribed different qualities to them and had differing reactions sets towards them. Understanding of this was furthered during record-keeping and was then explored in subsequent interviews. As far as possible, this ongoing inclusion did not displace or alter standard information gathering. Moreover, negative evidence was sought as much as confirmation (Popper, 1974).

Sometimes the word qualitative has been restricted to research which is interpretive or naturalistic (e.g. Schwartz & Jacobs, 1979). According to Bulmer (1979) there is no such simple identity of meaning, as there is no sharp distinction between what is qualitative and quantitative. Therefore interpretive research may comprise both. Halfpenny (1979) believes that what is qualitative about social data varies according to each theoretical outlook and is not simply characteristic of one of them. Here any data which was analysed in verbal form is regarded as qualitative, in contrast to information which was obtained in or converted to numerical form. Qualitative analysis is not merely descriptive, but also gives reasons and mechanisms which assist in explanation (Denzin, 1977; Harre & Secord, 1972). The central process, whether done explicitly or implicitly, is to classify data in order to derive patterns and concepts which may be further linked into theoretical associations. Constant comparisons between families and between mothers and
fathers revealed similarities and differences which could suggest groupings of families, care forms or concepts. These might then suggest means of quantitative analysis, as happened in relation to sequences of shared care. Ideally, categories should be exhaustive, mutually exclusive and derived from a single principle (Holsti, 1969), but most often clusters of features are recognised first, and then a principle inferred by grouping similar instances or subdividing larger classes. "Quest for universals" (Glaser & Strauss, 1967) cannot be the sole determinant of relevance, as even the most quantitative of social science rests on probability of occurrence, not ubiquity. Unique and rare comments or practices may be important if they illuminate a more prevalent class of behaviours or meanings. Most important is that the degree of representativeness within the sample (or a subsample) is made clear.

Some simple adding of instances did occur in the analysis of the transcripts and summaries, as in noting examples of sharing care in unpredictable situations or the terms used to describe care. However, the main form of quantitative analysis used the coded data from the questionnaires, written forms and diaries for computer investigation. The SPSS Conversational Statistical System or SCSS (Nie et al., 1980) was used for this as it is particularly suited to the purposive exploration of relationships, which were initially suggested from recording and qualitative analysis. In view of the small number of cases (63) and the large number of variables, only simple operations and non-parametric statistics were used (Siegel, 1956). Associations discovered cannot be taken to imply causation, especially since cell size only occasionally
permitted elaboration to determine the influence of other factors or conditions on related variables (Lazarsfeld et al., 1972).

In presenting numerical data, quotations and summarised comments it is important not to make the text indigestible. In the main, rough fractions and important raw figures are given in the text, whilst more precise statistics are to be found in tables. Percentages are used sparingly, for they can give an impression of false precision and disguise low actual numbers, though they can be very useful for comparisons with other samples of different sizes. Space restrictions have enforced brevity in most quotations. Illustrations risk being selected to support an argument. Psychologically it may be difficult to seek and present countervailing evidence. The ultimate tests of conclusions will be the integrity of the researcher, the plausibility and consistency of the findings, and - most important - the critical appraisal and future testing by others (Ravetz, 1971; Spencer & Dale, 1979).

CONCLUSIONS

This study was planned to examine an aspect of family life and child development which involves relationships both inside and outside the family. These change in response to the child's growth, alterations in family size and life-cycle stage and developments in the family's network and environment. Thus it was seen as desirable to take account of assessment and interpretive techniques from several theoretical sources each one of which appertained particularly to only part of the context of sharing care. It is not wished to claim that this approach is better than the more
common concentration on one perspective, such as developmental psychology, interpretive sociology of marriage or network theory. It is suggested that an integrative method can provide results which can supplement and complement them in a more rounded understanding of something which by its very nature entails complex interactions. Likewise it was hoped that a combination of both qualitative and quantitative methods would provide a blend of description and explanation which one or the other alone could not. The material which resulted will now be discussed.
Chapter Five

PATTERNS OF SHARED CARE

The presentation of the research findings will deal firstly with the range of shared care experienced by the children in this sample. Analytically, a useful distinction may be made between the patterns and processes of sharing care, although in practice they are intimately linked. "Patterns of care" encompass the elements and relations of care arrangements, i.e. where and when shared care occurred, how often and how long, and by whom. "Processes of care" depict the choices, expectations, reactions and interactions of the participants. They delineate how and why care patterns emerged in the way they did and with what consequences. Care processes may therefore partly serve to explain care patterns. The broader determinants and implications of sharing care will be examined afterwards by discussion of how both patterns and processes relate to certain key features of family life. Those chosen for special analysis comprised social class, neighbourhood influences, network relationships and some of the characteristics of the parents and child.

The discussion of patterns of care will centre on aspects of care arrangements which may be called "dimensions of care". First of all, there is a clear distinction in theory and practice between "group care" which involves many children at the same time in a publicly accessible place and "non-group care" which refers to care of one or a few children, usually in the home of the child or the carer. In this report, group
care will be dealt with briefly, for this has received most attention in the literature. Particular attention will be given to the relationship between experiences of non-group care and group care, as this has hardly been examined in the past. There were several dimensions which proved especially significant for the understanding of non-group patterns:

1. The timing of care - daytime, evening or overnight

2. The kind of person the carer is - e.g. relative, friend, childminder

3. The characteristics of the carer - male or female; married or single etc.

4. The frequency and duration of care

5. The location of care - the child's home, the carer's home or elsewhere

All the forms of group care offer daytime care away from the child's home, so the dimensions with significant variations were size, organisation, and length of attendance. At any one period of time, any family may have more than one care arrangement so that "combinations of care" may be identified. In this study, the number of carers which a family shared care with in any one year will be called a "carer set". Dimensions and combinations of care may persist or change, so that three year olds will have undergone different "sequences of care".

Patterns of non-group care will be described first, because they constituted the main forms of care before age 3 for all the children in this sample. To single out individual dimensions of care results in an inevitable but artificial divorcing of care patterns from their causes and contexts. This may be justified
by the greater salience and clarity given to each feature of shared care and is remedied by the later chapters which deal with aspects of family life which give rise to shared care or are associated with it. It will be seen that most children had spent most of their time with one or both parents, but also that shared care had played a part in all their lives. There were wide differences between families on several dimensions of care especially with regard to frequency, the kind of people who acted as carers and sequences of care.

DIMENSIONS OF CARE

DAYTIME AND EVENING CARE

Persons used for care

During the interview parents were asked to recall all persons who had looked after the child for any reason since he or she was born. Daytime, evening and overnight care were recorded separately. If the person was a relative, the exact kin relationship to the child was recorded. For convenience, precise relationships will sometimes be abbreviated in the text according to one of the standard anthropological methods (see Table 5-1). In the case of non-relatives, parents were asked to describe their connection with that person. For purposes of analysis, friends and neighbours were classified according to distinctions which emerged as significant for network relations and particularly for selection of carers. These were:

Immediate neighbour Person living next door 
or on the same landing
### Table 5-1

**KINSHIP ABBREVIATIONS**

#### Basic Symbols

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>Father</td>
</tr>
<tr>
<td>M</td>
<td>Mother</td>
</tr>
<tr>
<td>H</td>
<td>Husband</td>
</tr>
<tr>
<td>W</td>
<td>Wife</td>
</tr>
<tr>
<td>B</td>
<td>Brother</td>
</tr>
<tr>
<td>Z</td>
<td>Sister</td>
</tr>
<tr>
<td>S</td>
<td>Son</td>
</tr>
<tr>
<td>D</td>
<td>Daughter</td>
</tr>
</tbody>
</table>

#### Combinations (e.g. MM = Mother's mother; FBD = Father's Brother's Daughter)

<table>
<thead>
<tr>
<th>Category</th>
<th>Abbreviation Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandparents</td>
<td>MM, MF, FM, FF</td>
</tr>
<tr>
<td>Aunts</td>
<td>MZ, FZ, MZB, FBW</td>
</tr>
<tr>
<td>Uncles</td>
<td>MB, FB, MZH, FZH</td>
</tr>
<tr>
<td>Cousins</td>
<td>e.g. FZS, MZH</td>
</tr>
<tr>
<td>Great Grandparents</td>
<td>e.g. MMM, FMP</td>
</tr>
<tr>
<td>Great Aunts</td>
<td>e.g. MMZ, FFBW</td>
</tr>
<tr>
<td>Great Uncles</td>
<td>e.g. FMB, MMZH</td>
</tr>
</tbody>
</table>

In this study, all relationships refer to the key child. Thus, references by the parents in interview to "my sister" or "my aunt" were converted into aunt (e.g. MZ) and great aunt (e.g. MMZ) respectively.

This notation is based on that described by Robin Fox in "Kinship and Marriage", Penguin Books (1967) page 185.
Street friend 
Person living elsewhere on the stair or further down the street or in an immediately adjacent street

Other local friend 
Person living in the vicinity but not in the same street or immediately adjacent street

Non-local friend 
Friend living outside the local area

Immediate neighbours, street friends and other local friends will be referred to together as "local people" or "locals". People who looked after the child for some monetary remuneration and were not primarily known to the family through being relatives, friends or neighbours may be called paid childcarers. They include au pairs, daily helps, childminders and paid babysitters.

When a couple cared for the child together at the same time, they were regarded as a single carer or caring unit for statistical purposes. For each year, the three kinds of carer or care couples who had looked after the child most frequently were recorded. This yielded 9 "care positions" by adding the first three most important carers for every year. These care positions were later analysed to determine the number of positions occupied by different types of carer. Additionally, it was noted who were the two people or couples currently acting as carers most often for that child. These will be called the "main" and "second" carers. The ranking of carers for each family takes no account of the differences in absolute frequency of care between children. Therefore, it was not uncommon for one child to have several carers who looked after him or her more frequently than the main carer for another
child.

It soon transpired that the two most important kinds of carer by far were relatives and "local people". Together they made up all 9 care positions for two thirds of the children. All the children in the sample had been looked after by a relative at some point. At the time of interviewing, in half the families the main daytime carer was a relative. There were 8 children who had apparently never been cared for by anyone other than a relative (except for group care). One third of the families had at least 6 of their 9 care positions filled by kin (Table 5-2). There was a consistent order in the number of families using different kinds of relative as main carer. This ranking was to be found for most aspects of care and kin contact, although for any one family the ranking was often different. The most common "main carers" were mothers' parents, followed by fathers' parents, mothers' sister, other siblings of the parents and finally other relatives, usually maternal. Thus, there were two strong biases in favour of matrilateral kin and grandparents.

Grandparents accounted for one third of all the main carers and nearly as many second carers (Table A8). Moreover, 90% of the children had been looked after at some time by maternal grandparents and two thirds by their paternal grandparents, so that it was extremely rare for a child never to have been looked after by grandparents despite the distance at which a fair number of them lived. For 23 children the main carer was a grandparent, whilst just 8 children had kin other than grandparents as their main carer. Aunts and uncles were quite often second or third carers however
<table>
<thead>
<tr>
<th>Number of families who use each kind of carer (N = 63)</th>
<th>KIN</th>
<th>FRIENDS NEIGHBOURS OR CIRCLE</th>
<th>PAID CHILD CARER</th>
<th>NOBODY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main Daytime Carer</strong></td>
<td>31</td>
<td>23</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td><strong>Second Daytime Carer</strong></td>
<td>33</td>
<td>26</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td><strong>Main Evening Babysitter</strong></td>
<td>33</td>
<td>23</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td><strong>Second Evening Babysitter</strong></td>
<td>34</td>
<td>23</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>
Relatives through marriage were rarely important carers, except as part of a couple. Uncles were usually only prominent as carers when they were unmarried, but married aunts (especially MZs) were often major carers. In a small number of families, the parents' cousin, niece or nephew was an important carer and it was by no means unusual for one or two of the parents' aunts to be used a fair amount. Two children had been looked after by their great-grandparents. In a few families, the child had siblings of his/her own who were old enough to care, but in only one instance was an older sister the main carer.

Whilst relatives were the most frequent carers in slightly more than one half of the families, it is also clear from Table 5-2 that for many children unrelated people were equally or more important. In over one third of families, "local people" were the main carers. These were usually street friends with children of similar age to the key child. Some were immediate neighbours and they varied much more in age. Non-local friends had been used for daytime care in only a few cases and then not very often. About one third of families had used people from parents' present or former work (or their wives) as carers. This had virtually always been on an occasional basis, except for a few individuals who also happened to have young children and live nearby. Thus, it was proximity and life-cycle stage which tended to dominate the selection of non-relative carers, but multiplex contacts involving other contexts like work could increase the likelihood of someone acting as a carer.
At the time of interview, 3 families were using a childminder, two an au pair and one an agency childcarer among their first three carers. Two families were using a daily help for sharing care.

As with daytime care, just over half of the main evening carers were relatives. Maternal grandparents were again most often the first choice as carers (Table A10). Most of the rest were other local parents again, but unlike daytime carers some of these were not well known to the parents. This is because 13 families used a babysitting circle as their main form of evening care. One other family used a circle as a back-up arrangement. Babysitting circles may be distinguished from other care arrangements in that they are formalised associations whose principal purpose is to organise sharing care amongst families living in a fairly small area according to explicit rules which are sometimes written down. Any member may be called on to babysit for any other. The detailed functioning of circles will be discussed in Chapter Six.

These patterns were broadly confirmed by the diaries. During the fortnight periods for which records were kept, 24 children were looked after by relatives (day and evening), 26 by friends and neighbours and just 3 by a minder or au pair. The slightly reduced prominence of relatives seems to result from the fact that it was mostly those children with a relative as main carer who were not looked after by anyone at all during the two weeks. However, the predominance of mothers' mothers as carers emerged even more strongly. 20 children had been cared for by their maternal grandparents, but only 4 by paternal grandparents - the next most common kind of relative. 3 children were
looked after by older sisters (aged 19, 18 and 9) during the diary fortnight without parents being there. Thus total supervision by a non-adult sibling seems rare.

**Sex, marital status, age and distance of carers**

The vast majority of daytime carers were married or widowed women. 90% of the main daytime carers (54) were women who looked after the child on their own. Most of the others were grandparent couples. The few men who did contribute to daytime shared care were nearly always relatives. Theoretically men and women were more equally available for evening care, but a clear majority of evening carers were women, too. Nevertheless, men were more involved with evening than daytime care. The most important male carers were grandfathers, single uncles and teenage boys. Grandfathers usually but not invariably looked after the children with their wives. The others were normally sole carers. It was rare for male friends to be involved with care, but in some babysitting circles men did a fair amount of babysitting alone. In a few circles, all the babysitting was done by the women, but more usually there were some fathers in the circle who did quite a lot of babysitting. Therefore circles provided the main examples of non-kin men caring for other people's children. Normally, more of the women in a circle acted as carers more often, but two couples said that in their circle fathers babysat as much as the mothers. 4 of the couples who were circle members said that they went out to babysit equally often. In another 4 families the husband did babysit for others but less than his wife and in the remaining 6 the father never did so. Some fathers regarded themselves as in a back-up position, going out to babysit only
when their wives were unable to for some reason. In effect, many mothers were doing most of the return for a service which benefitted both partners.

In all it appeared that two thirds of the children had been looked after at least once by a man alone other than their father. Only for 6 children had this happened at all frequently.

Most of the non-relative carers and virtually all of those described as friends had children under five of their own. This was true for very few of the kin carers. In the evenings, a higher proportion of carers were single or did not have young children. This resulted from the greater prominence of teenagers, single female friends and unmarried uncles, who were less free to act as carers during the day when at work or school. Even so, the majority of evening carers were still grandparents or local mothers.

In the whole sample, 30 children were said to have been looked after at some time by a total of 44 carers who were still in their teens. About half of these "teenage" carers were aged 18-19, so that really they were adults. Care by teenagers during the day was rare, except for a few relatives or interested neighbour children who took the children out after school or at week-ends. Many more families had used a teenage carer in the evenings. Some of these had looked after the children only once or a few times when regular carers were not available. However a teenager was the main evening carer for 9 children. Three quarters of the teenage carers who had been used were non-relatives. 8 were under 16 years old, which is strictly below the legal minimum for being in
charge of a child. The youngest was aged 11. Five children had been fairly often in the sole care of someone younger than 16. Only 8 of the 44 teenagers were boys, but they had all looked after the children a fair amount, whereas a number of the girls had been used only once or twice. Mostly the arrangements had been satisfactory, although in two cases it had been discontinued because boyfriends had been brought in.

Almost all the main carers who were friends or neighbours lived in the family's local area and often in the same street. Slightly more evening carers were friends from other parts of Edinburgh. By contrast, only one third of the kin main carers lived in the local area. Some relatives who lived up to 50 miles away were regular or even main carers. Nearly one fifth of the families (more in the first year) preferred to ask a relative to come into Edinburgh to babysit or arranged to go out only during a visit to or by grandparents or aunts, rather than call on non-kin for care.

**Frequency and location of care**

At the age of three, roughly half the families were sharing care at least once a week during the daytime. About one child in five spent at least one full day or two part day sessions per week with the main carer. At the other extreme, 14 children had been apart from their parents only a few times in the whole of the third year. Most of the families who shared care only a few times a year had relatives as main carers. It seems that parents who were loathe to share care often were also reluctant to look outside the extended family for carers. Care by a childminder or au pair was normally very frequent. Care by street friends also
commonly took place at least once a week.

Both interview and diary data revealed that evening care occurred much less often than daytime care for most families. Whereas half the families said they shared care in the daytime at least weekly, only 8 families did so as often in the evenings. For one third of the sample, evening babysitting occurred only a few times a year. Members of babysitting circles were significantly more likely to share care frequently in the evenings. One half of circle members did so at least once per fortnight, but only one quarter of other families. This meant that circle members might underestimate the relative frequency of their care, because their reference group comprised other circle members. For instance, two such families described their frequency of evening care of 2-3 times a month as "not often", even though this was well above the average for the sample as a whole.

With a few exceptions, those families who shared care at least once a fortnight in the evenings also shared care at least weekly during the daytime. Similarly, most of the couples who were low sharers in the daytime also shared care rarely in the evenings (p<0.001; See also table A11). This suggests an underlying dimension of comparatively high parent readiness to leave the child which affected both parts of the day. Most couples seemed satisfied about how often they were able to go out together in the evenings. Either they had several carers so that one was nearly always available when needed or just one or two carers who were seldom otherwise committed, usually grandparents. However, there could be times such as New Year or a Saturday night when all regular
carers would be busy and the family was therefore "stuck for a babysitter". On such occasions, some parents did not like the idea of looking outside their normal carer set, so they would content themselves with staying in. Others exploited network connections and obtained a carer who was a babysitter for someone they knew well. A few people had turned to a teenager who had advertised, something which others strongly disapproved of. Some parents said they felt no need to go out in the evenings, so that a deficiency of evening carers was not seen as a problem. There were just a few families who regretted that they did not have a more regular babysitting arrangement.

Nearly all the children had been looked after at some point both at home and away from home. Evening care normally took place in the child's home (three quarters of the sessions recorded in the diary). During the day, shared care mostly occurred at the carer's home but daily helps, au pairs and some relatives did look after the child in the child's home. Occasionally, children were taken out by the carer - for a walk, to the park, to the shops or to visit someone else. Five children had important carers outside the nuclear family who lived in the same home at themselves. These were two au pairs, two grandparents and a student lodger. In general it was those families who shared care infrequently and who had kin as main carers who were more likely to share care at home. This meant that the experience of shared care by about one in six of the children was restricted in frequency, range of carers and location.
Care of other people's children

The diaries yielded some information about parents as carers, although only on those occasions when the key child was also there (Table A12). The number of families who shared care for other parents was roughly the same as the number who shared care of their own children in the fortnight. Interestingly, none of the respondents (who by definition were parents of young children) had looked after a child who was related to them during the diary two weeks. We shall see later that there was a general tendency not to ask relatives with young children to share care. The children who had stayed with the respondents were either friends of the children in the family or else offspring of friends or neighbours. All but a few of those specifically described as 'friends of the key child were of the same sex and aged 3-4. Naturally, siblings' friends or neighbour children were often older. Despite the fact that there were more boys in the sample, there were equal numbers of girls and boys aged 2-4 who came to stay. Of the children over five, more than two thirds were girls, as were all those aged over 11. One of the reasons for the preponderance of girls was that there were rather more older sisters in the sample than older brothers and the friends of older siblings tended to be of the same sex as that sibling. This appears to be a normal feature of children's friendships (Rubin, 1980). Equally important was the fact that a number of older girls were interested in playing with the key child for its own sake, but this was rare amongst older boys.
OVERNIGHT CARE

Well over half the children (38) had been cared for apart from parents overnight at least once in the three years. Only five children had stayed in hospital overnight without a parent present. The same number of children had been admitted to hospital overnight with mother there too, so a much lower proportion of children had to go into hospital alone than was the case a generation ago (Douglas, 1975). It would seem that nowadays the greater willingness by hospitals to let a parent stay with a child overnight has significantly reduced the amount of total separation from familiar people in the potentially alarming circumstances of a hospital. This is partly a positive benefit of the work of Bowlby and the Robertsons (1970).

However, the vast majority of overnight stays took place in family homes. Even excluding hospitalisations, 35 out of the 63 children had spent one or more nights away from their parents. Relatives were even more predominant as overnight carers than they were for day and evening care. One half of children had stayed overnight with a relative (Table 8). This was well over twice as many as had been looked after by a non-relative overnight (13). On the other hand the bias to maternal relatives was less marked than for other care. One third of children had stayed with maternal grandparents overnight. Slightly smaller and roughly equal proportions had stayed with each of:- paternal grandparents; aunts and uncles; friends and neighbours (Table A13). 3 children had been looked after overnight
by an au pair or daily help, but none by a childminder. Of all the children who had ever been apart from their parents overnight, four fifths (26) had been cared for by grandparents either solely or as well as others.

The mean number of nights a child had been apart from parents overnight before their third birthday was 12, i.e. about four per year. This average has little real meaning, for there was a very wide range from none to 98. Nearly all the stays with non-relatives had been for one or two nights only per child and virtually all the long periods of overnight care or repeated brief overnight stays were with relatives. This contrasts with daytime patterns and suggests an unwillingness to use friends and neighbours for more extended forms of shared care.

Only 12 children had been cared for in their own home overnight (for an average of 3-4 nights per child concerned), compared with 34 children away from home (for an average of 20 nights per child). In this respect, overnight care resembled daytime care more than evening care. Sometimes it appeared to represent the equivalent and extension of away-from-home evening care. If the child went to a carer's home to stay for the evening, then usually he or she would stay overnight too in order to minimise disruption for both carer and child. Children who had been looked after overnight by a carer in their own home had nearly all experienced at least weekly shared care in the daytime, so this occurred when there was a higher than average willingness to leave the child. This association was not found for overnight care away from home, which is consonant with the idea that it was often an alternative to evening babysitting.
COMBINATIONS OF NON-GROUP CARE

Only rarely did more than one person care for a child at the same time, unless it was a couple. In a few instances, two or three relatives had babysit together for company. Similarly, a few teenage carers brought along a friend or relative. Sometimes a child was left with more than one street friend, who were together looking after several children.

However, nearly all the families had a combination of different carers they could call on at any one time. The size of such a "carer set" ranged from one to over fifty, if all members of a babysitting circle are included. The upper limit of "active carers" was probably about a dozen. Just under half the families had a carer set of seven or more people. The diary showed that it was quite rare for a family to use more than 3 different carers in a two week period, but half of those families who had shared care (i.e. 24) used more than one carer. Families who mainly used non-relatives for care (even those not in circles) tended to have larger carer sets than those who mostly used kin carers. A larger carer set did not necessarily mean it was easier to share care frequently or on demand, because a few families had several carers whom they used only occasionally, whilst one or two main carers like grandparents or a childminder could be very readily available for frequent care. Even so, there was a strong correlation between the number of carers used by a family and the frequency of care (p=0.001). High numbers of carers were particularly characteristic of families who shared care once or twice a week, whereas those who shared care every weekday - because both parents were working - used mainly one
person.

The salience of the main carer within the carer set varied considerably. Indeed for a number of families the description "main carer" is not really accurate. 17 families used two carers of equal importance, usually the two sets of grandparents. A further 15 families had several carers who were used with similar frequency, usually street friends. On the whole this does not affect the description of broad care patterns, because nearly always when two or more people shared care at a similar frequency they were the same kind of person. 30 main carers were definitely much more used than the other carers for that child. This occurred just as much for relative main carers, as for non-relatives.

Most children had been cared for by both relatives and non-relatives at some time. However, there was a general incompatibility between frequent kin usage and frequent usage of "local people". This suggests some form of satiation level for carers. The degree of immersion in kin care probably influences the ability or willingness to engage with non-kin for care. Only one in five families had a relative and non-relative combination of main and second carers. Most paid childcarers and non-local friends were to be found in carer sets with few or no relatives.

In the evenings, about half the families relied almost entirely on a combination of relatives for care. A quarter of the whole sample rarely used anybody but grandparents. Ten of the families using circles hardly ever used any other evening carers. But 3 families used a circle in combination with frequent use of relatives,
and a further 4 had grandparents as a back-up arrangement to a circle. Evidently, circles are not simply organisations for those without relatives on hand, as some respondents thought. Most families did not have exactly the same set of people for daytime as for evening care. It was also rare for all daytime carers to be completely different from all the evening carers (4 families). The extent of overlap between daytime and evening carer sets varied considerably. For 18 families they were virtually identical and usually consisted of a few relatives and perhaps an immediate neighbour. Sometimes grandmothers were mainly used during the day and another relative in the evenings after their work or school. Some families had one or two local people as extra daytime carers in addition to a predominantly kin carer set. By contrast, those families who mainly used non-kin for care were more likely to have additional carers in the evenings. Au pairs were used for both day and evening care, but childminders were not. Although the personnel might differ somewhat, most families still had the same kind of people for both daytime and evening care. Only 10 families combined kin and non-kin as their main daytime and main evening carers.

Half the children who had been cared for overnight had stayed with more than one person. This usually involved a combination of relatives. For 5 of the 7 children who had stayed with both sets of grandparents, there had been an approximately equal number of nights with each set of grandparents. In other words, a bilateral balance had been maintained. When children had spent nights with a friend or neighbour, the children had nearly always also had overnight care from kin too. Thus the use of non-kin
for overnight care was mostly by those generally predisposed to overnight care with relatives. Occasionally, a lengthy period of overnight care had been shared amongst more than one carer, either to spread the responsibility or because one was not available all the time.

SEQUENCES OF CARE

The combinations of care arrangements used for particular children normally changed as the child grew older. Only sometimes was this consciously planned. Nevertheless, besides idiosyncratic alterations, the sequences of care revealed certain general trends.

Changes in care frequency

For each of the 3 years since the child was born, approximate frequencies of normal care were established during the interview in order to show the broad evolution of care. For this purpose, brief atypical episodes were ignored. With only a few exceptions, the frequency of shared care increased as the children grew older. Sometimes this occurred gradually, but there were also more abrupt changes, as when a mother started work or began a regular care arrangement with one or more friends. The predominance of parental care in our society is seen in the fact that about half of the families shared care only a few times in the first year. However, by the time the children were aged two, only a quarter of the families still shared care so seldom. Correspondingly, the number of families who shared care at least once a week doubled to make up just over half of the sample by the third year. Some families maintained a steady rate and only a very few
showed a reduction in frequency, as when a mother stopped work. All of the children in the sample had been cared for by someone other than parents at some point in the three years, but two children had apparently been with one or both parents for all of the first year and one other child throughout the third year.

The care frequency in any year was categorised as low (L) if it was a few times only, high (H) if it was at least once a week and medium (M) if it was in between. The 3 year sequences for all the children could then be grouped into 5 main types:–

<table>
<thead>
<tr>
<th>SEQUENCE</th>
<th>EXAMPLE</th>
<th>FAMILIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build-up-to-high</td>
<td>LMH</td>
<td>23</td>
</tr>
<tr>
<td>Constantly high</td>
<td>HHH</td>
<td>11</td>
</tr>
<tr>
<td>Low-medium</td>
<td>LLM</td>
<td>11</td>
</tr>
<tr>
<td>Inverted</td>
<td>MML</td>
<td>8</td>
</tr>
<tr>
<td>Constantly low</td>
<td>LLL</td>
<td>10</td>
</tr>
</tbody>
</table>

Thus, the most common sequence was an increase from low or medium to high frequency. One sixth of the sample had been apart from their parents only a few times in each of the 3 years, whilst at the opposite pole another one sixth had experienced regular sharing at least weekly from babyhood onwards. For comparative purposes three larger groupings were identified and these are used in the subsequent presentation. 17 “low-sharing” families had shared care only a few times in each of two or three years. 25 “high-sharing” families had care frequencies of once a week or more in at least two of the years. The remaining 21 were designated “medium-sharers”. The diary broadly confirmed these categories. Carer sets which consisted mostly of relatives had similar proportions of low, medium and high sharing sequences.
to those sets comprising mainly non-kin. Most of the families who had used paid childcarers had high sharing sequences. A higher proportion of members of *evening* babysitting circles had high sharing sequences in the daytime than other families.

**Changes in size of carer set**

For many children, the rise in care frequency was accompanied and partly caused by the incorporation of additional people in the carer set. 16 children had roughly the same carer set over the 3 years, but for three quarters of the sample the number of carers increased. This entailed a substantial expansion of the carer set by more than three carers in half of the cases. In the first year over 50% of the families used only one or two carers, but in the third year this had fallen to under 20%. The growth of carer sets was a response to broadening perception of the acceptability and desirability of care, as well as expanding network contacts in some cases. A growing carer set meant that parents had a wider choice of carers and there might be reduced imposition on any one carer. Most of the expansion was from a small carer set (0-2) to a medium-sized one (3-5) or from medium to large (6+). Therefore, the differences between families persisted even though most showed a growth in carer set.

Expansion of the number of carers was equally likely to occur in the second or third year. About half the families (36) had a "step" in their carer set sequence, that is a fairly sudden increase in the number of carers either preceded by or preceding two years of stable numbers. Most had a "small step" when one or two additional carers were used, but there were 14
with a "big step" of 3+ extra carers. A big step generally occurred when the mother joined or helped create some form of multiple exchange sharing care network in the street or adjacent streets. Five main sequences of carer set could be recognised, based on the rate of expansion and the presence or absence of steps. Not surprisingly these resembled sequences of care frequency quite closely:

<table>
<thead>
<tr>
<th>TYPE (Number of families)</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Static (22)</td>
<td>No increase or an increase of 1-2 carers in only one year.</td>
</tr>
<tr>
<td>Slow expansion (8)</td>
<td>Increase of 1-2 carers in both years.</td>
</tr>
<tr>
<td>Fast expansion (9)</td>
<td>Increase of 3 or more carers in both years or of 3 or more in one year and 1-2 in the other</td>
</tr>
<tr>
<td>Second year big step (6)</td>
<td>Increase of 3 or more carers in the second year, followed by stability</td>
</tr>
<tr>
<td>Third year big step (8)</td>
<td>Stability in second year, followed by an increase of 3 or more in 3rd year</td>
</tr>
</tbody>
</table>

29 families had small static carer sets with never more than 5 carers. This normally consisted of a few close relatives and/or one or two street friends. Such families might find themselves restricted in people to turn to for care, if one or two of their carers became no longer available.

In the first two years, there was only a weak correlation between size of carer set and care frequency (p< 0.2), but by year three the association has become very strong (p<0.001). This reflects the fact that early frequent shared care tended to be by working mothers with just one major carer, whereas the
expansion of carer sets between age 1 and 3 mostly represented the development of sharing care among several local parents once or twice a week.

Changes in kinds of carers used and location of care

Besides progressive additions to the carer set and occasionally subtractions, there were often alterations in the relative importance of carers. Generally, there were more changes with regard to non-kin carers. Of course, some alterations of the carer set were caused by individual events, such as a grandparent’s stroke or a street friend leaving the district, but there were also more typical progressions. Particularly common was a shift towards greater use of local parents in addition to or partly instead of kin. This took two main forms. Firstly, there might be an addition of one or two local parents to a carer set, which stayed dominated by kin. Secondly, in some families, relatives were the main carers early on, but were later overtaken in care frequency by street friends. This did not necessarily mean that the relatives were used less often than before (although that did happen sometimes), but simply that non-relative care had increased in comparative prominence. Analysis of the 9 care positions showed that those families whose 3 main carers in the first year were all relatives experienced little change in their carer set. However, there were 16 families who had a mix of kin and non-kin in the first year and by the third year their 3 most important carers were all non-relatives. The number of families with maternal grandparents as main carer declined from 26 in the first year to only 16 in the third year. There was a similar fall in the number of families with paternal grandparents as main carer, so
that in all three years almost twice as many families had maternal grandparents as paternal grandparents for their main carer. However, the number of families with other relatives as main carer remained fairly constant. The place of grandparents in the 3 main care positions was chiefly taken by street friends and to a lesser extent by paid childcarers (Table 5-3). It is evident, then, that the use of "当地人" for care especially after babyhood by many families was not simply a function of lack of kin available for care, but of a definite shift away from kin care at least in comparative importance. Only rarely was there a change in the opposite direction, with a non-relative as main carer in babyhood and a relative later. There were also a few parents who had non-local "old friends" as carers for older siblings or when the child was younger, but who increasingly turned to local people as time went by.

Despite this shift away from kin predominance, there were still more families with 2 out of 3 care positions occupied by relatives in the third year than those with two out of three filled by "当地人". Furthermore 6 families still had non-Edinburgh relatives as main and/or second carer. There were therefore significant exceptions to the localisation of care as time went by. The preponderance of care by relatives and "当地人" overall is shown by the fact that only one third of families used anyone apart from these two categories at all in the three years. 4 families had used a paid childcarer outside the home (i.e. a childminder), and 9 had used a paid childcarer in the child's home (i.e. au pair, daily or agency help). Daily helps were mostly used for babies and for care of short duration, whereas other paid childcarers were mostly used for older children and for longer. Three out of the four families
### TABLE 5-3

<table>
<thead>
<tr>
<th>PERSONS USED AS MAIN CARER IN THE THREE YEARS</th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/MMF</td>
<td>26</td>
<td>21</td>
<td>16</td>
</tr>
<tr>
<td>FM/FF</td>
<td>7</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>MZ/MZH</td>
<td>4</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>MB/MBW</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>FZ/FZH</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>OTHER KIN</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>IMMEDIATE NEIGHBOUR</td>
<td>3</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>STREET FRIEND</td>
<td>5</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>LOCAL FRIEND/CIRCLE FRIEND</td>
<td>7</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>NON-LOCAL FRIEND</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>AU PAIR/PAID CARER</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>DAILY HELP</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>CHILDMINDER</td>
<td>-</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>LODGER</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>NOBODY</td>
<td>2</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

### SUMMARY

<table>
<thead>
<tr>
<th>Category</th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Grandparents</td>
<td>26</td>
<td>21</td>
<td>16</td>
</tr>
<tr>
<td>Other Kin</td>
<td>15</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>Street and Local Friends</td>
<td>12</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Paid Child Carers</td>
<td>1</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Nobody</td>
<td>2</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>
who used a childminder began to do so only after the child was two. All but one of the families who had used a childminder or au pair for any length of time had a change of person in that position. Whereas most new carers from amongst relatives, neighbours or friends were already familiar to the child in some way, the discontinuities of paid childcarers nearly always meant that the new carer was previously unknown to the child.

The most common sequences of main carer may be summarised as follows:-

- 20 Grandparents for all three years
- 8 Other all kin sequences
- 10 Switch from grandparent to "local person"
- 8 "Local person" all three years
- 9 "Local person" or paid childcarer all three years
- 4 Switch from "local person" to relative
- 4 Other sequence

These sequences were linked to changes in the size of carer set. Families using mainly kin over the three years had mostly small static or slow expansion sequences, whilst those using "local people" or paid childcarers mostly had big step, fast expansion or large static sequences. Expansion of mainly kin carer sets tended to occur between age 1 and 2, but growth of a mainly "local person" carer set occurred more often between 2 and 3.

For evening care, about half the families had used more or less the same arrangement throughout the three years. Usually this involved the same few relatives or a circle. Most of those who changed either added some "local people" to grandparents or else
shifted away from grandparents to a younger relative or a circle.

The location of care also changed with time. In babyhood, shared care occurred mainly at home for most children. By the third year, this remained true only for a small number who had low frequency kin care.

**Overnight care sequences**

In one sense all overnight care patterns are sequences, because the frequency is generally too low to distinguish other dimensions over short periods. Some differences in timing were noticeable over the three years (Table 5-4). A few children had just one extended period of overnight care, as a result of their own or their mother's illness or hospitalisation. The remainder of the children who had experienced overnight care were divided fairly evenly into two types. The first group had spent just one or a few occasional nights with a relative or non-relative. The second group had been looked after on a more regular basis for one or two nights on each occasion, usually at week-ends. Such recurrent overnight care had always been by either grandparents or less commonly married aunts and uncles. Once started, these normally continued at a fairly constant rate. A few children had begun these regular stays as babies, but rather more started later when it was seen as less of an imposition. Whereas the main increase in the number of children staying overnight with relatives occurred between the age of one and two, there was a sudden increase in the number of children who were looked after by non-kin after age two, when parents felt the child was old enough to cope and understand. Four
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None in all 3 years</td>
<td>28</td>
</tr>
<tr>
<td>2</td>
<td>Third Year only</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>Second and Third Years only</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>Some in all 3 years</td>
<td>11</td>
</tr>
<tr>
<td>5</td>
<td>Other sequence</td>
<td>6</td>
</tr>
</tbody>
</table>
children stayed with non-kin overnight once as a baby and then not again - a sequence type not found for kin overnight care. Although the frequency of overnight care did not usually vary much once started, the growing numbers of children who began overnight care each year meant that the mean number of nights did increase each year - from 2.3 in year one to 4.8 in year three.

**DIMENSIONS OF GROUP CARE**

The two main forms of group care used by parents in this sample were playgroups and nursery school, which are indeed the only two types of group care generally available to two parent families (See Chapter Two). None of the children in the main sample had been to a day nursery. Three major themes emerged in the study with regard to group care. Firstly, despite some important differences, both playgroups and nursery schools seemed to be serving broadly similar functions for families and children, as will be seen more clearly in the next chapter. Secondly, it was apparent that in a city with high levels of pre-school provision usage of group care had become virtually universal at an earlier age than has normally been foreseen. Thirdly, group care varied considerably in the extent to which it represented a sharp break or a more familiar transition from the child’s previous experience. Several writers have recently characterised entry to playgroup or nursery school as the first major transition for children outside the nuclear family or even as the first experience of non-parental care (Blatchford et al., 1982; Bruner, 1980). This is wrong on two counts. All the children had previously been looked after by people other than parents and for many this had happened at
least once a week. Moreover, many of the children had had some prior experience of an organised group either with or without their mothers.

**Group care attendance**

Of the 63 children whose parents were interviewed, 49 (78%) were already attending group care at the time interview. This was surprising, as it is way above the rates of take up for this age which have been found in other studies, not only nationally but in nearby areas (e.g. Bone, 1977; Watt, 1976). This results not only from the high level of pre-school provision in Edinburgh, but also from the nature of the sample. This omitted single parent families who make greater use of day nurseries. Newcomers to the area were also left out and they may be less willing or able to obtain a group care place.

The near unanimity about group care usage was further emphasised by the fact that the 14 children not currently attending did not form a distinctive group of "non-users", as had been expected. All were booked into a group and were due to commence shortly. The only significant way in which they differed from the others was in their birth month. They all had their third birthdays towards the end of the school year, mostly in April-July. This meant that they had been too young to start at the main intake times of pre-school groups in August and January, but would probably start within a few months of the interviews at the beginning of the next school year. This delay was frustrating for some of the parents, but the main reason for emphasising this point is that it demonstrates the "quasi-universality" of starting group
care by just over three among this sample of families. All but a few of the study children's older siblings had attended a pre-school group, too. This supports a double argument that will be further substantiated in the following sections. Firstly, in many ways there is an equivalence although not necessarily complete substitutability between playgroups and nursery schools. By three and a half virtually all the children would be in one or the other. Secondly, if the high level of provision in Edinburgh were extended nationally, then it is likely that usage elsewhere might also become "quasi-universal".

Types of group care and the time children spent there

Of the children attending group care, just over half (27) were at a Local Authority Nursery School, with whom was included one child at a University nursery school for the purposes of analysis. The remainder of the children attended playgroups or private nursery schools (Table 5-5). All nursery schools and some playgroups only admit children after their third birthday and this obviously has great impact on the age at which children started group care. Only one quarter of the sample had started at group care before they were 3 - usually just a few months earlier. An early start at group care did not appear to be related to previous sequences of non-group shared care.

Except for a few children with working mothers, group care frequency was greater than frequency of non-group sharing care. The hours children attended group care ranged from two days a week for two hours to five 6 hour days. Only one in six children attended for fewer than 5 days and most of their parents
### Types of Group Care Attended or Planned

<table>
<thead>
<tr>
<th>Type</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Attenders = 49</strong></td>
<td></td>
</tr>
<tr>
<td>Local Authority Nursery School</td>
<td>27</td>
</tr>
<tr>
<td>Voluntary Playgroup</td>
<td>12</td>
</tr>
<tr>
<td>Private Playgroup</td>
<td>7</td>
</tr>
<tr>
<td>Private School</td>
<td>2</td>
</tr>
<tr>
<td>University Nursery School</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2. Non Attenders = 14</strong></td>
<td></td>
</tr>
<tr>
<td>Local Authority School</td>
<td>10</td>
</tr>
<tr>
<td>Playgroup</td>
<td>4</td>
</tr>
</tbody>
</table>
planned that they would go for longer when they were 4 years old. About two thirds of attenders (35) went for a part-day session. The rest (14) attended nursery school for a "full-day" of up to 6 hours and had lunch there. A comparison could be made from the diaries of the amount of time the children spent in group and non-group care at the age of three. It must be remembered that most of the children had only started group care within the previous few months, so that before that non-group care was paramount. Children spent on average about one quarter of all 42 sessions in the diary fortnight away from their mothers. Just under two thirds of these sessions were spent at group care (Table A14). Going to a nursery school or playgroup did not appear to attenuate the frequency of non-group care for most children. Attenders had only a slightly lower mean number of sessions with individual or couple carers than the non-attenders.

So far we have only considered the forms of group care conventionally considered under the umbrella of day care. In fact, when commencing their attendance at playgroup or nursery school, a majority of the children had already had some experience in a largish, organised and continuing group. Just under half the children (27) had been to a mother and toddler group. Strictly, these do not constitute shared care as defined in this study since the mothers usually stayed with their child. Sometimes the children did play in a separate room. The naming of mother and toddler group might suggest that they would be most attractive to mothers who are less ready than others to be apart from their children. On the contrary, most of the families who had used such groups were medium or high sharers with large or expanding carer sets. They saw mother and
toddler groups as part of a gradually expanding sequence of social experience for their children. For instance, Mrs. Urquhart* wanted to:-

"break him in ... sort of ... for nursery, you know. Get him used to being away from me just once a week."

Those working mothers who shared care with highest frequency from an early age were not generally available to attend with their children. At the opposite pole, low sharers were perhaps disinclined to encourage their children to mix early in a group setting.

More surprisingly, just over one third of the families (22) reported that their children had been in various other forms of group without their parents (Table 5-6). These will be referred to as "miscellaneous groups". They have been ignored in the literature, but had considerable positive or negative implications for a fair number of the children in this sample. There may even be some under-representation of these forms of care. All parents were asked if their child had been to any form of group other than nursery school or playgroup, but it is possible that not all instances were remembered, because some could be brief, minor or not normally thought of as a pre-school group. The most important form of miscellaneous groups consisted of church creches and Sunday Schools, attended by at least one in five of the sample, usually weekly. A few children had been to a sports creche, either every week or now and then. Others attended a weekly ballet or dancing class. There were a few other types of group attended by one child each, such as a group for gifted children and an adult learning project creche.
# TABLE 5-6

## ATTENDANCE AT MISCELLANEOUS GROUPS

### 1. Interview Information - Number of Children said to have attended in the 3 years

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church Creche or Sunday School</td>
<td>11</td>
</tr>
<tr>
<td>Sports Creche</td>
<td>5</td>
</tr>
<tr>
<td>Ballet Class</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
</tbody>
</table>

Total who attended any kind = 22 (3 attended more than one)

### 2. Diary Information - Number of children who attended during the diary fortnight

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday School</td>
<td>12</td>
</tr>
<tr>
<td>Ballet Class</td>
<td>4</td>
</tr>
<tr>
<td>Ballet Class and Sunday School</td>
<td>1</td>
</tr>
<tr>
<td>Sports Creche</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>

Total who attended any kind = 20

Note that two other children went to a mother and toddler group during the diary fortnight.
COMBINATIONS AND SEQUENCES INVOLVING GROUP CARE

Occasionally, group care replaced entirely an earlier arrangement for sharing care. For instance, Simon Villiers* MM, who had been looking after him while his mother worked, discontinued this once he was at nursery school. Much more often, the pre-existing arrangement continued, sometimes in a modified form. Several grandparents and paid childcarers who had been caring for the child while both parents worked continued to help with taking, collecting and probably some additional period of care, once the child was at group care. All the children with childminders went to group care, just like other children. Some parents with a regular care arrangement every week or fortnight changed to a less frequent, more ad hoc arrangement once the child started at group care. The arrangement was not needed so much, because the child spent less time at home and the mother now had "free time" when the child was at group care.

Both nursery schools and playgroups included children with a wide range of shared care experience. However, all the children from low sharing families attended a playgroup (or private school), compared with only half of those from medium sharing families and one quarter of those from high sharing families (p<0.05). Thus, prior propensity to share care was to some extent related to choice of group type.

Only 24 children out of 63 had entered or would enter playgroup or nursery school with no prior experience in a mother and toddler or miscellaneous group (Table 5-7). In a few cases, such an arrangement had been discontinued or replaced by an individual
### Table 5-7

**Sequences of Group Care**

#### 1. Pre-Group Care Group Experience

<table>
<thead>
<tr>
<th>Group Care Attended</th>
<th>Not yet Attended Group Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Care only</td>
<td>20 None</td>
</tr>
<tr>
<td>Mother + Toddlers then Group Care</td>
<td>13 Mother + Toddlers only</td>
</tr>
<tr>
<td>Miscellaneous Care + Group Care</td>
<td>10 Miscellaneous Care only</td>
</tr>
<tr>
<td>All 3 forms</td>
<td>6 Both Forms</td>
</tr>
<tr>
<td></td>
<td>49</td>
</tr>
</tbody>
</table>

Therefore, a maximum of 24 would start group care with no previous official group experience.

#### 2. Group Care Sequences

<table>
<thead>
<tr>
<th>Kind of Sequence</th>
<th>Description (with age of child in years)</th>
<th>Number of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single group continuity</td>
<td>Playgroup or Nursery School from $2\frac{1}{2}$ to 5</td>
<td>44</td>
</tr>
<tr>
<td>Early Playgroup-Nursery School shift</td>
<td>Playgroup $2\frac{1}{2}$ - $3$ Nursery School $3$ - 5</td>
<td>6</td>
</tr>
<tr>
<td>Late Playgroup-Nursery School shift</td>
<td>Playgroup $2\frac{1}{2}$ - $4$ Nursery School $4$ - 5</td>
<td>9 *</td>
</tr>
<tr>
<td>Early Playgroup-Playgroup shift</td>
<td>Playgroup $2\frac{1}{2}$ - $3$ New Playgroup $3$ - 5</td>
<td>1</td>
</tr>
<tr>
<td>Late Playgroup - Playgroup shift</td>
<td>Playgroup $3$ - $4$ New Playgroup $4$ - 5</td>
<td>1 *</td>
</tr>
<tr>
<td>Triple Group</td>
<td>Playgroup $2\frac{1}{2}$ - $3$ New Playgroup $3$ - $4$ Nursery School $4$ - 5</td>
<td>2 *</td>
</tr>
</tbody>
</table>

Note: The sequences marked with an asterisk indicate projected changes at 4. It is possible that planned changes (or continuity) at 4 may not occur as envisaged for some families.
carer, because the child had not settled well at a sports or church creche. For some others the experience had been brief or recent. Dancing classes only commenced at around the third birthday, for instance. However, a good number had had regular weekly attendance at a creche, Sunday school or toddler group for an extended period from an early age.

Many parents sought continuity in a pre-school group until school starts, but transfers were not uncommon. 9 children had already changed group by the time of interview. 12 couples said that they possibly or definitely would change group when the child was 4 years old. In all, nearly one third of families (19) actually or potentially chose a dual or even triple sequence of group care (cf. Watt, 1976). The most common changes involved an early or late shift from playgroup to nursery at the age of 3 or 4 respectively. There were a few instances of changes from one kind of playgroup to another. Two families planned a "triple group sequence", which entailed an initial playgroup from 2 1/2 to 3, a second playgroup from 3 to 4, then nursery school from 4 to 5. If parental projections were accurate, about three quarters of the children would be attending nursery school between 4 and 5. There were no examples of a child transferring from a nursery school to another establishment, but in all somewhat over half of playgroup users (17 out of 29) had already made a change of group or planned to do so at age 4. In such cases, the playgroup was carrying out a preparatory function for nursery school. Notwithstanding, a good many families did see playgroup as a self-sufficient preschool experience right up to the age of five.
SUMMARY

All of the families in the sample had shared care at some time, but they varied greatly in the amount of sharing and their openness to different kinds of people to act as carers. Some families shared care very rarely throughout the three years and then usually with a few close kin only. Other parents used relative carers frequently. The second very common kind of carer, especially as the children grew older; consisted of other local mothers of children under five. Most carers were women who had brought up or were bringing up their own children. There were more male and single carers in the evenings, but they were still a minority. Usually the frequency of care and the size of carer set increased from babyhood onwards. There were a few children who had high frequency care (at least weekly) as babies and a few others who experienced shared care only rarely in all of the three years. However, most children’s sequence of care developed from low or medium frequency in the first year to medium or high frequency between 2 and 3. Children were also more likely to be cared for away from home as they grew older, partly because of the increasing importance of non-relative carers. The majority of the children had spent just a few nights apart from their parents or none at all. About a fifth of the families had begun recurrent overnight stays with close relatives during babyhood or later.

Between 2 1/2 and 3 1/2 nearly all the children had started at nursery school or playgroup, or were booked to do so. Studies in other areas have found demand to be less than this pattern of usage. Even allowing for the nature of the sample, it seems probable that high
availability of provision revises upwards the proportion of parents wanting group care for their children at the age of 3. Furthermore, many children had already become accustomed to a fair degree of shared care before that and/or had been to some form of organised group. Therefore, group care was not necessarily the novel experience which it has sometimes been depicted as. Nevertheless, some children had hardly ever been away from their parents in the three years beforehand and for most children group care was much more frequent than any other shared care they had known.
Chapter Six
PROCESSES OF SHARING CARE

Now our attention will turn to the ways in which different care patterns came about and what were their consequences. Firstly, the reasons parents themselves gave for arranging care are described, then influences on the choice of types of carer and group care. Next, the relationships amongst the adults concerned will be considered. Finally, the effects of different kinds of care experience on children are described.

It will be seen that non-group care was arranged primarily to free parents and especially mothers to do things it was more convenient to do without children. By contrast, group care attendance was arranged mainly for the child's benefit. However, sometimes non-group sharing was intended to help the child and most parents acknowledged some benefits to themselves from group care. Many parents held a view that sharing care should occur only when it was "necessary" or clearly for the child's sake, but interpretations of which circumstances necessitated or justified sharing care varied greatly. Likewise, selection of carers was normally governed by requirements of trust and familiarity, but there were marked differences between families in their boundaries of acceptability with respect to potential carers. Those children with lowest frequencies of shared care seemed particularly liable to be upset by sharing care. Only sometimes did the children's adjustments to group care seem to be affected by their prior shared care experiences. The majority of the children soon adapted quite well when
they started at playgroup and nursery school.

MOTIVATIONS FOR SHARING CARE

Reasons for non-group care

There was a limited number of common situations which parents used to explain sharing care. Nevertheless, none of the reasons given for sharing care were expressed by every couple, and some reasons were much more widespread than others. Similar circumstances could lead to sharing care by one family, but not by another family and perhaps not by the same family at a different time. Parents evidently exercised considerable discretion about whether to share care or not in particular circumstances.

A record was made during and after the interviews of all the reasons given for non-group daytime care arrangements recalled by all families for each of the three years. This showed that the most common ones concerned a mother's decision not to involve the child in a practical task in which she was engaged. The most frequently mentioned reasons for care were shopping and appointments with doctors, dentists, hairdressers etc. (Table 6-1). Next most important were the leisure or social activities of the mother or the child. Fewer families shared care in order that both parents could work at the same time, although this accounted for the highest frequency of sharing care. Family ceremonies (weddings, anniversaries, funerals) constituted a prominent occasional reason for sharing care, even for parents who otherwise seldom shared care. These ceremonies sometimes involved the child's main kin carers, so that it would be necessary to make novel
## Table 6.1
### Reasons for non-group daytime care

<table>
<thead>
<tr>
<th>Reason given for Care</th>
<th>Number of Families who gave this reason for any one year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YEAR 1</td>
</tr>
<tr>
<td><strong>A. MOTHER-BASED REASON</strong></td>
<td></td>
</tr>
<tr>
<td>Shopping</td>
<td>47</td>
</tr>
<tr>
<td>Appointments¹</td>
<td>23</td>
</tr>
<tr>
<td>Social Activity/Sport²</td>
<td>11</td>
</tr>
<tr>
<td>A break²</td>
<td>12</td>
</tr>
<tr>
<td>Work³</td>
<td>10</td>
</tr>
<tr>
<td>Mother’s stay in hospital</td>
<td>3</td>
</tr>
<tr>
<td><strong>B. CHILD-BASED REASON</strong></td>
<td></td>
</tr>
<tr>
<td>Intrinsic pleasure of child and/or carer</td>
<td>15</td>
</tr>
<tr>
<td><strong>C. OTHER REASONS</strong></td>
<td></td>
</tr>
<tr>
<td>Parents joint activity¹</td>
<td>10</td>
</tr>
<tr>
<td>Support father care⁵</td>
<td>0</td>
</tr>
<tr>
<td>Sibling-based reason⁶</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
</tbody>
</table>

**KEY**

- Mentioned by 10 or more families
- By 20-30 families
- By 40+ families

**NOTES**

1. Appointment at doctors, dentists, hairdressers, hospital.
2. Specific activities are distinguished from a more generalised desire for a break.
3. Mother’s work is meant here. It is normally implied in all the reasons that father is at work or otherwise not caring.
4. Normally a weekend reason for care, such as a wedding, funeral, weekend away or holiday.
5. When father normally cares while mother works.
6. Includes parents’ contacts with siblings’ school or pre-school group, and parents desire to spend time alone with a sibling.
arrangements for the child. Mothers' hospitalisation affected few children, but accounted for the most extended periods of continuous shared care.

In general, the proportion of the sample who shared care for each kind of reason remained fairly constant over 3 years. The most striking exception was the big increase each year in the number of families sharing care for what may be called "child-oriented" reasons. There were two kinds of these. In the first type, relatives were eager to have the child come and stay with them simply for the pleasure of the child's company. In the second type, friends and neighbours with young children arranged for their children to play together. Some children themselves began to ask for one or both of these types of care to be arranged once they were of an age to express their wishes. Over half the parents reported that their children had asked to stay with another person sometimes or often. 13 children had apparently never taken the initiative in this way. Another factor in the increase of "child-oriented" sharing was that older children were sometimes seen as more enjoyable or easier to manage.

Mothers' leisure activities were mentioned by considerably fewer respondents than said they shared care on account of her practical obligations. Each year, about one in five mothers had shared care in the daytime for specific social activities like playing squash or attending a meeting. An increasing number each year said they shared care partly or fully in order to give themselves a more generalised break from the home and child care. Even so, only one third of all the mothers said they had shared care mainly so they could have such a break.
In the day care literature, non-group shared care has largely been identified with "work care", i.e. arrangements for mother to work. This is a considerable oversimplification. In two out of three of the families in this study, mother's work had played no part in the patterns of external shared care. Similarly, external sharing made up only part of the overall work care patterns. In total, one in three families (21) had shared care externally since the child's birth so that the mother could work. The number of families for whom mother's work had been compatible with the retention of care of the child within the nuclear family was only slightly smaller (17). The number of mothers who shared care so that they could work was fairly static in the first two years, but there was an increase in the third year.

Mothers' work as a reason for care was naturally associated with high frequency of care (p<0.001), but there was no comparable association with the size of carer set. On the other hand, sharing care for social or child-oriented reasons generally went together with both large carer sets and care frequencies of at least once a week. Low sharing families had usually eschewed care for either child oriented reasons or mother's benefit (work, a break or social activity). For them, shared care was only legitimate in exceptional circumstances, such as family ceremonies or appointments.

In fact, many parents had some sense that sharing care should occur only when it was seen as essential. Strictly, only the total incapacity of both parents makes shared care unavoidable. This did not occur in any of these families, so the idea of necessity for
sharing was open to variable interpretations according to parents' definitions of when children should be included or excluded in certain adult activities. As Mrs. Edwards explained:-

"That's what I mean by "You have to". Obviously, you don't have to - it's just to make life easier."

The non-availability of trusted carers could affect perception of need. For example, Mr. and Mrs. Kinnear had gone out a fair amount, while FF had been the carer for their first son. Now that he was considered too old to care, they said they did not need to go out. Most people recognised that sometimes it was justifiably more convenient to do something like popping out to the shops "without the children under your feet" (Mrs. Griffin). Some felt more strongly that there were times when "you have got to leave them" or "you need a break". In contrast, a few parents perceived virtually no daytime circumstances in which they would feel any need to leave the child with someone else. If no close relative lived nearby, parents might feel like Mrs. Whigham* - "I didn't have to think about leaving him with anybody". It seemed that a few mothers needed to keep their children close for their own emotional reasons, especially if the organisation of family life left them isolated or lacking external outlets for personal satisfaction. Thus, Mr. Laurie had two jobs and Mrs. Laurie thought:-

"that is why I depend on the children so much - you know, for company. That's one of the reasons I never go anywhere without them."

In some cases, social activities were altered in nature or timing so that the children could participate and would not need a carer. For instance, people would be invited round to lunch instead of dinner or parents
would celebrate an anniversary with a meal at home instead of going out.

The interviews and diaries provided clear evidence that children sometimes accompanied parents for the same kinds of activity as led to shared care at other times. Shopping was both the most common reason given for shared care and the most widespread activity of mothers and children together outside the home in the diary fortnight (Table A15). Appointments with doctors or dentists were seen by some parents as boring or alarming for children, whilst others liked to include their children in order to extend their knowledge or allay potential fears. Decisions whether to share care or not depended on the circumstances, the child's age and the availability of alternative carers, including father. Some children were taken to local shops, but not into Town, because of the large crowds. Difficult weather could tip the scales in favour of leaving the child with someone else while the mother took an older child to school, for instance. The length of time for which care would be needed could be important in assessing the child's reactions to being taken along somewhere or staying with someone else. A long period might be seen as too much to ask of a carer. Alternatively, for a short period "it wouldn't be worth asking anybody to look after him - it would be just as quick to take him" (Mrs. Reynolds*).

The child's age and the number of children could militate either for or against retention of care by mothers. Babies were often seen as easier to take along than toddlers, because they were lighter and less mobile. 2-3 year olds were sometimes seen as more able to cope, as at a hospital, or more of a problem to
bring along, because they liked to wander or became very bored. More than one child could be a handful when going shopping. On the other hand, "the more there are, the more you feel you couldn't possibly impinge on somebody, so that you just have to take them with you" (Mrs. Henderson).

Unlike daytime care, evening care was rarely arranged for practical reasons, but mostly for parents' social outings. Normally, such outings would be joint, but occasionally the parents were engaged in separate work or social activities on the same evening. A few couples liked to take children with them in the evenings and would only accept invitations for visits on this understanding. The vast majority of people took it for granted that children needed to be in bed and should not have their sleep unsettled. Overnight care was sometimes enforced, when the child was admitted to hospital, or constrained, when the mother was in hospital. More usually, it resulted from parents' late evening social activities. As such it acted as an extension of evening babysitting. Regular overnight care was also sometimes arranged for child-oriented reasons. These two main factors in overnight care often combined. If a relative asked for the child to come and stay, this was used by the parents as an opportunity to go out. Otherwise, they might simply welcome the chance to have uninterrupted sleep or a quiet week-end to themselves. For some children, there had been a few nights of overnight care occasioned by family ceremonies or week-ends away by parents. It was these which had led to most of the overnight care by non-relatives. For 7 children, an extended period of overnight care had resulted from their parents' holiday away together.
Reasons for group care

The quasi-universal usage of group care, even by those who otherwise seldom shared care, demonstrated that this is a form of care which had achieved widespread legitimacy as desirable for the child in these areas. Several writers have stressed that most families are motivated to use group care for the child's social benefit rather than for educational reasons (Haystead et al., 1980; Watt, 1976). This was largely confirmed in this study. But it was also apparent that for most parents there are multiple reasons for using group care and that the reason given may vary according to how a question is phrased. Over three quarters of the families gave at least three different reasons for their child beginning at group care. While social reasons are usually primary, they are often combined with educational and other motivations. Perceptions of the multiple benefits of group care in a context where nearly all friends and neighbours held similar views meant that attendance was often taken for granted. Mrs. Boyd expressed a common feeling - "I didn't give it a lot of thought. It seemed the obvious thing to do". Most parents adhered to the norm with enthusiasm or conviction, but there were just a few "reluctant users" who said they only sent their child, because otherwise he or she would lack friends or be different when entering school. These mainly resembled Shinman's 1a category of mothers who felt they could meet all the child's needs without external assistance other than that already available in their daily lives (Shinman, 1981).
Non-group shared care was mainly for parent-oriented reasons, but the intrinsic value of care for the child became increasingly important especially after the age of two. This trend towards sharing care for the child's benefit continued with group care. Nearly all the families included social benefits for the child amongst the reasons they gave for arranging the place at group care. This factor was mentioned first by most of them (Table A16). They explained that they wanted their children to go so they would have the chance to "mix with other children", "make friends" or "socialise". Some kind of opportunity to play was the next most common reason given for use of group care. In many cases, this meant that parents thought their child was ready for and interested in playing with others or with the wide range of play materials. In a few families the parents wanted a shy child to develop affiliative and play skills. The other main reasons given for the use of group care were (in order):- preparation for school; independence for the child; and learning. Preparation for school in this context refers to getting used to the routines and practices of a school environment, rather than specific academic teaching. Evidently, early education and help in adjustment to later education were important, if secondary, considerations for most families at this stage. For some low sharing parents, this reason tipped the balance in favour of group care, about which they otherwise had some reservations. Those mothers who had misgivings about the norm of group care usage generally went along with it for the social or educational benefit of their children. However, Mrs. Sinclair felt she had been pressurised to put her sensitive first born into nursery school by other local mothers and he had been miserable there.
Therefore, unlike most shared care before 3, group care was mainly regarded as a means of helping the child to start adapting to a wider social world than the immediate family and its realm of contacts. In a few families, it was seen as an essential bridge from the comfort of the family to the tough outside world. Some parents valued the fact that pre-schooling was optional, in contrast to compulsory attendance after 5. While group care was primarily valued for its immediate, intrinsic merits for the child, there was also often a future orientation, in that families did see group care as a form of gradual introduction to school, but in a social and emotional as much as a pedagogic sense. With the exception of the few reluctant users, parents saw group care as providing things for the child which they could not. It was complementary to family care, not a substitute for it.

15 families gave mother-oriented reasons for group care, but always in association with a child-oriented reason. Only 3 mothers openly stated that they hoped that group care would help them to start work. More commonly, mothers looked forward to a break from the child or a relief from the pressures of constant caring. This was the case for both families with twins.

Ostensibly, there was little overlap in what was hoped for from group care and non-group care. But once the child had started at group care, it was possible to take advantage of the child’s absence for the same purposes as had previously prompted non-group care. For instance, shopping, appointments or a "break" could all be fitted in with group care hours. Thus, covertly at least, group care could take over many non-group care functions.
Given the wide variation in non-group care sequences and attitudes to sharing care among families, it might have been anticipated that these would affect motivations for group care. This was not the case. Low, medium and high sharing families had similar reasons for wanting group care. Families who had hardly shared care at all did not feel they should also shelter their children from group care. Nor did those parents with children whose range of care and contacts had been wide regard group care as superfluous. On the whole, the kinds of motivation for group care also did not differ among nursery schools, private and voluntary playgroups. This helps justify the practice here of linking them together for most purposes as offering substantially similar services.

MAKING CARE ARRANGEMENTS

Choice of non-group carers

Frequently a decision to share care was inextricably linked with the choice of a particular care arrangement. Indeed, sharing care may often not be experienced as a conscious decision at all. Nevertheless, analytically it is useful to distinguish these two processes. Carer selection may be seen as the creation of a functional network of relatively few people recognised as actual or potential carers from amongst the many people a family has contacts with and more rarely from prior strangers. It seemed that there were two major elements - by type of person and by individual character. Most carers had "personal" relationships with parents in one of two forms - as kin or local friends (Table 4-2). A few significant carers such as circle members or paid childcarers had "structural" or
"categorical" relationships with the parents (J. Mitchell, 1969). Within the relevant types of people, parents normally selected only a few as carers, according to practical considerations or personal qualities. For example, being good with children or more willing to put oneself out explained why some friends, aunts, uncles or grandparents were used as carers rather than someone else of the same kind of relationship.

The negotiation of the carer role is a two-way process, in which both parents and carer need to be agreeable to arrangements. Usually, parents chose from people who had indicated a willingness to care or from whom a readiness was anticipated through prior close relationships. In other cases, incentives could be offered for carers in the form of material reward or exchange services. Often willingness was taken for granted on both sides, but some parents were loathe to ask a potential carer, until an offer was made. Mrs. Hunter had been uncertain whether to return to work after Aidan was born. Resolution of her doubts was assisted when his older sister's minder said she would look after him. Several relatives were acceptable as carers for Robert Ormiston* when his mother was at work on a Saturday morning, but it was MMZ who took the initiative and so stayed with him. Some kin were not only keen to care, but might virtually insist on it. According to Mr. Baxter*, FM would call by and say "Go away and get your messages, and I'll look after the bairns". Simon Villiers* MZD was possessive about her role as his main carer and communicated to his parents that she would be hurt if someone else was asked to share care.
All parents were asked why their main carer was that particular person. As far as possible explanations were sought for the selection of other carers too. Expressed explanations do not reveal all the factors affecting choice. Some may not be consciously perceived or may be taken for granted. Sharing care often emerges "naturally" from social life as when a mother pops out during a visit by or to a relative or friend. It was very rare for parents to specify that carers should be women, have had experience of young children of their own, be grandparents or come from mothers' rather than fathers' family. Yet, as we saw, these attributes were very prominent in carer sets. It was also important to ask why significant or willing network members had not become carers, for the composition of a carer set depended not just on positive selection, but also on the non-use of others. Over half the families reported at least one person who had offered to share care, but had been discounted as carers by the parents. For instance, many parents were not happy to have as carers people who they thought might panic if a child woke up during evening care. In different families, this was the explanation for reluctance to use male circle members, teenagers or elderly relatives.

Most parents gave practical reasons for the choice of main carer, such as nearness, availability and willingness. But pragmatic considerations often affected selection within taken for granted categories. Only a few of the people living near at hand became carers; the offers of willing people were sometimes not taken up; and available people might not be asked. In discussion, many parents indicated that only certain kinds of people were acceptable for care. This is
illustrated by Mr. Vallance*'s comment at the end of an interview:-

"You've made us think about a few things. Our circle is not as big as we thought. You think you have a lot of friends, but it's surprising how few we'd leave our kids with. It makes you realise what constricts you".

Mrs. Vallance* had in fact begun the interview by saying that they used MM for care "because she was the only one that was available". She later admitted that there were other non-practical factors. She declared "I wouldn't trust anybody else" and "we've got the same ideas about things, you know". Several other couples explained their choice of main carer by stating why they used one relative rather than another, thereby implying that non-kin were not relevant. The main non-practical factors affecting selection of carers may be described as:-

relational ..... relative or friend of child's parents

personal ....... the carer knows the child well or the child trusts the carer

evaluative ..... the parents trust the competence or skills of the carer

Kinship and personal reasons were more prevalent in influencing choice of main carers than parents' friendships per se, although that was the prime factor for a few families. Some parents explained their choice of carers by saying simply "family". Preferences within the kin set depended on such factors as distance, health, age, work commitments and having children or not. There might also be competing care responsibilities to other children or to elderly relatives. For evening care, grandparents might be preferred to young kin, as they had fewer commitments of their own. In a few
families, parents' siblings or cousins were favoured, because they were more mobile or more flexible about staying late. Interestingly, families whose main carers were relatives were just as likely to give nearness or convenience as a major reason for choosing them as others, even though far fewer of those relatives lived nearby. It appeared that for non-relatives nearness generally meant within walking distance, whereas for kin it referred to any practicable distance, which might well be a different part of Edinburgh. The widespread primacy of kin for care is emphasised by the fact that 8 families said they chose a non-relative main carer partly because they had no close relatives in a position to care.

Nevertheless, there were a minority of families who positively preferred non-relatives as carers. Care by other local parents helped integrate the child more readily with everyday contacts in the street. A number of parents commented that it was easier to establish a clear cut care arrangement with non-relatives, because with friends there would be reciprocation or with paid childcarers the parents could stipulate the conditions for care.

Evaluation of the carer's competence was mentioned much less than might be expected. It was also primarily raised in connection with non-kin carers. Preferences from among "local friends" or neighbours were sometimes attributed to particular skills (e.g. nursing) or similar values and ways of treating the child to those of the parents. This was rarely of conscious importance in the selection of kin carers. Presumably the ability to meet the child's needs in ways which parents approved of was ascribed to kin
more automatically. There were a few exceptions. Mrs. Chalmers' two younger sisters had looked after Kirstie, but panicked when she cried. Since then, "we always stick to the grandparents".

For one quarter of the families, opportunity to reciprocate care was important in choice of main carer. This chiefly referred to arrangements with other local parents and only once to a relative (MZ). Mrs. Clark noted that "there are some (neighbours) you would use rather than others, because you could repay them in kind". Reciprocity is discussed in more detail later in this chapter.

Most parents stressed that carers should be well known to themselves or the child. It emerged in the interviews, that a major influence on carer selectivity were parents' differing definitions of strangers or outsiders, and their attitudes towards them. This was particularly important for evening care. In relation to shared care, the term stranger will be taken to mean somebody who is unfamiliar to the child or parents. Examples of carers who were initially strangers included some circle members, teenage babysitters and childminders. Unlike the anonymous, distant service givers considered by Titmuss (1970) and others, such strangers were chiefly people living nearby. By contrast with small tight knit communities where strangers are generally visitors or newcomers (Frankenberg, 1966), in Milburn and Whitlaw families were surrounded by many people who were strangers to them but were also local residents potentially relevant for social contacts or sharing care.
Only 13 families indicated that they felt no qualms about evening care by people they did not know well. A further ten were prepared to consider it with important qualifications. Some did not mind if the child was asleep. Others thought it was all right provided that there was opportunity to "convert" the stranger into a familiar person by inviting the person round for tea or coffee beforehand. Well over half the parents strongly objected to stranger care. These three kinds of attitudes to strangers may be designated respectively acceptance, conversion and aversion. Nearly all low sharing families and those with kin as main daytime carers felt aversion to stranger care. Apparently, restrictiveness or expansiveness both in the frequency of shared care and in the boundaries of persons trusted to care tend to go together. The main reasons for concern about stranger care were that the child would be anxious or frightened; that the carer could not cope if the child needed something; or that the carer might be a threat to the safety of the child or home. Aversion to stranger care was a major factor in unwillingness to belong to babysitting circles among those who had the opportunity to join but decided not to. A few members of circles were against stranger care, but felt that their particular circle was small enough for all the carers to be familiar. All of those who had accepting attitudes to strangers had non-kin as their main daytime and evening carers. They were either high or medium frequency sharers. They were unconcerned about their child's reactions to strangers, although they might well want to be assured of the carer's competence. Against the prevailing current of opinion, there were a few parents who expressed a definite preference to pay a stranger in some circumstances. Advantages cited included the precise,
formal nature of the arrangement which obviated feelings of imposition and the fact that paid childcarers might more readily be brought to the child's home. In short, payment to strangers increased parental control over the situation. Commenting on what they would do if she was in hospital for a period, Mrs. Miller, who had parents and other relatives in Edinburgh, said "I think we would prefer to employ somebody rather than a more casual arrangement, so it was more watertight".

A person's sex was rarely an explicit factor in the choice of carers. The fact that most carers were women went largely unquestioned. It was more of an issue in circles. Some recipients of care felt it made no difference whether the circle carer would be a man or woman. Others wanted a woman, because they assumed she would be more able to cope than a man, especially with the practicalities of baby care. Female carers were also usually more familiar to the child from daytime contacts. As providers of care, some of the fathers were quite confident about their ability to look after other people's children, but others felt inexperienced or simply assumed that this was primarily a woman's role. Age was also not a prominent factor in carer choice, but was commonly a ground for exclusion. Some parents felt it was valuable for their child to mix with an adolescent, but many were concerned about the competence of teenagers as carers. Teenage care was sometimes only arranged if an adult was near at hand. Many offers of care by elderly relatives or neighbours were not taken up. Parents were concerned that they might be too tired or stressed, or would not provide adequate supervision or stimulation. Health could be more important than absolute age, for there
were some important carers in their 70's, whereas some younger people were ruled out because of frailty, disability or vulnerability to stress.

**Parent-carer relationships**

A few children had carers who were known almost exclusively for that function, as in the case of a childminder, teenage babysitter or circle member. Much more typically sharing care was only a part, and often a small part, of the total relationship between the family and the carer as relative, friend or neighbour. Therefore, expectations and rules about the carer's role could vary greatly depending on the nature and quality of the non-care relationship with that person. Frequently, care arrangements built up gradually and with only partial deliberateness, as when a grandmother's care became regularised on a weekly basis or ad hoc swops developed into multiple, systematic exchanges. When agreement is reached to share care, there is inevitably some kind of contract between parents and carer about the terms of the arrangement, even if this is often vague and largely implicit. It appeared that explicit expectations mostly concerned time and place. How a carer dealt with the child was mostly taken for granted or given a fair degree of freedom. Thus, rules of expected behaviour might only become apparent in their breach, as when a carer panicked with a crying child, failed to tolerate exuberant behaviour or spoilt a child. Ill-treatment of the child seemed rare, although Mr. and Mrs. Nichols* did change Winnie's childminder, because they thought she was learning aggression and bad language.
In contrast, overindulgence was deprecated by quite a few parents, especially if the child was more difficult to control on return. Mrs. Laurie refrained from sharing care with MMM and MMF because they spoilt the children. Conflicts had arisen with the children after care by their great-grandparents, when they wanted to carry on doing just as they pleased. Mrs. Urquhart* was loathe to ask her sister to look after Thomas, because:-

"anything he wants he gets, you know, and it's not fair when they come home. And I've tried to explain it to her, but I don't want to hurt her feelings, you know."

This illustrates the particular difficulty of clarifying care contracts with kin, in that it might disturb more general relationships. It seemed that problems concerning spoiling arose mainly though not exclusively with relatives. Mr. Tulloch* said he was trying to teach Stanley right from wrong, but MB let him do what he liked so that "the bairn's in two minds". On the other hand, some parents thought that their child realised that different rules applied in different contexts. For instance, Mrs. Tervit* considered that Yvonne was well able to adjust to the contrasting styles of her parents and her more lax grandparents.

Paid childcarers and circles were seen by some as avoiding the pitfalls of relationships between parents and a relative or friend carer. It was thought that more clear cut stipulations could be made or were built into the arrangement. Mrs. Henderson had paid a friend's au pair to look after Douglas while she studied at the library, because grandparents' timing had been too unreliable. Nonetheless, a few parents complained of what they regarded as breaches of unwritten rules.
Mrs. Miller complained that her daily help had not looked after the children as she wanted. Two parents criticised circle members for calling back parents instead of coping with a crying child and being unprepared to stay after midnight.

Generally, decisions about where care should take place depended on the time of day and the convenience of the carer. In the daytime, it was generally assumed that friends and neighbours preferred being in their own home. It might also be seen as advantageous to the child, perhaps because there was a garden or novel playthings. In the case of some grandparents and older friends or neighbours, it was preferred that the carer come to the child's home, where the environment was more oriented to the child with regard to amusements, and safety of the child or precious possessions. Such carers did not have children of their own, and so were also more free to come to the child's home. The comparative mobility of parents and carers could also affect the location of care. Douglas Henderson was taken to FM while his mother studied, because his mother had a car. But MM came to his home, as she worked nearby and could come over afterwards.

The concern to fit in with the convenience of the carer, which was prominent in the daytime, was overridden in the evenings by a general wish not to disturb a sleeping child. Many families consequently ruled out care away from home after dusk, so that the normal routine of neither child nor carer need be altered. It was also seen as more important for a sleepy or sleeping child to be in his or her most familiar environment. A few parents had left a sleeping baby at the carer's home in the early evening and then
collected the child to take home at the end of a night out. In other cases, it was most convenient for a relative carer to have the child at their home, so then the child stayed on overnight.

Reasons for changes in the relative importance of carers

Changes of carer could involve ceasing to use a carer, starting to use new people or altering the relative frequencies of existing carers. Some grandparents became less frequent carers, because of their age and declining fitness, especially if additional children in the family made caring a greater strain. In a few instances, this paralleled the increased maturity of a teenage relative, who then became preferred as a carer. A grandparent's death had deprived 5 families of a major carer. Strokes and heart attacks had incapacitated several others as carers. In a few families, a grandmother starting work or one of parents' sisters having a baby had reduced their availability for care.

There was greater flux with friends and neighbours. This was caused by people moving in and out of the local area, the differential development of friendships and changing perceptions of the advisability of non-kin care. A few ex-neighbours were still prominent carers, but normally residential mobility of non-kin put an end to sharing care. Those with a considerable street network of carers had alternative and additional people to make good the reduction in care resources caused by someone moving away. On the other hand, a few families had relied almost exclusively on a close neighbour and when that person moved they were loathe to use less favoured carers. As in the case of those
reliant on care by a grandparent who died, frequency of sharing fell sharply after the loss. Occasionally, a friend or relative had moved closer to the family and so was able to care more frequently thereafter. The changes which occurred for all but one of the families who had used a childminder resulted from changes in care needs or the emergence of a more favoured carer. In only one case was dissatisfaction with the quality of care responsible. Discontinuity of placements is a well-known feature of minding (Bryant et al., 1980; Mayall & Petrie, 1977).

The differentiation of combinations of carers

As virtually every family had more than one person in its carer set, there would need to be some basis for selection on particular occasions. Sometimes, several major carers were seen as more or less interchangeable, so that choice would depend on who was contactable and available. This was true of some street networks, circles and some multiple kin carer sets. There was often an attempt to spread the "burden" of care, so that the carer used on the last occasion or most frequently in the recent past would not be asked to undertake the current session. This also helped to sustain care relationships with several people. In contrast to these intersubstitutable carer sets, many exhibited a hierarchy of carer desirability or else specialisation of carers according to the purpose, timing or location of care. People lower down a "hierarchy" would be used mainly when those at the top were not free or it was less convenient for them. For instance, Mrs. Urquhart* listed her order of preferences, firstly for either set of grandparents, then MZ or FZ, then a friend downstairs, and finally a friend down the street.
Other families had one or two strongly preferred arrangements, with "latent carers" who would be turned to only in exceptional circumstances. In heirarchical carer sets, frequency and recency of care increased rather than reduced the likelihood of selection next time.

"Specialisation" took three main forms - temporal, functional and locational. Different carers could be used or the same carers used with differing frequencies according to whether the timing of care was day or evening; weekday or week-end; early or late finish in the evenings. Care of Robert Ormiston* was provided by one MZ during weekdays, MMZ at week-ends and another MZ in the evenings. The length of a care session might affect choice. When Mrs. Cairns wanted brief care, she would ask street friends or her husband, but for a more infrequent but longer period she would turn to FM. Some parents used grandparents to care for an ordinary evening session, but someone else for a late night out. Mrs. Taylor* said "I couldna ask my Mum if it's got to be a late finish". There was sometimes a difference between carers who could be asked at short notice and those who required advance warning, because of distance, commitments or personality. Stewart Raeburn's FM was mostly a carer for planned occasions, because she lived 12 miles away. Examples of functional specialisation included use of paid childcarer or grandparents while mother worked, but street friends at other times, either to give the child a chance to play with friends or to minimise the mother's sense of indebtedness and imposition with respect to a work carer. A few parents gave instances of locational specialisation, so that the child would stay with the carer who lived nearest to the place where the parent
(usually mother) was going, such as shops, dentist or hospital. A different kind of locational specialisation occurred when care sessions were organised around visits to or by a more distant carer. A child might be left with grandparents during a holiday or week-end stay, while the parents went out or visited other relatives.

**Choice of overnight and crisis carers**

Major care commitments place a greater imposition on the carer and require more adjustment by the child. In consequence, it was to be expected that somewhat different criteria might apply in choice of carers for care of longer duration. This was indeed the case. All the people interviewed were asked to say who would be their first choice as carer for an overnight stay, whether they had actually shared care overnight or not. Three quarters of the respondents nominated a relative. As usual, MM/MF, FM/FF and MZ were the most common choices, in that order. Some parents who shared care frequently in the daytime or evening had gone to considerable trouble to arrange overnight care with a relative some distance away, because "you can't ask friends to look after children overnight" (Mrs. Johnstone). Mrs. Traynor* described their 15 mile round trips to take and collect the children for week-end stays with MZ and MZH:

"It can be an awful upheaval. You have to pack your case, and when Sheila was a baby, it was taking the cot, the pram and everything. But I would rather do that knowing they were going to be happy with the person, rather than running upstairs (for someone) to watch them."
Non-routine needs for care may also lead families to look outside their normal carer set. Besides mothers' work which is dealt with fully in Chapter Eleven, this took 3 main forms as follows (with the numbers of families concerned in parentheses):—

**Brief emergency (8)**

Birth of younger sibling (18)

**Major crisis (16)**

By brief emergency is meant an accident or sudden illness to a family member. In most cases, such situations had led to sharing care with stair or street neighbours, some of whom had not looked after the child before.

A major crisis consisted of a more prolonged and unexpected illness or hospitalisation of mother. Birth of a younger sibling is distinguished from other major illnesses or hospital stays of mother, because the latter normally involve less predictability and opportunity to plan for care. Mothers' admissions to hospital for both childbirth and illness have been amongst the main reasons why children are admitted to Local Authority care (Packman, 1973; J.Stroud, 1965). Therefore, it is important to understand how ordinary families cope with this from their own resources. In this sample, all the families who had had to deal with such a critical disruption of maternal care had managed without resort to residential care. Only one had needed to use group care. There were 18 families where a younger sibling had been born. In 6 instances the father had taken time off work to care for the child, usually with the help of grandparents or a neighbour. Otherwise, it had been grandparents or MZ who looked
after the child, either completely or more commonly until the father got home from work. 4 of the children had gone to stay overnight with their grandparents. In two of these cases father went too. Victor Shaw* was given an early place in a playgroup to make it easier for MM to cope. This was the sole example of the use of official services in a crisis.

16 mothers had been in hospital for illness, sterilisation or miscarriages for periods of a few nights up to 2 months. Again it was mainly grandparents and fathers, often in combination, who had looked after the child. Some fathers were reluctant to take time off work, particularly those in manual jobs who would lose pay as a result. Others stressed the importance of keeping care within the nuclear family, despite the financial loss. Mr. Laurie said "We'd rather put ourselves out than other people, you know".

Major unexpected crises sometimes altered well-established ideas about carer choice and frequency. The Irvines had always felt strongly that only parents should look after children. Unexpectedly, Mrs. Irvine had to spend 2 months in hospital so they arranged for their daughter to stay all the time with FM and FF. She came through the experience happily and they concluded that they had previously been too circumspect about sharing care. Mrs. Page's divorce radically changed her ideas. When she became a single parent, she placed her son in a day nursery at an early age, yet she had previously disapproved of such facilities.

Whether they had experienced a care crisis or not, all the parents were asked how they thought they would deal with a stay in hospital by mother for a few
nights and for some weeks. For short term absences of mother, nearly all of the parents thought they would retain care within the extended family. Several families nominated relatives who lived at a distance in preference to routine local carers. In spite of the high usage of "local friends" for everyday care, just two families thought they would use a friend or neighbour alone for a short absence of mother. In the case of a prolonged absence of the mother, 50 out of 63 families envisaged that grandparents or parents' sisters would be the main carers. This was far more than the number of families who had relatives as the main routine carers. Distance was not necessarily a problem. Mrs. Kerr said:

"My first choice would be my mother, though that is rather difficult as she is at the other end of the country. I think at this age it would have to be a grannie."

Fathers' work commitments meant that they were chiefly seen as a back up to others after work, especially for long periods. More families said they would prefer to pay a stranger for crisis care than said they would use a friend. It was generally felt that few friends or neighbours could or should be called on to help for lengthy continuous periods.

Most families seemed to have a fairly clear choice of "crisis" carer and some had a range of relatives they thought they could call on. But several parents did hesitate and four families even after consideration felt they had nobody to call on for a long term maternal absence. These were families lacking healthy relatives in Edinburgh. The general feeling that care in a major crisis should come from relatives meant that even some parents who had a large local carer set felt anxious
about how they would cope, because they had no kin living nearby.

**Choice of group care**

In a number of cases, the group a child attended was chosen because an older sibling attended (20) or even occasionally because a parent had attended (3). Otherwise the main influences on group care choice were practical and evaluative, rather than relational or personal. Nearly all the families considered only two or three facilities in their local area. Direct assessments of group care before booking a place were often superficial, because parents usually had only brief contact before accepting a place or indeed before the child started, unless an older sibling had attended the same group. Therefore, the advice of acquaintances and friends in the neighbourhood was often critical in choice of establishment.

Well over half the parents said they had first learnt of the group from a neighbour or friend. Sometimes they had received a specific recommendation. Sometimes evaluation of different groups was the product of comparative discussions in pairs or groups of mothers and it was simply a shared assumption that it would be a good idea to follow what friends or neighbours had done. A few families took very different views of the same establishment, but in general there was a considerable degree of consensus about which were good ones and about the few which merited criticism. Given that most parents had had only brief contact with the group before booking a place, it is not surprising that such factors as the amount of open space and equipment were more influential on choice of group care than the
personal qualities of the staff. Most parents said they wanted group carers to provide love, understanding, interest and stimulation. Normally they were not disappointed. In contrast to non-group carers, there was a greater expectation of an ability to produce developmental change in the child. The decisions of only one out of every four families' appeared to have been affected by whether the group was a playgroup or nursery school. Some parents of children attending playgroups were attracted by the small amount of time the child would be there, whilst a few parents specially chose nursery schools for the longer hours. Apart from this, parents' choice of group was much more influenced by impressions of the particular location, staff and facilities than by the type of establishment.

With a few exceptions official sources of information and evaluation of group care were much less significant than informal contacts with past or current users in the locality (Table 6-2). Less than one third of families had received some kind of advice from a professional person about sharing care. This was sometimes a reminder about group care in general and sometimes a recommendation about a particular group. Just four families had first learnt of the group they used (or planned to use) from an official source. By far the most important professionals in this respect were Health Visitors, who gave some kind of advice to nearly one quarter of the families. This represents an interesting prolongation of the influence of health provision on pre-schooling, despite the statutory transfer of all direct responsibilities for providing pre-school care to other departments. Occasionally, the Health Visitor had suggested that a group care
### TABLE 6-2

**SOURCES OF INFORMATION AND ADVICE ABOUT GROUP CARE**

1. **How family first learnt of facility used for child or for which child is booked in**

<table>
<thead>
<tr>
<th>Source of information</th>
<th>Number of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends or neighbours</td>
<td>38</td>
</tr>
<tr>
<td>Father's contacts</td>
<td>6</td>
</tr>
<tr>
<td>Mother sought out information</td>
<td>5</td>
</tr>
<tr>
<td>Health Visitor or Social Worker</td>
<td>4</td>
</tr>
<tr>
<td>Mother went as child</td>
<td>3</td>
</tr>
<tr>
<td>Relatives or relative's friends</td>
<td>3</td>
</tr>
<tr>
<td>Mother passed by facility</td>
<td>2</td>
</tr>
<tr>
<td>Advert</td>
<td>2</td>
</tr>
</tbody>
</table>

2. **Advice from Officials about care**

<table>
<thead>
<tr>
<th>Source of Advice</th>
<th>Number of families who had received any advice at all about group care</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>44</td>
</tr>
<tr>
<td>Health Visitor only</td>
<td>11</td>
</tr>
<tr>
<td>Social Work Department only</td>
<td>3</td>
</tr>
<tr>
<td>Health Visitor and S.W.D.</td>
<td>1</td>
</tr>
<tr>
<td>Hospital Social Worker</td>
<td>1</td>
</tr>
<tr>
<td>G.P.</td>
<td>1</td>
</tr>
<tr>
<td>Clinic Doctor</td>
<td>1</td>
</tr>
<tr>
<td>G.P. + Health Visitor</td>
<td>1</td>
</tr>
</tbody>
</table>
placement would help relieve family stresses, such as a relationship difficulty with the child or a difficult pregnancy. In 3 cases, this idea was very much welcomed, but 2 mothers had resented the idea that separation of the child was proposed as a solution. Despite the importance of Health Visitors compared with other officials, three quarters of parents had had no advice from one about group care. It seemed that, unless the child had a problem, advice depended on the chance factor of the particular knowledge and interest of the individual Health Visitor. A few mothers had contacted the Social Work Department for a list of facilities. No family had apparently received any information from the Education Department which runs all nursery schools. Although the dissemination of knowledge and evaluation was largely dependent on informal connections or parents' initiatives, most parents did not feel a need for more information. Just a few parents wanted better communication with those actually managing or running the facilities before the child started.

Nearly all parents had no prior relationship with group carers, before the key child (or an older sibling) had started there. Yet they mostly exhibited trust rather than hostility towards these strangers, in contrast to non-group care. It appears that the Local Authority sanctioning is not sufficient to explain this acceptance of stranger care, forchildminders are registered like playgroups but do not recieve the same public acceptance. Presumably their wide public usage and visibility, coupled with the informal information-sharing processes between families, serve to assure parents that group carers are to be trusted.
PARENTS AND GROUP CARE

First and foremost group care was described as offering benefits to the child. Nevertheless considerably more mothers (over three quarters) felt that they too benefitted from group care, than had acknowledged any personal gain as a reason for using group care in the first place (one quarter). As we shall see later, this fits with a more general norm that mothers should avoid arranging care for overtly selfish reasons, but may take advantage of care which is fixed up for the child's benefit. The most important gains mentioned were opportunities to do things like shopping or attend appointments without children present. In other words, it was possible to use group care incidentally for the same kind of reasons that shared care was deliberately arranged before. Some mothers also welcomed more time to devote to their own interests. For a few it provided a chance to look for work or made existing care arrangements for work cheaper or easier. Ten mothers said their overall relationship with the key child was helped by the separation, because this reduced tension from constant interaction or led to mutual pleasure at reunion. Mothers' morale could be much improved. Mrs. Traynor* described how she:

"was getting a bit depressed, fed up from trying to keep Sheila happy, run the home. I feel freer since she went to nursery."

Group care mostly gives time resources to mothers, but 13 mothers drew attention to the disadvantage that time was taken up in accompanying and staying with the child. Relatively few expressed a sense of missing the child, but three mothers did experience a considerable feeling of loss with their child away.
### TABLE 6-3

**MOTHERS’ VIEWS ABOUT PARTICIPATION**

**AT GROUP CARE**

<table>
<thead>
<tr>
<th></th>
<th>PREFER INVOLVEMENT</th>
<th>MIXED FEELINGS/NOT MIND</th>
<th>PREFER NON-INVOLVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Middle Class</strong> (N = 33)</td>
<td>11</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td><strong>Working Class</strong> (N = 30)</td>
<td>10</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td><strong>TOTAL</strong> (N = 63)</td>
<td>21</td>
<td>12</td>
<td>26</td>
</tr>
</tbody>
</table>
Nearly all the fathers felt that group care made little impact on their lives. The main exceptions concerned shiftworkers, who either missed seeing the child when home during the day or were glad to have more peaceful sleep.

Only 8 fathers had frequent contact with group care. In all cases, this meant that they took or collected their child. One quarter (17) had never been there at all. In this sample, half the mothers had so far had no participation apart from taking/collecting the child. About one quarter sometimes took part in running a playgroup on a rota basis. Only 3 mothers in all had any management role as committee members. A number of parents had taken part in coffee mornings, meetings or fund-raising activities, which were the main kinds of involvement available at nursery schools.

This degree of involvement is much less than many commentators would think satisfactory, but in fact many women in the sample did not agree with the policy assumption that mothers should participate a lot. Overall the mothers were fairly evenly divided into those who saw involvement as a good thing and those who were not keen or not free (Table 6-3). There was some mis-matching, in that there were mothers in favour of involvement who had no opportunity for it and several who did assist with care who would have preferred not to. Some mothers were certainly very positive about the value of involvement. This was valued for providing an opportunity to see how their children were getting on, to meet other mothers or to satisfy a general liking for being with young children. There was little evidence that a transfer of educational ideas was either desired or actually
happened, although this has been seen as a major purpose of participation (Bronfenbrenner & Mahoney, 1975). Parental involvement was hardly ever given as a reason for using or preferring a playgroup. Reluctance to be involved did not necessarily signify lack of interest in the children. Some mothers thought that their prolonged presence would inhibit the child from making friends, gaining independence or learning. In this sense, participation was seen as contradicting the purpose of group care. Mrs. Balfour said "If I were to stay there, he wouldn't do anything of any value". Mrs. Sim* thought that:—

"If mothers were there, I think the children would be more intent to come up to them all the time. Well, what good is a nursery, if mothers are going to be there?".

Most nursery staff are not keen for children to start group care before the age of 3 (Morsbach et al., 1981). In this sample about one third of the parents would have liked their child to start earlier than was the case. In total, roughly half of the families would have liked a start before 3, but only some felt strongly about this. There was very little support for group care before 2. Previous research has shown a substantial number of parents wanting a younger start for their children. This finding has been juxtaposed with knowledge of the increase in mother's work to imply a causal connection between the two (Bone, 1977; Hughes et al., 1980). However in this study the main reasons for wanting an earlier entry to group care were to give the child more company, friends, enjoyment or stimulation than was possible at home. Many had noted a positive interest by the children in going to group care when they were aged between 2 and 3.
Most parents were opposed to a later start (at 4) for similar reasons. Those who were against a start before 3 mostly felt their child would not be happy or was too young.

Very few low sharers wanted an early start to group care (p<0.1). This suggests an underlying dimension in families related to (un)willingness to share care extensively or early. Therefore, families who were low frequency non-group sharers (2 years with fewer than 6 times per year) and were against an early start to group care were classified as "protective". By this definition, there were 12 "protective" families. This grouping was felt to have validity as it corresponded more or less to impressions gained during the interview about which families were very concerned that all but minimal sharing was wrong or upsetting to the child. It must be emphasised that this grouping of families is not to be seen as in any way pathological like those on which Levy (1947) based his study of overprotectiveness. Nonetheless some of them did express in much milder form some of the features he recognised, particularly inhibition of the child's social maturity. By contrast, families with a high frequency sequence (at least 2 years weekly) or who had actually started group care before age 3 or where the mother had worked during the day were classified as "independence encouraging". They had taken some move before three involving some independence for the child. There were 42 such families. These classifications are summarised in Table 6-4. They were found to be significantly related to other aspects of care and family life. Most "protective" families relied mainly on kin carers in a small carer set, whilst "independence encouraging" families usually had a large carer set. All the families who did not mind stranger
### Table 6-1
THREE MEASURES OF SHARING CARE
PROPENSITY USED IN THE STUDY

1. **LOW-INTERMEDIATE - HIGH SHARING SEQUENCES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Type</th>
<th>Number of Families</th>
<th>% of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 2 years with sharing under six times per year</td>
<td>Low Sharing</td>
<td>17</td>
<td>27%</td>
</tr>
<tr>
<td>Others</td>
<td>Intermediate</td>
<td>25</td>
<td>40%</td>
</tr>
<tr>
<td>At least 2 years with sharing care weekly</td>
<td>High Sharing</td>
<td>21</td>
<td>33%</td>
</tr>
</tbody>
</table>

2. **PROTECTIVE - NON-PROTECTIVE ABOUT NON GROUP AND GROUP SHARING**

<table>
<thead>
<tr>
<th>Description</th>
<th>Type</th>
<th>Number of Families</th>
<th>% of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low sharing sequence and against early group care</td>
<td>PROTECTIVE</td>
<td>12</td>
<td>19%</td>
</tr>
<tr>
<td>Others</td>
<td>NON-PROTECTIVE</td>
<td>51</td>
<td>81%</td>
</tr>
</tbody>
</table>

3. **INDEPENDENCE ENCOURAGING FAMILIES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Type</th>
<th>Number of Families</th>
<th>% of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Others</td>
<td>NON INDEPENDENCE ENCOURAGING</td>
<td>21</td>
<td>33%</td>
</tr>
<tr>
<td>Care frequency at 3 is weekly or mother works in daytime or group care was started before 3.</td>
<td>INDEPENDENCE ENCOURAGING</td>
<td>42</td>
<td>67%</td>
</tr>
</tbody>
</table>
care were "independence encouraging" and none were "protective" (p<0.01).

Parents completed forms to show which of several types of official care they thought were the two most helpful and two least helpful to families (See Appendix 4). The most popular types of care were evidently Local Authority facilities and professionally run playgroups, in other words those actually used by the families concerned. There was little support for mothers running their own playgroups. The least favoured forms of care were private facilities and those which are for working mothers. There was a pronounced hostility to childminders, especially by fathers, although those who had actually used minders were generally favourable. In the interviews more specific opinions were obtained about the difference between playgroups and nursery schools. Some researchers have seen the contrasts between the two general kinds of group as of less significance than the differences between individual establishments (Bruner, 1980). This was true for a good many parents too, but some did have strong feelings that one type was better than another. Virtually all the mothers but only half of the fathers seemed clear what the differences are. When asked which they preferred, far more respondents said nursery schools. Nearly half the mothers currently using a playgroup said they would have preferred a nursery school place if it had been available. There were no examples of the reverse. However, some playgroup users definitely liked them better than nursery schools, either all the time until school started or from 3-4 as part of a dual or triple group sequence.
Nursery school preference most often derived from beliefs that it offered better trained or more professional staff and/or rather more structured activity and formal teaching. Therefore, although most parents wanted group care for their children mainly for social reasons, this was often wanted within a setting which encourages learning and development. Those who preferred playgroups mostly did so on the grounds of the smaller size of group and/or shorter hours. These included a high proportion of low sharers, but also some medium and high sharers. The informality and gradual introduction to group care were also appreciated. On the whole organisational differences and especially the question of mother involvement seemed to have little influence on preferences. In some ways it seems that parents tended to see playgroups more in terms of their original intentions, i.e. as a substitute for nursery school in a more intimate setting, rather than the later purpose of community involvement (Crowe, 1973).

The couples interviewed were invited to comment on the fact that most children (in Edinburgh) now go to some form of group care, whereas most of their parents did not. Most were unreservedly positive about this major change in the social experience of early childhood. The most widely given reason for approving of the growth in group care provision was that it helped children prepare for school and avoid the upset or trauma (a term used by several parents) of sudden entry to school at age 5. These answers also illustrate that different kinds of question elicit different positive properties of group care, for avoiding school-entry trauma was hardly mentioned at all as a reason for wanting a place at group care. Nor was this
raised during the discussion of benefits to the child of group care. A small number of parents thought that the development of group facilities had been helpful to mothers, too, by providing more freedom and increasing opportunities to work. A frequent observation was that group care is now more necessary than in the past, because of the greater restrictions of urban life, particularly caused by motor traffic. Just five mothers expressed some doubts about the expansion of group care, either because of resentment at what they felt as normative pressures that all children should be taken to group care or a belief that children can prosper just as well at home.

Two thirds of parents using a group could think of no improvement they wanted for it. There was no single widely perceived deficiency. Group care staff were nearly always regarded very positively, too. This does not mean that parents were uncritical, for many had voiced misgivings about miscellaneous groups. Milburn and Whitlaw are particularly well provided for by national standards, so it is not surprising that there were also high levels of satisfaction with local pre-school provision in general. The main exception was that one in five of all families (13) wanted a nursery school place nearer to their home. As most families did in fact have ready access to a nursery school, this does mean that a large proportion of those who did not would have liked one close by.

RECIPROCITY

In certain respects shared care may be regarded as a service. It either gives parents freedom to do things unencumbered by direct child care responsibilities or
provides something which the parents believe is of benefit to their children. Consequently, it is helpful to consider how far it is characterised by social and/or economic exchange principles.

Sometimes the care service was given free of charge. The pleasure of the child's company and the "psychological rewards" of altruism or family aid appeared to act as adequate recompense (Wispe, 1978). More usually parents felt that providing such inner rewards to others was insufficient. The idea of receiving something for nothing made most people uncomfortable. Therefore, some kind of payment in cash, time or kind was felt to be desirable or obligatory. It seemed that there was a general incompatibility between social and cash relationships, as far as adults are concerned. It was rare for relatives or friends to be paid for care and typically there was a lack of interpersonal closeness maintained with paid childcarers. The principal exceptions to this were teenagers, who were often both paid for care and socially close to the family. The difference in age and status meant that cash payment was seen as more acceptable. With adult relatives it was often the case that no form of return for a care service was seen as necessary, but parents mostly did feel that some kind of non-monetary "repayment" was required for non-kin adults. These simple dichotomies need some qualification in detail.

A few parents felt that no return was necessary for sharing care, because the carers enjoyed looking after the children or would be offended at the implication that they needed any incentive to care for the children. Repayment for care was also sometimes actively evaded or discouraged by carers. Even though
Emily Griffin's parents insisted on paying MM to look after her while they both worked, she reasserted the exchange imbalance and hence her altruism by spending the money on clothes for Emily. Mrs. Ogilvie* remarked that:—

"I once offered my Mum something in fact. She told me more or less to get lost, sort of thing, that she didn't want paying to watch her own grandson. So after that, it was just a case of taking a box of chocolates."

This illustrates a typical dilemma in that most relatives and a few non-relatives denied a need for any repayment, yet parents wanted to show appreciation and reduce their feelings of indebtedness. This was commonly resolved by means of some kind of symbolic "counter-gift". These included giving occasional presents like Mrs. Omiston*’s chocolates, providing meals for the carer or performing some other service. Within a close social relationship receiving money for shared care would often be felt as an affront, so that a service was best repaid by a social gift. Often there was deliberately no immediacy or exact comparability of return. For example, some parents gave extras at Christmas or on a birthday, when presents were already legitimate. Others gave the carer something every so often, rather than at specific care sessions. Preparedness to help kin carers in future could be seen as sufficient to reduce the feeling that help went in one direction only. In these ways, the parents as recipients of the service were able to fulfil their sense of obligation to reciprocate, without thereby threatening the carer’s sense that they were acting altruistically. This was especially important to preserve the value that "family" help each other without expectation of gain.
At the time of interview, only 6 of the 63 families were making cash payments for daytime non-group care. This entailed a weekly cost substantially above that of other forms of care and always resulted from both parents working. Paying for care of children has often been viewed with disapprobation, because of its association with farming out and the apparent commercialisation of what should be an expressive relationship (Adamson, 1968, 1973; Waldinger, 1979). Many parents in the sample were hostile to the idea of childminding and indeed paid stranger care in general. Some felt embarrassment or even insult about the idea of payment to people they were socially close to. In contrast, a small minority of parents preferred the idea of paying individual carers. Cash payments were seen as ensuring greater reliability. They could also reduce feelings of exploitation, obligation or emotional ambiguity in comparison with unpaid care by a friend or relative. Evening care was more likely to involve payment largely because of the wider use of teenagers. About one third of families had used a paid babysitter at some time and 10 families did so regularly. There was quite a wide range in the size of payment from a nominal amount to two pounds an hour, but most parents paid between 50p and one pound an hour.

In relation to child care, time is as much a resource to be exchanged as money. Many people preferred reciprocal sharing to cost-free care, because it removed feelings of indebtedness or imposition. It was easier to approach a carer for help not as a favour, but as a part of ongoing exchange. Mr. and Mrs. Finlayson described how they now asked FZ and FZH to babysit less often than in the past "because we're not reciprocating". At the same time, they made greater
use of street friends, who had been making care requests to them more than vice versa. The imbalance in both directions was thus reduced.

Frequent daytime sharing care for other than work reasons with non-relatives usually involved some kind of return care. The arrangements had varying degrees of formalisation. 13 mothers engaged in some kind of regular weekly swop and a further 20 had a less systematic kind of reciprocal arrangement. About half of the swop arrangements involved a network of more than two mothers, whilst the rest were swops between pairs of mothers. Some of the former had developed into "mini-groups" in which 3-5 mothers took it in turns to look after all their children at once while the others had a break. These mostly arose when children were first aged 1. 1/2 to 2. Some had conscious purposes of preparation for group care, as well as giving opportunities for the children to play and for the mothers to meet socially. Although the mini-groups operated in similar ways, the descriptions given by several individuals suggested that their particular one had developed spontaneously rather than from imitation of one already in existence. For instance:-

Mrs. Finlayson  "I suppose we all instigated it. It just emerged... "

Mr. Finlayson  "I suppose they were all doing the odd swop and it became apparent that there was a better way of doing it".

Mrs. Finlayson  "We did it to give the children a chance to play together. To give ourselves a morning off. () We met a lot anyway, so it seemed sensible to have a regular arrangement".

Swops were almost entirely confined to street friends
with children of similar age, so that care needs and demands were readily matched. Reciprocal care had the advantage of being constantly renewable. Care of children acted not just as a repayment, but also as a downpayment against which it was easier to draw care services for oneself in future. The diaries showed that those parents who looked after other children a lot were also those who shared care of their own children quite often.

The norm of reciprocity was seen not just in the preference for swop arrangements, but also in the discomfort felt about non-equivalent exchange in relation to non-kin care. This could threaten parents' feelings of self-reliance. It also suggests that motivations about care were prompted as much by feelings of social obligation as of self-interest. Several parents were reluctant to "take advantage" of people without young children, as there would be difficulty in finding a suitable return. There was also a desire to retain offers from those without children for emergencies, so that a stock of goodwill was not used up. Mrs. Hunter declined her neighbours' offers of care, because they felt "like a favour". Parents who were reluctant to have an imbalance with friends did not always feel the same qualms in relation to kin for whom the child's company could be sufficient reward. Mrs. Allan explained that, when they went ski-ing, they took their son 70 miles to stay with relatives rather than leave him with friends, because:-

"then you've got to repay it in some way () - I mean by looking after their children some time. () The difficulty is not everyone wants to go away for a week-end, you know."
Babysitting circles and reciprocity

In the evenings, reciprocal care was commonly though not always formalised by means of babysitting circles. These merit special attention as an example of a successful neighbourhood self-help group dealing with the care of dependents by non-kin. They had developed and operated autonomously without professional encouragement or even awareness. Data about how circles work came only from accounts of individual members, so the following picture is partial and tentative.

All the circles described by respondents had a limited territorial basis usually of a few adjacent streets. Occasionally, they were confined to a single street or ranged over a few square miles. The care service was limited to one dependent group (children), so that all members were at the same life-cycle stage (early parenthood). Circles exemplify a generalised exchange system. The basic mechanism was that parents provided care for other families in return for care of their own child at other times. However, there was no need for immediacy or equivalence of return care between any one pair of families, because in principle any one of the other families could be called on at each occasion. The exchange requirement was that each member's giving and receiving should be in approximate equilibrium over a period, so that there was no imbalance with the group as a whole. Some circles had quite complex rules to bring this about. These were usually written down and sometimes circulated with membership lists. There might also be subsidiary regulations, such as a requirement that female carers be walked home late at night. Generalised exchange meant that a number of
persisting, pragmatic linkages were made between people, which were likely to develop into non-functional alliances (Befu, 1977; Fox, 1975). Circles form what Mayer (1966) has called a quasi-group, offering a large resource network with high availability and a potential for solving common problems. By spreading care arrangements in an organised way amongst a number of families, circles helped remove some of the emotional constraints to sharing care, which result from fears of imposing on others and doubts about others' willingness to care.

The reciprocal care service offered by circles involves exchange of time as a commodity. "Free time" was given up by the carer and gained by the parents receiving the care service. The tasks of the circle organisation were to evaluate time costs, provide a means of matching supply and demand, and achieve a fair balance of input and output for each family. There have been only a few attempts by economists to analyse choices about the allocation of time as a scarce resource in similar ways to choices concerning money or material goods (Sharp, 1980). There has been a tendency to describe time allocation decisions in terms of financial equivalents, particularly using the concept of earnings foregone in using time for non-work purposes (G. Becker, 1965). This is undoubtedly important, but it is probable that in addition individuals are affected by distinct non-monetary considerations when they determine how they use their non-work time.

Economic and accounting analogies were apparent to several members. They used terms like credit and debit, being in the red or black, or even being "bankrupt". Mr. Barker described their brief membership of a circle as
"a poor investment". The ways in which some respondents explained their decisions about circles were comprehensible in terms of economic concepts. Some couples chose not to join circles, because the opportunity costs from spending their time in return babysitting was considered too great. "Non-work" time was a highly valued resource which they wished to retain for preferred leisure or domestic activities (cf. S.Parker, 1975). If one of the partners worked a lot in the evening, then their time resources together could be seen as too precious to spend on babysitting for others. This meant giving up "two nights for one", as Mrs. Davies put it. A few parents had left a circle or decided not to join, because they saw their care demands as too low or inelastic, so they would always be in credit to the circle. Usually such decisions to terminate inequitable exchange were linked to the availability of alternative carer resources like kin or a paid childcarer (Burgess & Nielson, 1974). Several parents were conscious of the substitutability of time and money. Circles could be attractive for saving money to those whose main alternative form of care was seen as paying teenagers or an agency. On the other hand, some argued like Mr. Elliott who thought it was silly to waste his wife's time out babysitting when they could easily afford to purchase a care service. Mrs. Powell sought out a teenage girl to look after Peter for short periods when she was pregnant - "I wanted something where I didn't have to reciprocate". Money allowed for greater flexibility in providing a return for the service.

There were two formal methods of balancing supply and demand. One was based on book-keeping principles and the other relied on the exchange of some kind of
object which acted as a time measure. 10 families belonged to an exchange medium circle. Three belonged to one with a book system and one family belonged to one of each type. The book-keeping model involved keeping a record of the time units or points for each care occasion and maintaining a balance sheet of giving and receiving care. This was a centralised system in which one family or mother at a time kept the record book in rotation. The person holding the book was responsible for matching demands for care with carers' balance sheet at the time. The book-keeping system meant that the links between a consumer and provider of a care service on any particular occasion were determined by the book person and not the participants. This had the effect of extending care connections fairly evenly throughout the membership. Informal communication might modify this theoretical impartiality to take some account of personal preferences, especially if there was a "good reason" such as wanting a more familiar person for a baby. This system had the advantage of good information flow about families' credit balance and made possible quick adjustments to prevent large imbalances occurring. The main drawback seemed to be that making arrangements could be very burdensome for the book holder.

Exchange medium circles used beans or some kind of artificial tokens. These had values equivalent to time periods and were paid to carers at each care session. In one circle, the standard time unit of exchange was the whole session, which Mr. and Mrs. Carlisle saw as unfair, because they had to go out and babysit longer and later than they required a carer to do themselves. In all the others, finer gradations of time were measured. They attempted somewhat crudely to take
account of both variations in the length of care session and differences in the subjective valuation of identical periods of time. Normally, there was a basic rate for evening hours or half hours. Periods considered to be more inconvenient such as before six or after midnight were then weighted by rates of pay higher by 50% or 100%. Both the standard and weighted time equivalents varied from group to group. A couple of respondents thought that the weighting had become so elaborate that it was dysfunctional, because the calculations became offputting.

Use of token and beans opened up the possibility of forgery. A few sceptical parents thought there were dangers of this taking place, but none had experience of it. This highlights the degree of trust with respect to honesty as well as access to one's child and home which circle membership was normally assumed to guarantee. The exchange medium system was more decentralised than the book-keeping system, as arrangements were made directly between the pair of families concerned. There was no formal means of communication about which families were in "credit" or "debit", but usually those families who had spent a lot of their tokens passed the word around that they would welcome requests to go and babysit, so they might replenish their supply of tokens.

The beans and tokens served some of the functions that characterise money (Newlyn, 1962):

1. permitting a separation in time of giving and return - this is essential in relation to shared care, where both sets of parents are enabled to go out and care for two sets of children by doing so on different occasions
2. acting as a store of value

3. providing a unit of account

It is interesting that money itself was not used. The main practical implication of this was that tokens were highly specific in their convertibility, namely for care services only. This meant that the supply could be controlled by a limited initial allocation and there was little incentive for wealth accumulation. Use of cash would have made control of the overall supply much harder and so have removed one of the limiting factors on excesses of giving and receiving. Perhaps just as important would be the fact that cash payment was generally perceived as inappropriate for care services by someone of equal status. The very liquidity of money would introduce special commercial and power overtones, which most circle members were keen to avoid (Baldwin, 1978; Blau, 1964). Theoretically at least, there was a fixed number of beans or tokens per member. Therefore, provided there was no counterfeiting, the fixed money supply should provide a "natural" check on surpluses and deficits of care. However, the movement of people in and out of the circle could complicate this ideal, for some people might leave with their tokens still in circulation and others might have babysat far more often than they had used someone else before withdrawing. In theory, families could make use of the circle for differing frequencies of going out, but there were pressures for those families who went out a lot to curtail demands on the circle when their token supply ran low, whilst other families might feel a need to increase their use of the circle to prevent a large surplus from accumulating.
Circles ranged considerably in size. It seemed that most had started when two or three neighbouring mothers had developed the idea and organisation, usually with the more passive involvement of at least a few others. All the book circles had remained fairly small with fewer than 20 members. Most exchange medium circles had grown to a membership of 20-50. Functional necessity probably kept book systems from expanding too much, as this would result in an excessive workload for the book holder. Those circles in which only women babysat were small. Some circles were deliberately kept small to ensure that all members were well known to each other and to minimise travel. Where such constraints did not operate, it appeared that there was a natural tendency for circles to grow, as friends of members and friends of friends were introduced. More formality and greater involvement of men in babysitting was characteristic of the large, longer established circles. This suggests that they might be the end-products of typical sequences of elaboration. Bigger groups were liked for the greater certainty of carer availability and a wider range of social contacts. Moreover, circles with a wide geographical spread meant that those living in streets with few young children could become linked to families further away. On the other hand, there were indications of fissiparous tendencies in very large circles. One circle had considered dividing into smaller district groups. Mr. and Mrs. Carlisle joined a small book circle consisting of those disaffected with the unfairness and complications of a large bean group.

Besides true circles, there were small care networks some of which may well have been embryonic circles, for this was how some of the big ones had originated.
In these networks, a few families practised generalised exchange on an ad hoc basis with no formal attempts to maintain exact equivalence. Rough balancing was achieved by individuals' sense of indebtedness. Such networks offered a wider care resource base than pair swopping without the full obligations of circle membership. Progressive formalisation may not be inevitable, as some mothers were determined to retain simplicity and intimacy.

Entry to circles was easier in some cases than others. Some small circles and informal care networks limited eligibility to the same street or to people well known to each other. Larger circles had more open membership. Several respondents asserted that only trustworthy people would be admitted and that there were adequate vetting procedures, such as the need for nomination by an existing member or ratification at a circle meeting. Nevertheless, there were indications that any newcomer to the area would be admitted and that some existing members encouraged people they hardly knew to join. It was widely accepted that trust of one's home and child could be automatically given to an unknown member. This seemed related to an assumption that only similar people would want to join or be invited to join. Mrs. Miller and Mrs. Balfour both stated explicitly that trust derived from having members of the same "social type". There was also perhaps an underlying presumption that residential segregation would ensure that unsuitable people would not gain access.

Quite often some or all of the mothers from a circle would also share care for each other during the day. Normally, this was regarded as separate, so that it did
not involve the "payments" or recording associated with evening care. The arrangement was an individual matter for the pair of families concerned. It was explained that daytime care required less inconvenience or disruption of planned activities for the carer, partly because she would be in her own home with her own children anyway. Evening care necessitated co-ordination between spouses, and the activity which led to the need for care might itself require more certainty and advance planning. Even so, occasionally a circle member did provide daytime care as part of the circle system, with an appropriate weighting for daytime hours. This happened, for instance, when a single mother needed to build up credit for evening sessions or if a child was cared for at a week-end and so might be a greater imposition than usual.

It was evident from parents' descriptions that circles had important social as well as practical functions. Most had been started by sets of street friends and we shall see in Chapter 8 the important part circles could play in the development of friendships. Sometimes the social motivation was overt. Mrs. Booth said "I joined the sitting circle to get to know people". Most of the circles held meetings to discuss organisational matters, but often these associations led to the development of non-business aspects too. Indeed, some circles had grown out of coffee gatherings. They could become opportunities for lavish spreads to be provided, for children to play and for social conversations. Some circles had specifically arranged recreational activites for the group, such as dinner parties or outings together.
Sometimes a circle had a specific organiser or secretary, although there was usually a new occupant of that position from time to time. Members of other circles asserted that they did not have leaders as such. Mrs. Finlayson claimed "It doesn't really have an organiser, it runs itself". Mrs. Kerr described her circle as being leaderless, "a mutually organised group". Without direct observations it is difficult to test such perceptions, but it seemed that there was a concern to avoid giving individuals permanent positions of power within circles. It was claimed that decisions to call a meeting or to revise the membership list simply emerged from different individuals as the need arose. This loose structure was possible because usually circles included subsets of mothers, who were in frequent everyday interaction. Mrs. Gunn remarked "I think we're all like that, circles within circles". This could give rise to clique formation. Exchange medium groups were more conducive to this, because they permitted more individual choice of carer. This was reinforced by the tendency to prefer known people as carers, so that a subset in a token group might arrange care largely internally, using the wider circle only as a back-up arrangement. Subset formation could be based on locality, membership length or age of children.

Usually, men were only marginally involved in the organisation of circles, even if they participated a fair amount in care itself. In small circles, the involvement of men seemed to depend a lot on the attitude of the mothers. Mrs. Gunn's circle had not even considered the possibility of men being involved. In contrast, the small group being set up by Mrs. Powell and her street friends were determined to maximise the participation of fathers "to make them realise how awful it was and
to get them home early". A minority of the fathers babysat fairly often, usually in the larger circles. Some regarded this as the easy option, because there was more likely to be quiet and an opportunity to read or work than at home. A few men were reluctant to babysit, because "it's women's work" (Mr. Gunn) or "it's organised by women" (Mr. Finlayson). Others felt they could not cope with young children. Some mothers accepted it as their role, but at least two mothers expressed some resentment at "chauvinism" and having to "pay for every night out" by giving more of their time only and not their husbands.

**CHILDREN'S REACTIONS TO CARE**

**Emotional reactions to care**

There is some evidence that social adaptability has some consistency throughout childhood, but it has also been shown that children's emotional make-up often does change considerably after the early years (Danziger, 1970; Waldrop & Halverson, 1975). Therefore, the kinds of ways in which children respond to shared care may be of no more than temporary importance. Nevertheless, it was a major pre-occupation of parents at the time and deserves attention for that reason at least. Caution is needed in interpreting the findings in this study about reactions to care, as this depended on parental recall and subjective appraisal. There was a wide variation in the kinds and frequencies of care to which each child was exposed. High sharing families provided more opportunities for different reactions to sharing care than low sharing families. Some children clearly reacted differently to different carers or care situations. Nonetheless, most parents depicted their
child as having a general propensity to happy or unhappy reactions, perhaps varying with the age of the child.

Over half the parents (39) thought their children had always stayed quite happily with their carers in the daytime. For example, Adam Christie had stayed weekly from babyhood, first with relatives and later in a swop with street friends. His parents stated that "I don't think we've ever had any trouble with him" and "He's always been very happy" (when left with the carer). A few children were reticent with most people but quite content to stay with a very familiar person such as a grandparent or neighbour. Nicola Sadler*, described by her parents as a shy girl, was always pleased to be looked after by MM and MF, for "she's just been brought up with them and she's not strange with them in any way". It was a common observation that children might cry briefly when the parent first left, but then settle happily as they accepted the situation and the carer responded appropriately. Mrs. Griffin said that when she started work and MM was the carer:-

"She would cry for about 5 minutes when I left and then settle. But after a period of time, she was quite happy to be left without fuss."

Eleanor Buchan had screamed when she was first left with a local friend. According to her mother, before long she was "very happy there, feels very much at home, very mothered and appreciated, and has blossomed I think". Moreover, the extension of sharing care to more people more often in the second and third years had not normally affected the children adversely. Evidently, the effects of care by familiar people in everyday circumstances bears little relation to the
findings of distress from either institutional care or laboratory situations. The children who had shown considerable upset at being left and/or unwillingness to be left exhibited this chiefly before two years of age. Developmental studies have also found the period from about 7 to 24 months to be the time when children are more likely to be distressed at separation from their mothers (Schaffer, 1977). Usually, children had had fewer experiences of upset in the evenings. Some children slept soundly and were unaware of parental absence. Some were not bothered if they did wake. Also in some families evening care was infrequent and with a very familiar carer. There were just 8 children who had been persistently difficult to leave both day and night through the 3 years.

Reactions to daytime care did not seem closely related to differences in most care dimensions, except that a somewhat higher proportion of children with low frequency of sharing in the first two years were more likely to be upset when left (p<0.1). Several of the children who had stayed overnight in hospital had very negative reactions. They were disturbed not only by the unfamiliar settings but also the stresses of illness and treatment (see also Rutter, 1980a). For instance, Malcolm Miller had been a secure baby who slept "beautifully", but he became clingy and disturbed at nights after a stay in hospital. In contrast to hospital stays, overnight care in the child's or carer's home had resulted in upset for only 3 children. For two of these the reason for the overnight stay was that their mother was in hospital. The vast majority had apparently enjoyed and benefitted from overnight care, even though many of the overnight stays occurred during that critical period when any prolonged
separation from mother has been seen as harmful by attachment theorists (Bowlby, 1973). A typical conclusion was that of Mrs. Davies:-

"I think they've done her good. I think they add to a child's confidence."

The generally favourable outcomes contradict a fairly common view that overnight separations from parents are undesirable for under threes. The fact that a lower proportion of children had apparently been distressed by overnight care compared with daytime care suggests that parents were particularly careful in choosing carers and contexts for overnight care which minimised the risk of upset. Some parents were worried about negative effects and were surprised that the child responded to the positive relationship with the carer:-

Mrs. Forbes - "We were concerned about how she would react to us disappearing off, (but) we had told her she was going to Grannie and she was delighted in fact".

Mrs. Laurie - "She loved it (but) I think because I'm used to being with her, I go into her room and her not being there..... I can't bear to leave them".

Half of the children who attended mother and toddler or miscellaneous groups had some kind of negative reaction. This proportion was much higher than for other forms of care. A particularly high proportion of children attending church or sports creches had been unhappy or even acutely distressed. Fraser Booth "cried and cried" at a church creche and his parents believed this had long term effects on him. Mrs. Booth said "He stayed with no-one for the next year. It did him tremendous harm". Although irregular or early attendance may have contributed to the distress in some cases, there were also a number of references to
limited accommodation, inadequate means of amusing the children and supervision by different people each time. Mrs. Laurie described their church creche as having "too many babies there for too few people. They just sort of put them in a room for the hour that you are in church". Mrs. Powell described how a toddler group she attended had been poorly run, because the mothers were so exhausted, they "just wanted to sit and put their feet up for ten minutes". However, 4 children had enjoyed going to creches regularly since babyhood and descriptions of ballet classes and Sunday Schools were nearly all favourable.

Most children had only been attending nursery school or playgroup for a few weeks or months. Therefore, information obtained about reactions referred mostly to initial adjustment. Other research had shown that most children have some difficulty at first, but are usually quite well integrated by 2-3 months (Denzin, 1977; Caldwell, 1973). Nevertheless, it was a considerable worry to many parents how their child would "settle" in his or her first major introduction to long term daily group experience. There was a general expectation that the initial period would be difficult, so that even parents who were very protective about sharing care in general were persistent about attendance at group care. In a few instances, this meant weathering a prolonged period of unhappy resistance by the child.

In fact, most children did adjust rapidly and well to group care. There were far fewer troubled reactions than was the case for miscellaneous or toddler groups. This was doubtless helped by the careful attention given to the introductory period by both staff and parents, as well as the children's greater age and
experience. There were just a few who seemed to have been completely unhappy about the whole experience. The successful adjustment of the vast majority of children could lead mothers of the exceptional ones to feel conspicuous.

Half of the children attending playgroups were upset when starting, compared with only one quarter at nursery school. As can be seen later, this should not be taken to mean that playgroups provided a more upsetting experience, but rather that children who were more vulnerable to separation anxiety were more likely to attend playgroups. There was suggestive statistical evidence that poor initial reactions to group care were associated with, though not necessarily caused by, a history of less frequent shared care in a small carer set (p<0.1). Half the children in low sharing families and two thirds of those in "protective" families reacted poorly to group care, compared with only one in four children in high sharing families. It could be that previous experience of being apart from parents helped children adapt to group care. Nevertheless, a number of children with minimal exposure to shared care did settle well in group care. Attendance at mother and toddlers group, which is often seen as preparation for playgroup or nursery school, did not lead to any better or worse settling in group care.

It might be expected that any one child would tend to respond in similar ways to all of the different kinds of sharing care and that children with a history of resistance to separation from parents would not adapt well to group care. There was certainly some consistency among particularly adaptable or inhibited
children, but many children had reacted positively to one kind of care and negatively to another kind. Over 80% of children who had reacted well to care by friends and relatives also adapted well to group care, whereas most of those children who had previously been reluctant to be left with carers also had difficulty in settling at group care (p<0.01). Even so a few adaptable children were unhappy when starting group care and over one third of the children who had previously reacted poorly to shared care did fit in well. The majority of the children who had reacted negatively to mother and toddler or miscellaneous groups did not repeat this at group care.

The partial correspondence in reactions permitted the children to be classified as to whether their overall experience of shared care was mainly good (25), mainly bad (16) or mixed (22). Those children who had had mostly negative reactions came chiefly from low or medium sharing families (p<0.05). Nearly all the children had found at least one of the forms of care upsetting at some stage. Thus separation crying, if not extreme, may be regarded as a normal experience to be lived through rather than avoided, just like the many other kinds of crying that young children are liable to.

Social and behavioural adjustments to care

Parents could find it difficult to differentiate behavioural changes connected with care from those related to contemporaneous maturation or other changes in the child's life. A number of parents thought that the general process of sharing care increased children's confidence and helped the child adjust to subsequent separations. Sharing care could also be seen to widen
the trust of the child in people in general or enhance attachments to specific carers. Negative behavioural consequences seemed fairly rare. Mr. Nicholls* thought that the family who minded his daughter had been responsible for her increased disobedience at home. Spoiling by carers could have repercussions at home. Mr. Nairn* stated, "She was a bit wilder when she came back (from FM's) - expecting more sweeties and the like".

Parents were asked how their child got on with other children at group care and how their behaviour had changed since starting. About one quarter of children attending group care were described as playing quietly or not mixing well. Again such children were found more often in playgroups (p<0.05) and in low sharing families. 9 children had made new friends from group care. 10 were thought to have learnt positive things from other children, such as more effective communication or a specific play skill. In the main, reported behaviour changes were positive. The one most frequently reported was that the child sang songs a lot more as a result of starting group care. This may seem trivial, but there is evidence that the kind of rhythmic and repetitive songs learnt in playgroups and nursery schools form a valuable means of verbal and cognitive development (Hayes et al., 1982). Some children had also developed reading and play techniques, which might be pursued at home too. About one quarter of children attending group care were said to have learnt things parents mildly disapproved of, like swearing or cheekiness.
From a different perspective, respondents were asked what were the main advantages and disadvantages of group care for their child. Contact with other children was mentioned more often than any other factor, but play opportunities, learning to do things, greater independence, and sheer enjoyment were also important. Educational benefits were understandably less prominent, because most children had not been there long. Comparison with reasons for using group care shows that parents mostly perceived gains they had wanted, although the child's personal enjoyment and the development of specific practical skills were important benefits not mentioned much as motivations.

There was little difference between playgroup and nursery school attenders for most of the benefits mentioned. Parents of playgroup attenders were significantly more likely to feel the child gained in independence from parents and ability to do things for himself or herself (p<0.01). This might be because many children in playgroups had not had frequent care before and so were less independent at the start of group care. Only 8 families said there were any disadvantages. This usually referred to distress in settling in.

SUMMARY

In most families, the main reasons for sharing care in the daytime were mothers' routine practical activities. Children also commonly attended the same activities at other times, so it was clearly a matter of individual and normative choice as to how far and in what circumstances these activities led to shared care. Mothers' work was not a major cause of external shared care for most families, but in some families it
was the prime reason for the highest frequencies of sharing care. As the children grew older, many more parents arranged shared care for the child to enjoy contacts with relatives or peers. In the evenings, the leisure activities of both parents formed the most frequent reason for sharing care. Far more parents regarded this as legitimate than was the case for mothers' social needs during the day. Overnight care was often arranged for similar reasons, but also because of the pleasure it gave to the child and relative carers in some cases.

Individual carers were chiefly selected on grounds of convenience and trust from within restricted categories of people with whom the parents had prior ties of kinship or affinity. Families varied considerably in their judgements about who was acceptable as a carer. In addition, some factors in choice were rarely made explicit, as in the case of preferences for women carers, grandparents and mothers' kin. There were some important exceptions to the common tendency for the carer set to be derived from known and trusted people. A minority of families were willing to use prior strangers in the form of au pairs, childminders, and perhaps teenage and circle babysitters. All the families were happy to leave their children with strangers at group care. Most parent-carer relationships were affected by considerations of reciprocity, in which parents' feelings of autonomy or obligation were as influential as carers' desires for recompense. More exact balancing was usually seen as required for friends compared with relatives, which writers from different fields have noted elsewhere (La Gaipa, 1981; E. Leach, 1982).
The overt motivations for group care were much more child-oriented than non-group care. The social and developmental advantages of group care away from parents were almost universally acknowledged after the age of 3, and desired by a fair number of parents and children from 2 or 2 1/2. Educational and school preparation aspects of group care were important but usually secondary considerations. Few mothers mentioned benefits to themselves as a reason for arranging for the child to go to group care. Nevertheless, most said they felt they had gained considerably from the time and freedom to do things more easily without the child there. Only a minority of parents had strong preferences between playgroups and nursery schools. Considerably more parents preferred nursery schools, largely on the grounds of greater perceived professionalism or structure. A number of these had been unable to obtain the place they wanted. However, there was a significant minority, mostly low sharers, who preferred the intimacy and shorter hours of a playgroup setting.

Most children were described as having adapted happily to shared care, apart from temporary periods related to the particular context or the child's age. In general, how a child reacted to prior forms of care was not a good predictor of adjustment to group care, but children with little previous experience of sharing care or who had been persistently reluctant to be left were more likely to be upset on entry to group care.
Chapter Seven
SOCIAL CLASS, AREA OF RESIDENCE AND SHARING CARE

The meaning and assessment of social class membership

The general properties of shared care have been delineated in the last two chapters. Now they will be related to certain key features of family life. First of all differences and similarities associated with social class and area of residence will be looked at, since these formed a fundamental part of the sampling frame, for reasons discussed in Chapter Four.

Part of the intention behind using a two-area sample was to produce a clear class comparison, but families still had to be differentiated individually by social class, because inevitably the correspondence between class and area of residence is not total. Information was gathered in the interviews which other research had shown to be relevant to class distinctions. This confirmed the subjective impressions from the interviews that although most families were broadly of the same general class as their area of residence, there were a few obvious exceptions, as well as several intermediate or mixed couples. These anomalous families differed from others in their area not simply by class attributes but also in shared care attitudes and practices. Consequently, it was necessary on both theoretical and practical grounds to devise a means of allocating families according to criteria of social class which were independent of the area division.
Over the last 30 years there have been repeated attempts to improve and refine classifications of social class. This has occurred both in specialist studies dealing with socio-economic status and in studies wishing to make class comparisons with respect to different substantive phenomena. Probably the most popular single criterion has been the occupation of the father or husband. It has been established that there is a good degree of consensus in the general population about the rankings of different occupations and these rankings correlate strongly with other measures of socio-economic status (Hall & Jones, 1950; Kahl & Davies, 1955). The most widely used occupational classification in this country is that of the Registrar General (O.P.C.S., 1980). Many non-specialist studies have either used the 6-fold scale straight or grouped them together. This commonly involves regarding non-manual worker fathers in the Registrar General’s Classes I to IIIN as heads of middle class families and manual worker fathers in Classes IIIM to V as heads of working class families (e.g. Young & Willmott, 1957 p. 171). Occasionally, only families with fathers in Class I and II occupations are counted as middle class (e.g. Rushworth, 1968). These classifications have the merits of simplicity, convenience, comparability across studies and considerable validity in relation to other broad features of class. However, the Registrar General’s classification can be criticised theoretically for its male bias and failure to take account of non-occupational indicators of class. A more practical problem is that some jobs seem to be misclassified (Bourne, 1982). In the present study there were several men with occupations whose R. G. classification contradicted most other indicators of the family’s class. This chiefly concerned the category of Class IIIN. The
Newsons had similar problems, so they made some individual adjustments which took account of the wife's job or other more subjective assessments (1963). It seemed preferable in this study to use systematic criteria if possible, rather than a few arbitrary alterations.

There have been 3 main ways of attempting to improve on simple occupational scales like that of the Registrar General:–

1. Refinement and subdivision of occupational groupings (e.g. Goldthorpe & Hope, 1974)

2. Taking account of non-occupational "objective" indices, such as housing quality, education levels or income (e.g. Blau & Duncan, 1975; Hollingshead & Redlich, cited in Arthur, 1971; Osborn & Morris, 1979)

3. Incorporation of subjective self-descriptions (e.g. Goldthorpe et al., 1969; Townsend, 1979)

There were problems about applying some of these indices to the present study. Complex subdivisions yield far too many groupings for a small scale study. Some of the non-occupational criteria used by other researchers were inapplicable, because the relevant data was not available in sufficient detail or in the right form (e.g. Osborn and Morris' housing criteria). Moreover, all of these indices tend to rely mostly on data about fathers. This was felt to be particularly unfortunate for a study in which mothers' decisions and actions would be so important. For all these reasons it was decided to devise an index which incorporated some of the advantages of the more relevant previous
studies in a way which suited this particular research sample and topic. It was hoped to achieve the following properties:

a) to use both occupational and non-occupational criteria, including subjective self descriptions.

b) to give mothers' characteristics equal prominence with fathers'.

c) to yield a simple reduction to a middle-class/working-class dichotomy, as subtler distinctions would rarely reach statistical significance with this size of sample, but also to retain a capacity for finer divisions.

d) to take account of class influences over the life-cycle, including those of family of origin.

e) to achieve a broad correspondence with subjective impressions gained in the interview in order to give face validity to the classification.

Both parents were asked to give information about their parents' occupations; their school-leaving age; whether they attended private, religious or Local Authority schools; their highest qualifications; their own current occupations and incomes; and their own ideas of what class they belonged to. In addition, all the mothers were asked about their occupations before having children. This was used to indicate their occupational level, because a number had not worked since or had taken jobs of lower status subsequently. All these items were used to form a composite index, which expressed some of the major class influences which accumulate over the life-cycle from family background via education to subsequent careers (See Table A17 for details). It could be said that the
resulting index confounds social mobility with class, but it can equally be asserted that class of origin is part of the mix of a person or family's current class influence. Simplification was necessary to give manageable sample subdivisions. Each criterion was transformed into a dichotomous variable of broadly middle class (Score 2) or working class (Score 1) orientation. For instance, occupations were allocated between (I,II,III N = 2) and (IIIM,IV,V = 1). Of course, it is not intended to suggest that either families or society can be neatly divided up into only two groupings on one or all of these criteria. However, the area basis of sampling had achieved a sample with relatively few border-line families. For a few parents information was not available on income or class self-description, because of reluctance to divulge the former or commit oneself to the latter. In such cases, they were allocated according to the average of the rest of their scores.

A family class index was calculated for each family by adding the sum for each parent on all the individual indicators together with a score for net family income of 1 or 2 depending on whether this was above or below 140 pounds per week. The score for school-leaving age was omitted, as it largely duplicated the factor of educational qualifications. This resulted in an index with a maximum score of 22 and a minimum of 11. This was sometimes used as a continuous variable expressing the degree of "middle-classness" or "working-classness" of a family for correlation with other variables. It was more useful as the basis for a twofold division of the sample for cross-tabulation of discrete variables. Families with a final score of 15 or below were deemed working class. Those with a score
of 16 or over were regarded as middle class. This was the major classification used in the study and the one to which future references apply. It fitted well with the subjective assessments made of families during the interviews. There were just a few border-line families - when parents had been upwardly mobile; or a working class father had a well-paid skilled job; or mother and father had different backgrounds. Therefore, for some purposes a 3-fold classification was used to separate out a category of 15 "intermediate class" families. Finally, a 4-fold division distinguished between "solid" and "intermediate" middle-class and "solid" and "intermediate" working class families. These last two classifications were used sparingly when it seemed most relevant, because the small sample size meant that any inferences would need to be very tentative. Fathers' upwards social mobility was also assessed, but numbers were mostly insufficient to yield any significant findings.

Otto (1975) has criticised the use of such composite indices in family research, because the individual items are conceptually distinct and coincide only partially in practice. This seems to miss the point. It is precisely because single indicators are sometimes mismatched with other criteria, that an assemblage of indicators is needed for more accurate allocation and also to reveal intermediate and mixed class categories. However, the successful derivation of the index does require some degree of association amongst the main components, as otherwise similar scores could result from a wide range of combinations. For instance, in this sample there was a close association between a father's educational length and qualifications, on the one hand, and his occupational level and his wife's education on the other.
The final classification was compared with the Registrar General's grouping of occupations. The study index produced 1 middle class family with a father doing a manual job and 7 working class families whose father held a non-manual job. Most of the middle class fathers had professional or managerial occupations and there were few unskilled manual workers in the sample. Therefore, there was a bias towards the higher echelons of both the middle and working classes. All but a few of the mothers in both classes had done professional or clerical work before having children, which shows how much less relevant to women is the manual/non-manual distinction.

There were 5 working class families living in Milburn and 2 middle class families in Whitlaw. These were not misclassifications, but families who on most criteria were different from the prevailing kind of family in their area. In spite of these exceptions, the correspondence between area and class according to the index was strong (p<0.001), so for most purposes area and class comparisons gave very similar results.

That this class basis of comparison was not a fiction of the outside observer was shown by parents' replies when asked what class they thought they belonged to and what other classes exist. This study's overall dichotomous grouping of families, as well as the criteria for judging class membership and the particular allocation of the families, were all broadly consistent with the views of most parents themselves. Over two thirds of respondents saw society as divided into some form of hierarchy. As Golthorpe et al. (1969) learned, it is often hard to differentiate subdivisions of people's images of society. Many simply discerned a
middle-class/working-class dichotomy. Others perceived gradations (lower and upper) and a few felt there is a broad mass of families with a few very rich, very poor or unemployed at the extremes. A very small number of parents denied any classes in society at all. These different images of society were not related in any consistent way to respondents' own class position. That was what Davis (1979) discovered too.

Most people described themselves as middle class or professional, working class or "ordinary". The rest used subdivisions such as lower middle class. In three quarters of the families, both parents definitely assigned themselves to the same broad class. A few parents were sheepish about assigning themselves to the middle class, even though they qualified on most criteria. They wished to distance themselves from certain aspects they associated with middle-classness, such as formality, intolerance or pretentiousness. Mrs. Balfour conceded that middle class values are "not always pleasing", but "I can't deny that we are rather middle". Mrs. Green expressed similar ambivalence:-

"for the first time in my life, (I was) in a middle class suburb. I thought it was awful, but then I rapidly realised I was there because I was middle-class as well."

Those working class parents who had some doubts about their status were mainly seeking to distance themselves from a somewhat poorer stratum (Klein's "rough" working-class, 1965). Mostly the self-ascriptions agreed with the class allocation from the study index. Some exceptions were to be expected (Gouder, 1975; Krausz, 1969). There were two main types, usually among intermediate class families. In one type upwardly mobile parents who had become middle
class by most of the other criteria still regarded themselves as working class. In the second type, there were parents (mostly mothers) in otherwise working class families who described themselves as (lower) middle class. These exceptions, together with the uncertainty or contradiction for one quarter of couples, meant that the self-ascription was an inadequate basis in itself for a class comparison, but was valuable for inclusion in the overall class allocation of families.

**Class and patterns of care**

Some working class parents thought that middle class parents leave their children more readily and cited the use of nannies and private boarding schools as evidence. Conversely, some middle class parents considered that working class parents shared care more, because they lived in a close-knit community, experienced greater economic pressures for mothers to work or made greater use of nurseries. In practice the influence of social class was rather more complex.

Comparisons tend to emphasise contrasts, so it is important to stress at the outset that there were important universalities which applied across class. This was especially true with respect to reasons for sharing care and the evaluations of group care. Nevertheless it is hoped to demonstrate that there were large dissimilarities too, which were connected to important differences in the social experience of children and parents. In particular, most middle class families shared care more often and among a wider range of carers outside the family's kin network than most working class families. Whilst the latter usually retained care within their existing social networks of
relatives and old-established friends, middle class parents appeared to be more adept at recruiting new members to their social networks and carer sets. This meant that middle class carers were usually concentrated in nearby streets, whilst working class carers often lived further afield. There was evidence that this class difference occurred even when such factors as availability of relatives and area of residence are allowed for. For working class parents, there seemed to be a less marked distinction made between daytime, evening and overnight care, because often the same relatives would be used for all these temporal dimensions of care. Overnight care by kin was often seen as an alternative to evening care, whereas for middle class parents overnight care was sharply distinguished and only considered in special circumstances. Furthermore, middle class couples normally perceived the task of an evening carer as passive or reactive, whilst working class parents sometimes envisaged more interaction with the child.

These striking differences may be illustrated in several ways. Far more working class children had most of their 9 care positions for the 3 years filled by kin. For over three quarters of the working class families the main daytime carer was a relative, whereas for over three quarters of middle class families the main carer was a non-relative. This marked contrast should not hide the fact that many middle class families did make significant use of relatives for care. It was just that often they were less prominent because of the families' high use of non-kin too. About one quarter of the middle class families had kin as main or second carers. More of these were low or medium sharers compared with other middle class respondents (p<0.1). In
both classes the most common relative main carers were maternal grandparents, but use of relatives other than grandparents or aunts/uncles for care was virtually a working class preserve.

Interestingly, in the diary fortnight slightly more middle class than working class families shared care with relatives (14, as opposed to 10). This results from the fact that a number of the working class families whose principal carers were relatives did not share care at all in the diary fortnight, whereas nearly all of the middle class families who used relatives at all regularly did so during the fortnight. Nevertheless, in the fortnight most of the middle class families who shared care with a relative did so with just one relative (or couple) on one occasion and nearly always in addition to several non-relatives. By contrast, more of the working class families used more than one relative for several sessions. The diaries showed that middle class kin care occurred mostly at home, whilst working class care by relatives was more often away from home. Working class mothers often dropped children off at their Mum's or sister's home before going to the shops or doing something else, whereas middle class mothers mostly took advantage of a visit by a grandmother to go out.

Thus, it was not the absolute usage of kin which differentiated families of different class, but the comparative importance of kin vis-a-vis other kinds of carers. By combining the information from interviews and diaries, a picture emerges that over one third of the middle class parents had shared care often with relatives. They did so at a fairly steady rate and in combination with non-relative care, which was
sometimes more frequent. All but a few working class families shared care almost exclusively with relatives, but this was sometimes on a very infrequent basis. Analysis of combinations of carers revealed that not only did most working class families restrict both day and evening care to the same kind of people (i.e. kin), but in many cases the same individuals were used for both types of care. 8 middle class children had a relative as main day or evening carer combined with a street friend or circle for the opposite time of day. This was true for just one working class child. In these families it was clearly not distance of kin which resulted in the use of non-kin as a main carer by the family. In addition, middle class carer heirarchies commonly comprised street friends, circle members and grandparents, whereas working class carer sets typically involved a ranking of different kinds of relatives only.

During the diary fortnight only 4 working class children stayed with friends or neighbours without their parents being there too, compared with three quarters of middle class children. 4 working class parents said their main daytime or evening carer was a friend or neighbour. Two of these were immediate neighbours. In contrast, 26 of the 33 middle class families had a friend or neighbour as main carer either in the daytime or in the evening. In only one case was this the next door neighbour. A fair number of working class families had used street friends for care at some point, but usually in a susidiary capacity to relatives. Whilst they might be happy for their child to spend time during the day with a friend along the street, they were reluctant to take that person away from their family commitments or consider having non-family
in the home during the evening.

All the 9 families who had used a daily help, agency help or au pair at any time in the three years (i.e. a paid childcarer in the child's home) were middle class. This represented nearly one third of middle class families. However, there was no simple relationship between class or income and the amount of money spent on sharing care. Childminders (i.e. paid childcarers outside the home) had been used in both classes. Some well off middle class families spent more than most on babysitting or private group care, but many did not. A few low earning families paid a fair amount each week for a playgroup, whilst some high earning families paid nothing for group care, because their child went to a nursery school and did not stay to lunch. Nevertheless, it was clear that the larger monetary and accommodation resources of most middle class families gave them a wider range of shared care options.

There were also signs that middle class parents tended to have a wider action space which increased their choice of care forms. Middle class children went to more places on average than working class children during the diary fortnight. There was a higher rate of car ownership in middle class families. The class difference was even more marked in relation to mother's access to a car in the day. 26 (=87%) working class mothers never had access to a car in the day, but only 12 (=36%) middle class mothers were in the same position. Not being able to drive in the daytime could be a considerable limitation on a mother's and children's activity space, social contacts and opportunities to share care. 7 mothers (all middle class) were able to use a more distant group care facility, because they
could drive there. Additionally, for 3 mothers, working and the associated care arrangements were made easier because of access to a car. Occasionally, middle class mothers with cars drove to friends some distance away in order to share care, but this was not common.

The proportion of children who had been looked after by teenagers during the day or evening was the same in both classes. However, 12 working class children had been looked after by a teenage relative (excluding siblings) and no middle class children. Conversely, twice as many middle class as working class children had been cared for by a non-relative teenager. A small number of middle class families had used teenage "strangers", recruited through advertisements or church groups. Families in both classes had teenagers as their main evening babysitters, but for more of the middle class families teenagers had been an occasional back up to their regular arrangement. Only 3 middle class children were reported to have been taken out regularly by teenagers in the daytime, compared with 10 working class children.

Similar proportions of children in both classes had been looked after at least once by a man alone (apart from their own fathers), but this disguises a big difference in detail. Nearly all cases of middle class children being looked after by males occurred in the evenings. This chiefly meant care by circle members and to a lesser extent non-kin teenage boys. Half of the working class children had been looked after by males in the daytime. Care by uncles and grandfathers alone was much more common in working class families. Therefore, more working class children would be quite used to male care when they were awake, but they
were less accustomed to care by unrelated men.

Care sequences indicated that the class difference in the kinds of carers used was apparent even in the first year, but became more pronounced later (Table 7-1). Nearly as many middle class families had grandparents as main carers in the first year as working class families. At this age, some of the largest carer sets were to be found amongst working class families, because several relatives had looked after the baby. Quite a few middle class families who would later share extensively with street networks had relied mainly on grandparents and one or two close friends in the first year. In all, the number of middle class families with a relative as main carer fell from 16 in the first year to 6 in the third year, whilst the number of working class families in that position remained steady at 24. Those few middle class families who did not incorporate several "local people" in their carer set were low-sharers. There was a definite shift towards greater usage of street and local friends in the second and third years by middle class families (Table 7-2). Like carer combinations, care sequences therefore showed that it was not simply differential availability of kin and non-kin which accounted for the class differences in carer preferences.

Besides being more stable in composition, most working class carer sets were smaller and expanded more slowly than those of most middle class children. A significantly higher proportion of the latter had a large carer set of more than 5 individuals (p<0.05). The difference was even more pronounced for evening care. The diary also confirmed that the strong tendency for middle class parents to use several friends or
### Table 7-1: Sequences of Carer Combinations

#### 1. Number of families with different combinations of their carer position for each year

<table>
<thead>
<tr>
<th>Carer Combinations</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kin only</td>
<td>31</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>Kin + Locals</td>
<td>20</td>
<td>26</td>
<td>24</td>
</tr>
<tr>
<td>Locals only</td>
<td>3</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Some use of Paid Persons +</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nobody</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

#### 2. Class Differences in Carer combinations in Years 1 and 3

<table>
<thead>
<tr>
<th>Carer Combinations</th>
<th>Working Class</th>
<th>Middle Class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year 1</td>
<td>Year 3</td>
</tr>
<tr>
<td>Kin only</td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td>Kin + Locals</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>Locals only</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Paid Persons + Others</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Nobody</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Carer Combinations</th>
<th>Working Class</th>
<th>Middle Class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year 1</td>
<td>Year 3</td>
</tr>
<tr>
<td>Kin only</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Kin + Locals</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Locals only</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Paid Persons + Others</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Nobody</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
# Sequences of Main Carer

<table>
<thead>
<tr>
<th>Sequence Description</th>
<th>Working Class</th>
<th>Middle Class</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Grandparents for all 3 years</td>
<td>15</td>
<td>5</td>
<td>(20)</td>
</tr>
<tr>
<td>2. Other all kin sequences</td>
<td>6</td>
<td>2</td>
<td>(8)</td>
</tr>
<tr>
<td>3. Switch from Kin to local person</td>
<td>2</td>
<td>8</td>
<td>(10)</td>
</tr>
<tr>
<td>4. Local people or paid person for all 3 years</td>
<td>3</td>
<td>14</td>
<td>(17)</td>
</tr>
<tr>
<td>5. Switch from locals to kin</td>
<td>3</td>
<td>1</td>
<td>(4)</td>
</tr>
<tr>
<td>6. Other Sequence</td>
<td>1</td>
<td>3</td>
<td>(4)</td>
</tr>
</tbody>
</table>
neighbours for care more than outweighed the slightly larger number of relative carers used by working class families. However, the families who had fewer than 3 carers in each year (low static sequence) were equally distributed between the classes. Here is evidence that besides the class contrasts there is a dimension of restrictedness in sharing care which occurred equally in both classes.

The differing rates of expansion of carer sets meant that class contrasts were greatest in the third year. In fact, the modal middle class pattern in the first year of just a few close relatives and friends resembled the typical working class pattern for the third year. A few middle class families and many working class families added one or two relatives or local friends to their carer set as time went by. However, the majority of middle class families incorporated several new local carers. This often took the form of multiple exchanges or mini-groups. These were almost entirely confined to middle class families. They represented a deliberate promotion of peer play and preparation for the future (i.e. group care and school). "Protective" middle class families and most working class families were content to wait for group care to provide the child with peer social experience away from the parents. Several mothers in such families did meet together with a few others, but this had not developed into a shared care arrangement.

The evening care arrangements of middle class families also altered more over the years than those of working class families. These changes were mostly from grandparents to circles or friends, although 4 families did use mainly grandparents all through. Half of the
working class children had the same kin evening babysitters throughout the three years. The changes that did occur were mostly from grandparents to other kin, who were preferred on the grounds of age, health or convenience.

If class differences in care by kin and non-kin were fairly predictable from sociological studies, it was less easy to foretell what might be the case with care frequency. Parental reports of approximate daytime frequency of sharing care suggested that there was little difference in the range of patterns to be found in the two classes in the first year. Thereafter, it appeared that many more middle class families shared care at least once a week in the daytime and at least monthly in the evening (p<0.001). This was especially true of solid middle class families. The diary revealed a strong class contrast in the number of sessions of shared care (p=0.001). Half of the working class children experienced no sharing care in the two weeks, compared with only 3 middle class children. "Protective" families, however, were evenly divided between the two classes. It was in fact intermediate class families that contained the largest proportion of people who were low sharing and "protective". These families were neither part of a close kin network, nor integrated with many street friends. Low frequency care was rare among middle class families, but when it did occur it affected both day and evening care. Diary and interview data indicated that the small minority of middle class families who shared care rarely did so mainly with kin. They were mostly not involved in the surrounding street networks of reciprocal care, although there were one or two mothers who did have a number of street friends, but who resisted normative
pressures for the social relationships to be combined with care. Similarly, there was also a minority of working class families with high frequency non-kin or mixed care, who had stepped beyond the general boundaries of restricted care amongst kin and one or two close friends.

As middle class parents shared care much more with other parents of young children living nearby, then it was to be expected that they would in turn look after other people's children more often. In the diary fortnight, over three quarters of middle class parents had children from outside the family stay with them. Many of these were under five (Table A12). Only one third of working class families had looked after other children and most of these were over 5. Working class parents mostly wrote on the diary that the children who stayed with them were neighbour's children, but middle class parents often described them as friend's children or friends of the key child. In both cases, the children would mostly be coming from the same or adjacent streets, but the relationship was expressed differently. This may indicate differences in emotional closeness or simply different linguistic usages. It was noteworthy that the middle class children's older brothers and sisters also had more of their friends to stay, allowing for the number of siblings concerned. From this it may be inferred that middle class children tended to have more friends who come to stay with them at home not only at the age of three but also thereafter. Of course, information was lacking about friend contacts outside the home in the case of older siblings.
Whereas sharing care in the daytime and evenings tended to occur more often for middle class children, regular overnight stays were mostly a working class phenomenon. Nearly as many middle class children as working class children had had at least one overnight stay apart from their parents by the age of 3 but in most cases this comprised one or two nights only in the 2nd or 3rd year. By contrast, the working class children who had overnight stays at all had usually been away for several nights each year from infancy or the toddler stage onwards (Table A18). Families from both classes mainly used grandparents and occasionally a close friend, but overnight stays with aunts and uncles were largely confined to the working class children. A few working class parents had arranged a single night of shared care by non-kin, but this was virtually always with long-established friends on an occasion when kin carers were going to the same event as the parents. Within the working class families, those who arranged overnight stays tended to be high frequency sharers in the daytime (p<0.01).

These class differences conform with a common middle class belief that overnight care even with close relatives should not occur until the child is thought to be old enough to understand and cope with the changes involved. Thus, even high frequency sharing middle class families could be reluctant to share care overnight. Only one middle class family had arranged regular overnight stays with grandparents for babysitting, and then only after the child was 2. On the other hand, high or medium sharing working class families commonly arranged overnight care with relatives from an early age and took it for granted that the child would be happy to stay. The routine acceptance of overnight
care by all concerned rendered changes in the child's cognitive or emotional capacities irrelevant. Some delayed until after babyhood out of concern not to impose too much on the relatives concerned or because of the practicalities of arranging feeds, nappies and travel.

There was no class difference in attendance at church creches and Sunday schools. More of the children who had been to ballet classes and toddler groups were middle class, as were all of those who had stayed at a sports creche. A large majority of the working class children went to a Local Authority nursery school and the remainder attended community playgroups. Middle class children were more evenly distributed between Local Authority nursery schools and playgroups (both private and community). Two went to private nursery schools. In both areas the typical patterns of usage corresponded to the kinds of provision available, but distinctive kinds of families in both areas sought out the facilities which were under-represented in that area. Among middle class families there was some indication that those parents who made most use of "local people" for sharing care were more likely to start group care early and to use a Local Authority nursery school (p<0.05). Conversely, among working class families, usage of playgroups was strongly associated with low-sharing (p<0.001).

Of families who had made or planned a change of group, few were working class and these mostly preferred an early playgroup-nursery school shift sequence. The middle class families who wanted a change were more numerous and mostly expected to make a late playgroup-nursery school shift when the
child was 4. This corresponds with the fact that many middle class parents liked to arrange care experiences for their children in graduated steps of increasing size and formality (pairs swaps, mini-group, playgroup, nursery school, school).

Class and processes of non-group care

The basic routine reasons for care, such as shopping and appointments, were common to all types of family. There were also no class differences in the proportions of families who shared care in order that mother might work or for parents' social activities. However, in two important respects there were significant differences in motivation for non-group care. Firstly, sharing care for child-oriented reasons tended to begin in the first and second years in working class families, but occurred later for most middle class children. In fact this represented two distinct kinds of care process. Many working class children were cared for from babyhood by relatives who wished to do so because they enjoyed the child's company. This was sometimes a tradition continued from previous generations or an expected pattern following similar arrangements for older siblings or cousins. These served to strengthen particular kin ties, especially with grandparents or MZ. For middle class children the child-oriented care mostly involved neighbouring parents wishing their children to play together. For instance, Mrs. Allan joined a weekly swap "so that he would get to know other children". Mrs. Balfour said she sometimes shared care with local friends "for his having fun - it's not always that I want to do something". Many of the middle class children actively asked to play with friends or were invited to lunch or tea. It was also mainly middle class
parents who said they arranged care partly to help the child prepare for group care through swops and mini-groups. Only a few working class families arranged care specifically for the children to play together. Therefore many of the children started group care with much less experience of peer-play, particularly away from their mothers.

The second major class difference was that far more middle class mothers (18) than working class mothers (7) stated that they had shared care at some time for a general "break". Eight of the nine mothers who had shared care in order to take part in a sport were middle class too. Perhaps working class parents obtained breaks "naturally" from the child-oriented care by kin, so there was less need to arrange care specifically for that purpose. It is also possible that they felt less need of breaks or entitlement to them. Boulton (1983) noted that more working class mothers gained greater intrinsic pleasure from child care and were less frustrated by it.

Thus, daytime reasons for care reflected common practical needs, yet also contrasting attitudes to children's and mothers' "needs" for independent activites. Reasons for evening care similarly reflected differences in life styles. Working class families nearly always said they arranged evening care in order to go to some public place of entertainment. Just a few shared care while they attended private gatherings, which generally consisted of parties for birthdays, anniversaries or New Year. Many more middle class families shared care for small scale domestic occasions, i.e. to visit friends and attend dinner parties. There were also unsurprising class differences in the kinds of public entertainments
which parents attended together in the evenings. Two thirds of working class respondents mentioned going to a dance, compared with only 4 middle class families. Far more working class families mentioned having a meal out, going to a club or attending a wedding celebration. On the other hand, only for middle class families were concerts, theatre, ballet, opera or social functions at work important. Most working class parents said that overnight care was multi-functional in giving the carer and child pleasure at the same time as freeing the parents for a quiet week-end or a late night out. It often acted as an extended form of evening babysitting. It was also arranged on a less regular basis for weddings, funerals or family celebrations. By contrast, middle class children mostly experienced overnight care as an occasional or one-off stay whilst their parents went away for a week-end for a special social or leisure activity.

Reasons given for choice of carers showed considerable class overlap. However, there were differences corresponding to the relative importance of kin and of reciprocal care by trusted local people. Far more working class parents said the chose their main carer for relational reasons, because they were "family" (p<0.001). Commonly, working class parents said they had never considered asking anybody but relatives to look after their children. Several others said they would only use "family or very close friends" as carers. The majority of middle class parents did have a preference for care by relatives too, especially for a young child. But they were generally much more content with care by non-relatives. Some thought it made no difference, like Mr. Edwards - "I wouldn't have said we feel that family has some special qualities that
we prefer to our friends". A minority saw disadvantages to kin care, such as spoiling the children or being "a bit oppressive" for the parents themselves (Mr. Balfour). Evaluation of the competence or manner of looking after children was a much more frequent explicit factor in their choice of carers amongst middle class parents (p<0.01). This does not mean that working class parents were unconcerned about competence, but they simply took it for granted among relatives, whereas middle class parents were more often choosing those they had most trust in from among a number of local people.

All but one of the families who mentioned opportunity to reciprocate shared care as a factor in selection of carers were middle class (p=0.001). This was associated with important differences in how other families with young children were perceived. Middle class parents tended to view others at the same life-cycle stage as preferred carers, because of the opportunities for swopping and peer interaction, as well as the presumed experience or competence of another mother. Working class parents seemed much more likely to perceive the presence of other young children as a reason for not sharing with another family, especially in the evening. Comments indicated a reluctance to draw other mothers away from their commitments to their own children or to their husbands. The possibility of the man babysitting was barely considered. Moreover, the idea of a couple dividing up in order to babysit for someone else seemed to be much less familiar amongst working class families. It was therefore thought that friends or even the child's aunts could not come out to share care, as they needed to stay at home with their own children. Hence the
friends used for evening care often did not have children.

Working class families were significantly more likely to give nearness or being "handy" as a factor in choice of main carer, even though their main carers often lived further away than those of middle class families (p<0.05). This apparent paradox may be explained by the framework within which potential carers are viewed. Most working class families only considered relatives for care, so distance was judged in relation to the distance of the kin network. Furthermore, grandparents overcome frictions of distance in order to provide care much more willingly than others. On the other hand, middle class couples tended to select carers mainly from people who all lived close, so that it was their personal, relational and reciprocal properties which distinguished people actually chosen to care.

Parents' openness to care by strangers appeared to be strongly connected to class, although this was modified by the influence of "protectiveness". Working class families were almost always hostile to the idea of stranger care, whereas middle class families divided fairly evenly into those who did not mind and those who were against (p<0.01). Most intermediate class families exhibited aversion or conversion attitudes to care by strangers, so that high readiness to accept stranger care was mainly confined to solid middle class families (p<0.01). Fisher (1981b) has stated that people in large urban centres need to make a distinction amongst people they encounter between a private world of intimates and a public world of outsiders. In these terms, it would seem that more middle class families extended the boundaries of their private worlds more
readily. Those middle class parents who preferred to convert strangers mostly thought that a single meeting would suffice so the child knew who the person was. The few working class parents who could even contemplate stranger care envisaged conversion as a lengthy process of becoming well-acquainted. However, all the "protective" families were against stranger care, regardless of class. In addition, the majority (though by no means all) of those middle class parents who did not belong to babysitting circles had aversion or conversion attitudes to strangers just like the working class families.

Middle class objections to stranger care were nearly always related to concern about possible anxiety by the child. Mr. Griffin said:- "I wouldn't like really the kids to wake up and ... you know, unnecessarily ... and be frightened". There could be identification with the child's viewpoint, e.g. "If I was in their situation, I wouldn't like to be left with someone I didn't know" (Mrs. Clark). A few parents were more worried that the child(ren) might be difficult for the stranger to cope with, whereas a relative or friend would be more understanding or tolerant. Those who were willing to use strangers for evening care either were confident the child would not wake, or else thought that waking to find a strange person would not be alarming - "It's just pot luck how a child reacts" (Mrs. Jackson). Others felt it made no difference to the children whether they knew a babysitter or not. This could be assisted by the children's awareness of the role of "babysitter", so that they learned to have confidence in the person in that position, even if the individual concerned was initially unknown to them. Several middle class parents considered the ability to deal with
an awake or upset child in a reassuring manner to be more important than familiarity. Unlike most working class parents, they did not feel that there was a necessary identification between competence and familiarity. Talking of circle members, Mrs. Boyd said:-

"Even if I didn't know them, I didn't particularly sort of worry. I mean some of them brought their own babies along, so obviously they were right into the problem of feeding or whatever. You could confidently leave them."

Some parents like the Jacksons and Arnots had been anxious about the idea of stranger care at first, but had become gradually desensitised when care by non-relatives and then strangers did not give rise to the anticipated difficulties. This could be helped by the belief that strangers were convertible into familiar carers. Mrs. Henderson had thought:-

"it's rotten for the children to have people coming and they don't know them. But they get to know them, if you keep inviting the same people."

Even so, doubts might persist. Mrs. Miller belonged to a circle, but admitted that "we can't go out with the same ease of mind, as if grandparents come here".

Concern about children being upset on waking to a strange face or simply refusing to stay with a stranger was also found with working class families. In addition there were more general fears about allowing a stranger access to the house or doubts about the stranger's competence to care for the child. Fathers in particular felt protective of their home and child, and hinted at the risks of theft:-

Mr. Purdie* "You're leaving them with your children, so it must be somebody that you can trust in every way. You're leaving them with your house, too () and
if they are looking around, they don't give attention to what they are there for.

Mr. Preston* "There's no way I'd leave my kids with strangers. I wouldn't feel safe having a stranger walking through my house".

Mr. Weir* "Even having strangers in the house, I wouldn't take the responsibility. What would they do when they were in, sort of thing?".

It was also mainly working class parents who expressed worries about the danger of physical harm to the child. Mrs. Sadler* spoke of the possibility of cruelty and Mr. Wallace* noted darkly that "It's not everybody that likes children". Such concerns might be reinforced in some cases by the fact that the main form of stranger care they knew was by teenagers, some of whom were regarded with suspicion.

There were also differences in setting the boundary between strangers and other people. For most middle class couples, personal knowledge of the person by the parents, child or both was the main criterion. Therefore, strangers were distinct from relatives, friends and acquaintances. Many working class parents defined strangers simply in contrast to close relatives or in some cases very close friends too. For example:-

Mr. Robertson* "I wouldn't have any sort of stranger watching them, only a relative that I know very well".

Mr. Purdie* "I don't fancy putting the kids in the hands of a stranger. That's the main reason we've stuck to family".

Mr. Ferguson* "I feel happier with family. I think the children would feel happier, too. I don't know how the children would take to a stranger".
Consequently, even people who were quite well known socially might be classed as strangers in this context. When Mr. Purdie* was asked to explain who he meant by strangers, he replied "People we know, nice enough - friends". Several parents, when questioned about the possible use of neighbours or friends for care, would introduce the word stranger or outsider and indicate that only kin could be trusted with the children. The following exchange demonstrates how talk of friends were sometimes linked by respondents to general fears about non-kin:—

Mr. Tulloch* "It would be just immediate family - I don't think I trust anybody else (to look after Stanley)."

Interviewer "Not even close friends?"

Mr. Tulloch* "No. Look at the things you read. These people get a babysitter they ken for 15 years and the next thing you know the bairn is burnt".

This tendency for working class families to place the boundary for acceptable carers more rigidly and closely around near relatives has parallels with the more closed and positional systems of discipline and language, which Bernstein (1971) considered characteristic of working class families. Some upwardly mobile parents retained their wide definition of and aversion to stranger care. Mrs. Laurie declared:—

"No way would a stranger come to look after them. () I've got a couple of friends - well, I class as fairly good friends - but I would never ask them to look after the children."

There was weak evidence on a number of indices that upwardly mobile families retained a greater use of kin for care. However, some adopted a more pragmatic approach like Mrs. Allan who had joined a large circle
because "we would never go out otherwise".

These different attitudes to stranger care help explain the more restricted carer sets and care frequencies of most working class families, especially in the evenings. Even those working class parents who did leave their children at a friend's or neighbour's home during the day were reluctant to have non-kin alone in the home at night. The more extended and extendable boundaries of trusted carers set by most middle class parents also meant that they were more free to go out often together than most working class parents.

Selection of crisis carers demonstrated class convergence. The middle class families who normally shared care with many "locals" felt that it was right to turn to relatives for major continuous care needs. Working class families who usually did not include neighbours in their carer sets might consider them for a brief emergency. When mothers went into hospital for a confinement or illness, middle class parents relied mostly on fathers and grandmothers for child care, just like the working class families. The patterns of actual arrangements resembled very closely those described by Bell et al. (1983), including some provision of services to both father and child by FM or MM. In response to a more hypothetical question about what they would do in the event of a short-term hospitalisation of the mother, the couples who nominated the father as chief carer mainly held professional jobs (p<0.01). This may correspond to differences in values, but it was also harder for manual workers to arrange time off without loss of earnings. However, for a longer term absence of mother the vast majority of families in both classes opted for relatives other than father as the prime
carer. One in five middle class families said they would use a paid child-carer, which was not suggested by any working class parents. This perhaps helps explains why it is mostly children from working class families who are received into Local Authority care when their mothers are in hospital and the family's network cannot or does not look after the child (Packman, 1968). Middle class parents who also need to look outside their social networks at times of crisis may often be in a position to pay for someone to come into the home. Working class attitudes to strangers in the home might preclude such an option, even if finance and accommodation permitted it.

**Class and group care processes**

In spite of the class contrasts evident in non-group sharing and in the types of group used, there were no significant class differences in the primary reasons given for placing the child in group care. However, it was notable that about one third of working class families had hoped that group care would perform some kind of training function for the child, such as making the child's eating patterns more acceptable or teaching hygiene and self-care. This was not mentioned by any middle class family. There were also no major contrasts in the factors affecting the choice of group care facility or in perceived benefits from group care for the children, except that more middle class parents said they were influenced by shorter duration of attendance for the child. A higher proportion of working class parents were in favour of full-day group care, which was a more common possibility in Whitlaw. In addition, significantly more working class parents, especially mothers, wanted group care for their child before 3
19 or 73% of working class parents admitted to worries about how the child would get on at group care compared with 12 (=37%) of middle class parents. Although in general children's reactions to all types of shared care did not differ markedly between the two major class groupings, a higher proportion of solid working class children did have adjustment difficulties at group care. Possibly, this was because fewer working class children had had much previous experience of contact or shared care involving peers, so that for them group care was more different from what they were used to.

The class differences with regard to local child-oriented sharing meant that middle class children were significantly more likely to know other children at the same group when they started. Over half the working class children (16) knew no other child at the group beforehand, but this was the case for just 5 middle class children. The particular importance of group care in providing peer contacts for working class children was further emphasised by the fact that nearly half of them had no close friends locally of their own age when starting group care, compared with merely 2 middle class children.

Parental participation in group care has been seen as a largely middle class attribute (van der Eycken, 1977a). With regard to actual participation, this was borne out by this study, as in others. Given their readier access to playgroups, it follows that more middle class mothers participated in rota duties (p<0.05). Nevertheless, very similar percentages of mothers in
both classes said they were against or in favour of involvement in running the group. It would seem that the difference in actual involvement resulted from the larger number of playgroups sited near to middle class families and not from big differences in attitude to parent involvement. Quite a few working class mothers were keen to give time, ideas and interest. It is probable that the low extent of interest found in some studies may reflect lack of opportunity for the families concerned or samples which included only those living in the most difficult circumstances. This study also showed that some middle class mothers took part in group rotas reluctantly. In both social classes, those who shared care least often were those most likely to be keen on mother involvement in group care. This suggests that readiness to participate in pre-school groups is partly linked to an underlying desire to maintain the closeness of the mother-child relationship and this is unrelated to class.

When asked about their preferences between playgroups and nursery schools, parents from the two classes had similar proportions supporting one or the other. Again it appears that availability of different kinds of facility leads to class differences in practice which mask uniformities across class in preference.

**Class and reciprocity**

Working class parents were markedly less likely to swap care with other parents and hardly any were involved in a formalised arrangement. Some working class mothers did have ad hoc reciprocal arrangements with a street friend or MZ. These were virtually all on a pair basis and care sessions were usually occasional.
They nearly always were confined to the daytime, which may be linked to the normal working class reluctance to have non-kin in the home alone. By contrast, about half of the middle class mothers were involved in a multiple or mini-group swop arrangement. Such care sessions usually occurred regularly every week or once a fortnight. Most of the remaining middle class families were involved in regular dyadic exchange. Pairing was much more vulnerable to neighbour mobility than networks or mini-groups, because the latter did not rely on one person remaining resident in the vicinity. In the evenings, hardly any working class family had any kind of reciprocal arrangement. A few had an occasional pair swop arrangement with one of their siblings. By contrast, the majority of middle class families were engaged in generalised non-kin care exchange, either by means of circles or through less formalised street friend networks. These evening arrangements might well include families with older children, which was rare for daytime swops.

The kinds of repayment made to different types of carer (teenagers, relatives or other parents) were broadly similar in both classes. It follows that working class families were much more likely to "repay" carers by means of gifts, services or nothing specific rather than cash or return care, because the former were usually associated with kin care. Hence it was not the case that reciprocity was less important in working class families, merely that it took different forms. In a number of working class families there occurred what might be termed "intergenerational reciprocity". Sometimes the mother had been looked after as a child by her own older sister. She later looked after MZ's children and now MZ or one of MZ's children was looking
after the key child. Alternatively, a single or childless
married aunt had sometimes looked after the child and
there was an expectation that the mother would offer
return care when that aunt had her own children. In a
few families, the mother had looked after her younger
sister, who was now old enough to care for the key
child.

All the families who had ever belonged to a circle
(18) or were considering that they might join a circle
(4) were middle class. The remaining middle class
families were very familiar with the concept of a
circle, whereas about half the working class mothers
and even more of the fathers seemed unfamiliar with
the idea. A high percentage of working class parents
expressed strong hostility to the idea of circles,
chiefly because of concern about stranger care, but also
as a result of doubts about wives going out alone or
being able to cope with someone else's child. Circles
require a degree of confidence in permitting unattended
access to one's own home and of being alone in someone
else's home which most working class families seemed
to lack outside the kin circle. Not only were fewer
middle class couples opposed to circles, but they usually
gave different kinds of reason for their opposition.
Most often they thought that circles would take up
too much of their time or else father's evening
commitments meant their availability to babysit would
be restricted or unreliable. A few were also put off by
the formality or "tweeness" they perceived in circles.
Past geographical mobility and current environment

Geographical mobility has implications for a family's network and reference groups, and hence its practices and values with respect to sharing care. It is sometimes conjoined with social mobility and sometimes not (C. Bell, 1968; Goldthorpe & Llewellyn, 1977). There were too few families with the different combinations of mobility to yield helpful comparisons in this study. We shall now look at the parent's locational changes which brought the families to their present situation and then examine in more detail how the particular localities they lived in influenced sharing care.

As a result of the way that access was gained to the sample, all the families interviewed were living in the same area as they had been when the key child was born three years before. Notwithstanding, almost all the parents had been brought up in a different area from this. Neolocality was normal after marriage and many had moved from their home area well before that. Thus, even this comparatively "immobile" sample still included merely a few examples of continuity in residence and community contacts from childhood through to early parenthood. In fact, the most important distinction for parental origins appeared to be whether the parent had been brought up in the Edinburgh area (loosely defined as within about 25 miles of the city) or came from further afield. To describe these two types of people we may borrow terms from Mrs. Boyd, who said:

"The main difference I find in this area is that between the natives and the incomers."

"Natives" had usually moved from the district they grew
up in but maintained a persisting orientation to the Edinburgh city-region. "Incomers" came from outside that region, chiefly for reasons related to work or studying. Several of these commented that it was difficult to get to know "natives", so that they tended to associate mainly with other "incomers". To some extent this distinction parallels that of locals and cosmopolitans, but it does not include social mobility or spiralism (Frankenberg, 1965; Watson, 1970). In any case the term "local" has been used here to designate people living nearby. In half the families, both parents were "natives", and in one quarter both were "incomers". When only one parent came from the Edinburgh area, it was usually the father - a weak form of patrilocality. As would be expected, far more of the "incomers" were middle class.

It might be thought that the class differences in social and care patterns could be explicable by differences in geographical mobility and the (usually) consequent differences in kin distance. However, this was only partially true. The few middle class families with both parents from Edinburgh did account for most of the middle class families with relatives as main carer. However, there were no significant differences in the use of "local people" for care nor in care frequency between "native" and "incomer" middle class parents. Nearly all the dual "incomer" families had high or expanding carer set sequences plus medium or high frequency sequences, so that an absence of local roots at the very least did not inhibit the creation of an adequate carer set.
On a more local scale, working class parents had not been as immobile as the high proportions of "natives" suggests. Although they might have moved less far afield, almost as many of the working class parents as middle class parents had moved to their current neighbourhood after marriage, and so were newcomers locally. In the whole sample, only 9 mothers and 4 fathers were still living in the same local area as they had spent their childhood. Thus, Whitlaw can be seen as a "traditional" working class area only in the sense that it has always had a predominantly working class population and associated institutions. At least as far as these parents of young children were concerned (it may be different for older generations), Whitlaw was a new place for them to live in with a high population turnover. In this respect, though not in its location or urban fabric, Whitlaw resembles more the new housing estates than the inner city "communities" of early sociological studies. This meant that most of the working class parents had to negotiate new neighbour relations just as much as the middle class families. But as they were more likely to have several relatives and old friends elsewhere in Edinburgh, there might be less incentive for them to engage with neighbours.

There were many individual instances where the disposition of space (public and private, closed and open) at various levels (house, stair, street, locality) had affected opportunities or felt restrictions with regard to interaction between local adults and play between children, in other words the kinds of social contacts which could lead to sharing care. Two thirds of the Whitlaw families were living in tenement flats, compared with less than half of Milburn families. All the families in North Milburn lived in tenements, so
that in superficial character it was closer to Whitlaw than the rest of Milburn, where villa development predominated with some inliers of tenements or infilling by more modern flats. However, the tenements of North Milburn were mostly larger and better designed. The greater space inside most homes in Milburn meant that entertaining mini-groups was easier than in Whitlaw, where there were usually fewer, smaller rooms. Several Whitlaw parents indicated that confined space at home, especially in winter, was a background factor in their desire for group care, because it was hard to amuse children or cope with their energies at home. On the other hand, tenement stairs seemed especially conducive to children wandering in to neighbours’ home of their own accord for a chat or to play.

The space available to parents and carers could affect the location of evening and overnight care. Sometimes, parents had plenty of room to put up a carer to come and stay overnight, either when the parents were away for the night or would get back late. Alternatively, it could be the larger accommodation of the carer which made it a more attractive option for the child to go there overnight. The size of the home could also influence whether grandparent carers were able to stay overnight or not in order to act as carers.

Although particular families illustrated the influence of the domestic environment on sharing care, there was no overall relationship between housing type per se and care patterns. The North Milburn tenement dwellers had patterns which were similar to those of South Milburn rather than to the tenement areas of Whitlaw. It might be expected that house dwellers would have
less need for group care than families in tenement flats, but there was no apparent difference between families living in the two types of housing in terms of group care motivations or usage. Even parents with ample accommodation and large private gardens thought that group care offered kinds of equipment and interactive peer play which was difficult for them to provide.

Just under half the sample had a private garden and two thirds of these lived in Milburn. The remainder had access to a tenement backgreen or a shared play area, except for one family with no garden access at all. The large gardens of South Milburn made children visible and were a means of developing contacts, play and shared care arrangements. Likewise a large, grassy back green with access from several flats could be a good place for parents and children to meet. The couple who became the main carers for Christopher Hardie had got to know the family after the children met and played together on the green. This was less possible in Whitlaw, where many back-greens were very small, hard surfaced and/or poorly kept. A number of working class families thought their children especially enjoyed stays with relatives, because there was freedom to play in their gardens which was not possible at home. Some tenement dwellers were aware that their children lacked opportunities which a garden might have provided and group care offered. Mrs. Boyd said "that's Eric's problem - he doesn't have space to let off steam and cannot use big equipment".

Good local parks in both areas could be a focus of local interaction, so parents were asked to appraise public playspace in their areas. About one third each
thought the play provision was good (23), mixed or all right (23) and poor (17). Slightly more Whitlaw families than Milburn parents rated their local playspace as poor. Therefore, those without private gardens were also more likely to have poorer public playspace available. In Whitlaw the main complaints about open space concerned its paucity or broken glass. Milburn parents complained more of dog’s mess. Interestingly, parents who rated their local playspace as good were just as likely as others to want group care to give their children more play opportunities or to relieve their child’s boredom.

Evidently it was not possible to obtain a full picture of the local environment in the two areas, so parents were asked to name their local area and evaluate it, firstly for children, and secondly for adults. Nearly all respondents regarded their neighbourhood as a sizeable subdivision of Milburn or Whitlaw, with a diameter or 1-2 miles. This usually was the main activity space for the mother and child (including local shops, parks, group care), although befriending had mostly been more confined to nearby streets, which make up what T.Lee (1968) described as a person’s "area of social acceptance". Only rarely did non-kin care occur outside this area. Parents’ perceptions and emphases naturally reflected their own values, experiences and knowledge of the area, as well as its more objective nature. In particular, parents were influenced by their own "reference areas", where they had lived themselves as children or later. In some cases, the area of origin remained an important subcentre of family life, because of regular contacts with kin there. Some Whitlaw families living in a restricted environment for children did not perceive it
as such, as they were accustomed to live in a poor inner city areas. Conversely, Milburn was seen by most of its inhabitants as attractive, "with an air of countrification" (Mr. Carlisle) but some felt its environment was too restrictive in comparison with rural reference areas they knew well. Reference areas could be distant in time as well as space. Some parents recalled unrestricted play by groups of small children when they were young. Some working class fathers contrasted the friendliness in their area of origin with limited contacts in present-day Whitlaw.

70% of the couples thought their home area was good or very good for bringing up children. The main factors cited as advantages were good play areas and the presence of other children to mix with. Good schools and group care were also often mentioned. Significantly more Milburn families (in both the villa and tenement parts) thought that their area had the advantage of many young children (p<0.05). Nearly all those with a negative evaluation of their area for children lived in the main tenement area of Whitlaw. For example:-

Mrs. Villiers* "There's not really anything round here for the bairns, except the nursery. () Mind you, these houses probaby aren't meant for children".

Mrs. Urquhart* "I don't think it's an area for bringing up kids".

Mrs. Traynor* "Sometimes I think Whitlaw can be a bit rough and tumble".

Mrs. Whigham* "They don't cater for children much. Well, it's not a residential area, of course. It's an industrial zoned area".

Some Whitlaw families were content, but many were bringing up their children in a district which not only
scored poorly on certain objective indices of environmental disadvantage, but which in addition they themselves did not see as suitable or intended for young children. The main disadvantages in their neighbourhoods identified by residents in either Milburn or Whitlaw were traffic, deficient playspace, general unpleasantness and lack of opportunities to mix with other children nearby. All these factors contributed to a common view of group care as a refuge from a limiting urban environment inimical to children. In addition, some Whitlaw families complained about the kinds of people living in their area and the way children were brought up. It is possible that the sense of living in an unsatisfactory physical environment, where some of the people living round about were seen as lacking responsibility, contributed to the strong feelings against stranger care in Whitlaw. The poor general environment in Whitlaw meant that parents were relieved to know "you can send your kids along to nursery in comparative safety" (Mrs. Sim*).

As there was such a close correspondence between families' class and area of residence, it was not possible to differentiate between the influences of class and neighbourhood on shared care patterns. Nonetheless, there were some indications that the 5 working class families who lived in Milburn resembled Whitlaw families much more than their middle class near-neighbours. Over the three years, these families were more likely to use mainly kin for care than other Milburn families. All were against stranger care and none belonged to a circle. On the other hand the influence of local provision is shown by the fact that 3 of the 5 families had used or planned to use a playgroup rather than nursery school, which was the
norm among Whitlaw working class families. Ideal preferences for playgroups or nursery schools were roughly the same for the two areas. However, the actual usage conformed with the larger numbers of nurseries in Whitlaw and of playgroups in Milburn. This suggests that it is more the differences in provision that explain the contrasts in usage of the two main forms of group care. The gap between actual and desired provision was most apparent in Milburn. A number of the families living there used nursery schools outside the area, because they could not obtain places locally. One third of the Milburn families saw a deficiency of Local Authority nursery school places as the main need in the area for improving pre-school services.

SUMMARY

The socio-economic status of individual families was determined by using a number of indices relating to both parents. This showed that the two area basis of the study was reasonably successful in separating the sample according to two broad social class groupings. Residential segregation meant that here class and area reinforced each other and their different causal importance was impossible to discriminate from this small sample. The greater environmental limitations perceived by most families in Whitlaw heightened their desire for group care, but just as many parents in spacious South Milburn were keen for their children to attend.

There were marked contrasts in the general patterns and processes of care characteristic of the two classes, but it must be emphasised that there were also
important exceptions to many of the "typical" patterns. In general, care patterns were more likely to promote kin relationships for working class children and peer non-kin relationships in middle class families. Kin primacy for sharing care was a widespread value in both classes, but near exclusive use of kin was far more prevalent amongst working class couples. This was linked to a narrower definition of strangers and more widespread aversion to stranger care. Multiple swop arrangements amongst local parents and babysitting circles were confined to middle class families in this sample. Indeed most middle class families shared care of their own child and looked after other people's children more often than most working class families. On the other hand a number of working class children had regularly stayed overnight with relatives, whereas nearly all the middle class children had been away from their parents overnight only once or twice, if at all, before they were three.

Thus, the children from the two different classes began group care with quite different experiences of sharing care. This in turn was associated with differing patterns of interactions with regard to kin and non-kin, men and women, and children of different kinds and ages. This may well have implications for children's initial and eventual adjustments to group care and school. One immediate consequence was that the middle class children tended to know more of the other children when starting at group care and somewhat more working class children had difficulties adjusting to group care, although they still constituted a minority. The link between shared care and social relations will be discussed in more depth in the following chapter.
Chapter Eight
FAMILIES' SOCIAL NETWORKS

It is important to understand to what extent the differing sizes and composition of carer sets, especially those contrasts related to class, correspond to variations in the kinds of social network and/or result from selectivity within similar types of network. Evidence will be presented to show that carer sets were not necessarily composed of those people with whom families' interact most often in their everyday social life, although that did apply in some cases. Nor was care frequency always directly proportional to the amount of social contact with different people. Rather, certain members of families' networks were regarded as particularly relevant for sharing care. Furthermore, parents varied widely in the criteria they used to determine relevance.

Distance from close kin might well be thought sufficient to account for the greater readiness of many middle class parents to use non-kin for care (Hendrix, 1979). Similarly the presence of kin nearby could reduce working-class couples' needs for interaction with neighbours (T.Lee, 1968). We shall see that there was an intimate interaction between care patterns and network relationships which did exhibit large class contrasts, but differential availability of relatives appeared to offer only a partial explanation. This corresponds with what parents said affected their choice of carers, in that kinship was important but sometimes outweighed by other factors. As Hubert (1965) suggested, the fact of being distant from kin
may itself represent a different middle class view of family relations, in which affection is compatible with less frequent contact and service exchange. Some degree of independence does not preclude aid by kin for major changes or needs (cf. C.Bell, 1968; Litwak 1960b). Moreover, the explanation of greater middle class usage of non-kin because of non-availability of relatives itself implies a value of kin primacy for care. Otherwise, there is no reason why working class families with nearby relatives should not also use other people as well for care. In any case, the comparative shift away from kin carers after the first year which was common for middle class families was not occasioned by changes in kin location or availability, but was linked to developments in relationships with non-kin.

Here the term network will be taken to refer to those people with whom a family had its main social contacts. This differs from the careful definitions of Barnes (1969) and others, but conforms more with lay usage. In order to compare carer sets with social networks, it was impractical to obtain details of all the people with whom families had significant social contacts let alone highly specialised or trivial connections. Consequently, it was necessary to concentrate on that part of a family's effective social network which was most relevant to the child - namely kin, friends and neighbours. In order to standardise and economise data collection, details were obtained of all friends and neighbours who were thought by the parents to be important to the child and of all relatives the child had seen in the preceding year. The kinds of relationships, the approximate frequency of contacts and the distance at which people lived were
recorded (See Appendix 4).

Social networks change both independently of and in response to shared care processes, so in addition qualitative information was sought about network changes since the child was born. In general, it will be seen that most families had developed and altered their network membership and contacts in important ways after they had children, sometimes as a result of sharing care. There were 3 main ways in which membership of a carer set related to the family network:-

1. Carers were recruited from the prior social network (mainly kin and old friends).

2. Shared care and befriending developed together, chiefly through interaction with other families who had young children.

3. The care function was the prime focus of the relationship with the carer, so that social contact was minimal (group carers, childminders, some circle members).

Normally, only a small part of a family's social network was mobilised to make up the carer set. This usually comprised those people with whom there were emotionally close and functionally multiplex relationships. Whereas working class parents tended to intensify some of their existing relationships, especially with kin for care and with a few old friends for social outings, far more middle class parents had recruited new members for their social networks and carer sets from the local neighbourhood. This was only partly explained by the fact that many but by no means all middle class parents had few important relatives living nearby, whilst the majority of working class parents had most of theirs fairly close at hand.
First of all we shall examine the kin segment of family networks and then friends and neighbours. This division lends clarity to exposition, but is also empirically justifiable. Parents' replies in the interviews suggested that they usually saw their relatives separately from their friends or neighbours, except for chance encounters or special celebrations. This segregation of contact was confirmed by the diaries and is consistent with earlier studies (Babchuk, 1965; Bell & Boat, 1957; Irving, 1977). It was rare for a relative of a family to know a non-kin member of the family's network well or independently. Finally, the nature of social and care networks will be shown to have implications for children's attachments and their relations with other children.

KIN

The characteristics of families' kin sets

All relatives aged over 16 outside the nuclear family with whom the child had had contact in the previous year were regarded as "significant kin". They may be regarded as forming the child's effective "kin set". Using respondents' estimates of the frequency of the child's meetings with significant kin, each day of contact with each adult relative was deemed to constitute a "kin-contact day". This is a somewhat crude measure, as it is derived from retrospective approximations, tends to undervalue 24 hours stays by or with relatives and overvalues contacts at the same time with more than one relative. Nonetheless, the current frequencies of interaction recorded in the diaries correlated well with the kin-contact day measure and produced similar groupings of families.
Most children had between 10 and 20 significant relatives, considerably more in nearly all cases than had ever shared care. The size of a child's significant kin set bore no regular correspondence to the size of the carer set, but a large kin set was significantly associated with high kin usage for care (p=0.001). However, having a large kin set did not necessarily lead to kin exclusivity in sharing care. Well over one third of families with a large kin set (15+) had a non-relative as main carer. We saw that for relatives, although not for others, the effective distance for assistance with routine care extended outside the local area to the rest of Edinburgh or even beyond. It seemed that a travel time of more than an hour was generally a limiting factor, but selectivity which was often unrelated to distance occurred for relatives living closer at hand. It was quite crucial for choice of carers whether a child had relatives and especially grandparents in Edinburgh, but the precise location within Edinburgh made little difference, quite unlike the position for non-relatives. In all, half of the significant kin lived in Edinburgh, but mostly in a different area from the child. Very few children had considerable numbers of kin in the immediate vicinity. Normally, children with at least one "native" parent had several kin in Edinburgh, whilst dual "incomer" families rarely had relatives living as close as that.

However, when considering arrangements should mother be absent in hospital for some time, it was clear that distance played little part. The vast majority of families said they would call on relatives, even if they lived a long way away. Commonly, it was envisaged that relatives would come and stay. The small number of families who said they would use a
paid childcarer were slightly less likely to have kin in Edinburgh than other families. But all the 4 families who did not know whom they would turn to did have some relatives in Edinburgh, as did those who said father would cope alone. This fits with the conclusion of Schaffer and Schaffer (1968) that families who feel they lack a parental substitute for major care responsibilities generally do have people available, who for various reasons they would not turn to for help.

Bryant et al. (1980) have suggested that a significant feature which differentiates childminders from parents of minded children is the "rootedness" of the former. By "rooted" people they meant those who are well established in the local community and have several local relatives, in contrast to more mobile people with fewer kin nearby. This idea could be of wider usefulness in distinguishing different types of parents. It is plausible that rooted people would be more traditional, whilst mobile families would perhaps be more independent and more likely to share care. Therefore, in this study those families where both parents had been brought up in Edinburgh and who had more than 6 significant relatives living in Edinburgh were identified as rooted. By this definition, 26 families could be so described. Of these only 4 were middle class and just 2 were solid middle class. Therefore, rootedness appeared to be largely a working class phenomenon (as Bryant et al. also found), so that its effects could not be distinguished statistically from those of class. However, all those families defined as rooted including those who were middle class were against stranger care. (p<0.001). So there is a hint that being non-rooted - in a sense being a stranger oneself - may encourage people to be more open to the
possibility of sharing care with people outside one's existing social network.

There was a vast range in the number of kin-contact days per child from 0 to 1200. Nine children saw no relatives at all during the diary fortnight and at the other extreme there were nine who spent at least one quarter of the 42 sessions in the company of relatives (Table A15). However, the general picture was one of close frequent contacts by most children with at least a few relatives. Three quarters of the children saw at least one relative every week. This included two with no relatives in Edinburgh. If distance precluded frequent part-day contacts, this was often made up for by occasional stays of a week or more. Such factors as personal and genealogical closeness, health, transport and alternative commitments modified any simple direct association between distance and contact.

Frequency of contact with kin was strongly associated with high usage of kin for care (p<0.001). The vast majority of those with high frequency of kin contact over the dairy fortnight had relatives as main carers in the daytime and evening. These were mainly working class. Some of those families with a moderate amount of kin contact in the diary two weeks had "local people" as main carers. Usually these were middle class and they included half of those families who belonged to babysitting circles. This demonstrates again that it was not the absence of available kin which made middle class families look outside their kin network for care.
Families who saw their relatives often mostly had a small carer set and shared care less often than average (p<0.001). This results from the working class pattern of high kin contact and the middle class pattern of higher frequency of sharing care. There was some suggestion that low care frequency was associated with intermediate levels of kin contact. This makes sense, for working class families with frequent kin contacts shared care a lot with those relatives and middle class families a long way from kin used local carers often. The families who shared care little were usually positive about interaction with kin, but distance or the small size of the kin set sometimes meant that the frequency of contact was not high.

There was no class difference in the overall size of a child's effective kin set, but there were contrasts in location and hence in frequency of contact. Given the marked class differences in geographical mobility, it was not surprising that working class families usually had more relatives living in Edinburgh, although this contrast disappeared if only families with "native" parents were compared. One third of middle class families but only a single working class family had no significant relatives in Edinburgh (p<0.01). Twice as many working class children (one half) had at least one relative living in their local area. 6 families - all working class - had a relative living in the same street. Visiting care by relatives living at a distance was mainly a feature of middle class families, because most of the working class families' close relatives lived near enough for routine care. Considerably more of the relatives of middle class children owned a car, which may offset their greater average distance to some extent (p<0.01).
As a result of these differences, most of the working class children saw a wider range of kin more often than did most middle class children \((p<0.001)\). Nevertheless, the stereotyped image of middle class children as remote from relatives was not borne out. Half the middle class children saw at least one relative in the two weeks of the diary record. Some middle class parents were emotionally very close to their parents or siblings. Mrs. Miller described herself as "very family oriented, actually. My sister is still my best friend". Working class families did have greater average frequency of contact with kin and more exclusive use of kin for shared care, but the diaries demonstrated that there was a greater absolute frequency of kin care by those middle class families with relatives nearby. Availability permitting, care by middle class relatives and especially grandparents may occur even more often than for many working class children, but tends to be overshadowed by the high general rates of sharing care with non-relatives characteristic of middle class parents. Thus, there were significant class differences in terms of contact with kin in the diary fortnight \((p<0.001)\), but the differences between the classes were negligible for number of kin used as carers and number of kin care sessions. It appeared that for middle class children with relatives living reasonably close a higher proportion of their contacts with relatives involved staying with them in the absence of parents. This is a function of the generally greater propensity of middle class parents to share care. In addition, a higher proportion of middle class kin contact and care occurred in the child's home, as working class children were more likely to visit relatives' homes. Even though kin care formed a higher proportion of kin contact for
more of those middle class families with Edinburgh kin than for similarly placed working class families, it was still less likely for middle class children who saw relatives at least once a week to have a relative as main carer (p<0.05).

The location of significant kin was also insufficient to account for class differences in the relative importance of kin and non-kin. These differences persisted even when only those with comparable availability and distance of kin were contrasted. If only families with some relatives in Edinburgh were compared, middle class families were still more likely to have non-kin as main carer (p<0.01). Middle class parents with few kin nearby tended to share care widely with other local parents or paid childcarers, but the working class families' who lacked available kin were much less likely to have local carers instead. The one working class family with no kin in Edinburgh had grandparents from Fife as main carer.

There was a consistent heirarchy of relatives, revealed both in diary records of contacts and in interview information about regular interaction and shared holidays with kin. The order of importance was as follows:-

(1) MM-MF
(2) FM-FF
(3) MZ-MZH
(4) MB-MBW, F2-FZH, FB-FBW
(5) Other relatives

This refers to the numbers of families for which particular relatives were important, so it must be remembered that the comparative importance of different types of relative varied considerably from one
family to another. Each of the kinds of relative listed above was the one most frequently seen for at least a few of the children. The importance of mothers' relationships with their own mothers and sisters which was found in earlier research (e.g. Young & Willmott, 1957) is clearly seen. But in some instances the father's parents and occasionally fathers' siblings were equally or more significant. The bias towards grandparents and to mothers' family which occurred in the selection of carers was apparent but less strong with regard to social contacts. This suggests that the particular intimacy involved in sharing care emphasises predispositions in contacts, especially towards MM. It has been noted elsewhere that the arrival of children tends to lead to an intensification of ties between married couples and their parents (Forse, 1981). Families' contacts with kin may be roughly summarised as falling into 3 main types:

1. Chiefly vertical i.e. with grandparents
2. Chiefly lateral i.e. with aunts and uncles
3. Mixed - a more even balance between different kinds of relatives

**Grandparents - the primary carers**

It has sometimes been thought that grandparenthood is a role of diminishing significance, but this study confirmed its continued vitality. For well over half the children, the relative they had most frequent contact with was a grandparent. The special importance of grandparents in patterns of shared care is summarised in Table 8-1. Grandparents were the main carer for half the children in the first two years and for one third of children in the third year, both during the day and in the evening. They were also second carers for
### Table 8-1

**GRANDPARENTS IN THE LIVES AND CARE OF CHILDREN**

<table>
<thead>
<tr>
<th>1. Carer Sequences</th>
<th>Number of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N = 63)</td>
</tr>
<tr>
<td>First Carer - Year 1</td>
<td>26</td>
</tr>
<tr>
<td>First Carer - Year 2</td>
<td>21</td>
</tr>
<tr>
<td>First Carer - Year 3</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Main and Second Carers at time of Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Daytime Carer</td>
</tr>
<tr>
<td>Main Evening Babysitter</td>
</tr>
<tr>
<td>Second Daytime Carer</td>
</tr>
<tr>
<td>Second Evening Babysitter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Overnight and Crisis Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Choice Overnight Carer</td>
</tr>
<tr>
<td>Carer for short crisis care</td>
</tr>
<tr>
<td>Carer for long crisis care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Persons child is most fond of (outside the nuclear family - adults only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Fondness Person</td>
</tr>
<tr>
<td>Second Fondness Person</td>
</tr>
<tr>
<td>Third Fondness Person</td>
</tr>
</tbody>
</table>

**KEY**
- \[\square\] Maternal Grandparent(s)
- \[\square\] Paternal Grandparent(s)
- \[\square\] Either set or both sets of grandparents
- \[\square\] Others
- \[\square\] Nobody
nearly as many children and were seen as first choice carer for a longish absence of mother by well over half the families. Thus, many of the generalisations made about kin care derive particularly from grandparent care. Even when grandparents lived at considerable distance, greater efforts were made to maintain contact and even care than was usual for other kinds of people. Many of those grandparents who lived too far away for routine care looked after the children during visits. In about a dozen families, grandparents had come from some distance to stay with the family and give support during the period of childbirth. A few couples who made little or no use of grandparents for care were careful to explain that they had used other carers, because the child's grandparents were precluded on account of distance, health or age. Contrary to Goody's hypothesis (1962), there was no evidence that grandparents called nanna or nannie - which he took to be etymologically related to child care - were more likely to be main carers.

Individual parent-grandparent-grandchild relationships naturally vary widely according to the particular personalities and family histories. However, there was a general trend for most couples to accord positive attributions and special salience to grandparents, which helps explain why they were so often the preferred carers. It is also noteworthy that perceptions by parents of their common interests and potential sources of conflict with grandparents paralleled those which independent studies have observed from grandparents' perspectives (e.g. Crawford, 1981). Perhaps just because their centrality is taken for granted in everyday family life "extremely little attention has been paid to grandparent-grandchild relations" in the social science
literature (Troll et al., 1979 p. 274). Often they have been subsumed in the consideration of kin relations in general. Cunningham-Burley (1983) showed that even when grandparents have been the specific focus of attention, it has been superficially assumed that grandparents adopt just one of a few prescribed roles. This ignores the subtle interplay between the emerging expectations of the several parties concerned and the multiple implications of becoming a grandparent. Most of the non-clinical studies have considered the grandparents' viewpoint only, or more rarely the child's (Kahana & Kahana, 1971). In this study, grandparents were considered from the point of view of the middle generation, which has a crucial role in mediating the experiences for grandparents and grandchildren (Hill et al., 1970; Robertson, 1975). After an assessment of the favourable picture of grandparenthood which was most common, it will also be shown that there were limitations to parents' expectations about grandparent care, as well as problems which could arise from it.

Positive qualities of grandparents

The primacy of grandparents in choice of carers was sometimes masked, because parents spoke of preferences for "family" or "close relatives" in general. However, there were also specific comments about the special desirability of grandparents. This was found in both classes. Of course, usually there was a liking for grandparents as people. In some families, MM was the main social companion of the mother outside the nuclear family. Mrs. Weir* looked on her mother as "a friend as well as my mother, y'ken". Since many other well-liked people did not share care often or at all, there were evidently other factors which explain why
grandparents were so popular for shared care. The 4 principal ones mentioned were:-

1. their high motivation to be carers

2. the absence of any required payment in cash, kind or time

3. proven competence

4. the perceived uniqueness of the grandparent-grandchild relationship.

In many cases, grandparents' enthusiasm to be with grandchildren was seen as sufficient explanation for their choice as carers. Asked why his mother was their main carer, Mr. Chalmers* explained "Just grandchildren ... she wants them round there all the time". Grandparents showed pride in their new status and liked "showing the bairns off to all their neighbours" (Mr. Baxter*). Thus, parents knew that a request for care would not be seen as a burden, but would be welcomed. Mr. Quinn* said "if you want them watched, the grandparents are the first to volunteer". Other researchers' interviews with grandparents have confirmed the alacrity with which many take up opportunities to babysit for grandchildren. Normally, grandparents feel they have to restrain their natural desire to spend as much time as possible with a young grandchild, because they wish to adhere to what Cunningham-Burley (1983) called a prohibitive rule of non-interference with regard to the child's parents. Sharing care does not breach this rule, because it occurs ostensibly to help the parents. Indeed it is especially welcomed, as it affords opportunities for sole access to the child and allows grandparents to be less inhibited than when the parents are there (Robertson, 1977). Some respondents in this study pointed out that their parents had the time and interest to play with
the child individually, unlike people with young children of their own. Quite a few grandparents rarely went out and so were readily available for care. For at least 3 non-working widows, the grandchild had become a major solace and life interest, even substituting partly for the deceased husband. Mrs. Spence* said of Virginia:-

"Since my Dad died, she usually sleeps beside my Mum (during an overnight stay). She cuddles in beside her and she says "I'll look after you"."

Mr. Clark summed up a second advantage of grandparent care - "you don't have to compensate them". Several parents remarked that the child's company brought its own rewards so that no additional repayment for care was necessary. Barker (1972) has shown that there are also intangible payoffs to grandparents from still being needed by their offspring. Not only was any repayment for looking after the child less necessary, but parents felt inhibited from offering anything directly for fear of giving offence. Even so, the norm of reciprocity was upheld, because parents made small gifts or offered help at other times, so that they did not feel indebted. Cash payment was normally felt to be incompatible with grandparent care. Mrs. Griffin had insisted on paying her mother while she worked so that she would feel less guilty, but the employer-employee relationship was uncomfortable for all. They did not feel able to impose conditions on MM's care of Emily as they would have done if they had paid someone else.

Thirdly, it was understandable that in looking for someone to substitute for themselves, parents often turned first to the people whose parenting they were
most familiar with and sure of. Typical comments were "I think of my mother first, because she's done it, I suppose" and "they've brought up a family and know what to do". Mrs. Sinclair* thought that:—

"Most people do not on the whole question the qualities of their own parents. You always think your own mother is capable, because you survived all these years."

The special qualities of grandparenthood were exemplified by the fact that they were often seen as the people with the clearest sense of duty to act as carers and the only ones to be granted some kind of right to care. Some grandparents had insisted on giving the parents an opportunity to go out in the evenings or in providing relief care at times of stress. This insistence would be acceded to, whereas offers from others might be refused. Grandparents' right to share care was illustrated more explicitly by Mrs. Urquhart*, who stated that both sets of grandparents "are entitled to an equal shot of them". Mr. Clark described babysitting as "a privilege of grandparents and we benefit". Some grandparents communicated their sense of entitlement to care by expressing feelings of hurt at the possibility or actuality of others taking precedence in shared care when they were available. The importance of grandparents could also be clearly seen when a child lacked frequent contact. Several parents thought their children thereby missed a second home or a special trusting relationship outside the nuclear family or simply contact with the older generation. Frequently efforts were made to maintain a child's awareness of distant grandparents in between visits by means of frequent references, phone calls and photos. Sometimes older friends or neighbours were
seen as "like a grannie" (Mrs. Brown*). Uniquely in this sample, all of Fraser Booth's grandparents were dead, but his main carer was an old friend of MF and in a crisis his parents thought they would call on MMZ.

Limitations and problems associated with grandparent care

The most common image of grandparents as very eager, trustworthy and entitled to care for the children was by no means universally held, nor applied equally to all grandparents. In some cases it was confined to grandmothers. Some grandfathers were less available because of work, but also some appeared to be more hesitant or even indifferent about being involved with care of the children. A few brought their wives by car to babysit, but did not stay themselves. When grandparents did act as joint carers, sometimes the grandmother monopolised the direct dealings with the child. Not uncommonly, respondents said that their child had stayed with "my Mum", even though MF or FF were there too. But some grandfathers were very involved in care. Occasionally they were more important as carers than their wives. Ralph Quinn's grandfather took him to nursery school each day. Mrs. Miller's father "doted on Malcolm, and has always taken him off to the park with him every Sunday morning". Three families had widowed grandfathers who stayed with them for considerable parts of the year, during which periods they babysat and took the children out.

Even with regard to very willing grandmother carers, there was often a feeling that this should not be exploited. Interestingly, this corresponds to the findings of several studies that grandparents themselves usually do not want to be overburdened and
see great advantage from the fact that care of grandchildren can be limited in time and in scope of responsibility (Albrecht, 1954a; Crawford, 1981; Cunningham-Burley, 1983). In particular it was thought unfair for them to look after the children whilst the mother worked long hours, for this would be seen as as a second period of parenting. Mrs. Ritchie* said "I don't think they should have to bring up another family". Mrs. Urquhart* opined - "They have had their share of bringing up kids and it's about time they were enjoying themselves". It was indicated that ordinary babysitting could be seen as voluntary, whereas "work care" would be an obligation.

Reservations were expressed about grandparents as carers, mostly by middle class parents. This partly accounts for the shift away from grandparent care for some purposes which was evident for some middle class children as they grew older. However, it must be stressed that many other middle class parents as well as most of the working class parents were positive about grandparent care. The main problems identified by parents concerned authority, spoiling, rivalry and intrusiveness. These were all issues which potentially reduced parents' autonomy to determine how they conduct their own lives and influence their children's behaviour. In many respects, they are similar to the areas identified by grandparents themselves as requiring caution in order to preserve smooth relations with the grandchild's parents (Cunningham-Burley, 1983).

In our society, grandparents do not have the formal authority over parents that may be found in other societies (Apple, 1956). In rare instances, considerable accountability was apparent. Mrs. Robertson* said "I'm
sure my Dad would still leather me, even though I'm married". Mrs.Ormiston*'s father was:-

"terrible protective with us and he's exactly the same with his grandchildren.
() Before I do anything, I stop and think "Would my Dad approve?"."

More usually parents felt independent, but retained respect for their parents' seniority which persisted from the actual authority they had had during the parents' childhood. This deference to grandparents combined with the opposite expectation that parents normally have some kind of implicit authority concerning care arrangements resulted in considerable ambiguity for the role of grandparent carer. Most respondents did not find this a major problem. Some recognised their parents' sensitivity about non-interference, which seems to be a widely accepted ideal for the grandparent-parent relationship (Blaxter & Paterson, 1982; Kahana & Kahana, 1970). Nevertheless, there were sometimes different attitudes about discipline and then parents could find it hard to be openly critical, yet felt their own authority undermined. Mrs. Spence*'s mother "used to bring up a sweet every day. She started when she (Virginia) was young and I didn't like it". Delicate negotiations ensued to control this spoiling. "She said just a wee sweetie won't do her any harm. I said I don't want her to have sweets - a bit joking, but she gets hurt then". Mrs. Laurie was reluctant to use her grandparents for care, because they plied the children with sweets and exercised no discipline. More commonly, spoiling was simply accepted as a characteristic of grandparents or even virtually a right, even though the Newsons (1963) showed that most parents are concerned not to spoil their children themselves. For example:-
Mr. Forbes "She does get spoilt, but what are grannies for?"

Mrs. Chalmers* "I think it's a grandmother's privilege to spoil their grandchildren."

Mrs. Brown* "Every child should have a grannie who spoils them."

It was observed that several children had learnt to "get most of what they want from their grannie", as Mr. Jackson remarked. Naturally, this tends to be popular with pre-school children themselves, whose pleasure will reinforce that of grandparents (Kahana & Kahana, 1970). Acknowledgement of grandparents' rights to indulge a grandchild fits with the view of Radcliffe-Brown that there is exists an affinity combined with relaxed rules of interaction between alternate generations when grandparenthood is dissociated from ongoing responsibility and authority (Apple, 1956; Radcliffe-Brown, 1952, 1960). Grandparents can take pleasure in giving things to grandchildren without having to heed the consequences (Neugarten & Weinstein, 1964). On the other hand the residual authority of grandparents was shown by respondents' hesitation in challenging their own parents, when spoiling did create difficulties.

Some parents were aware of the potential rivalry for the child's affection, if grandparents were too involved as carers. Mrs. Sim* felt her older daughter was closer to MM, who had looked after her while she worked. Mrs. Nichols* preferred to use a childminder, because "they can get too attached to their grannies and then they dinna want you". Although most respondents whose parents did not live close regretted this, a minority were glad. For instance, Mrs. Hardie
said that once her mother had a foot in the door she would take over. Mr. Balfour and Mr. Carlisle both said they were glad to have grandparents fairly near at hand, but would be unhappy if they lived any closer. Several middle class parents complained that grandparent care tended to overflow from that function. Some grandparents altered the timing of care sessions to suit themselves. The Arnots said ruefully that an evening babysit could easily turn into a whole week-end stay. Consequently, several parents preferred street friends as carers, because it was thought the implicit contract for care would be more straightforward and reliable. It may be that middle class couples are more concerned to assert their independence from close kin than working class tend to be (Hubert, 1965; Reiss, 1962).

In a few cases, it was apparent that grandparents themselves dissented from the typical willingness to care. Mr. Hardie's mother had made it clear that "just because she was a grandmother, she wasn't going to be on tap". Mrs. Shaw*'s mother was reluctant to babysit, because "she thinks she should be going out, not having to watch him". Mr. Davies and Mrs. Traynor* expressed strong disappointment that their children's paternal grandparents had shown little interest in them, which they regarded as abnormal and puzzling for grandparents.

**Practical considerations and grandparent care**

These interpersonal differences should not be exaggerated, for they seldom appeared to develop beyond minor irritation. Non-use or restricted use of grandparent care was more frequently explained by
means of practical difficulties such as distance, health or work commitments. These could therefore be critical in affecting a family's care resources, so it is important to understand variations in grandparent availability.

For only one of the children were all 4 grandparents dead and over 90% of the sample had at least two grandparents living. More grandmothers were alive than grandfathers, which is quite natural in view of the later age of marriage of men and their shorter life expectancy. Three quarters of the children had both grandmothers alive and nearly all had at least one. Although there has been a tendency to assume that grandparents are elderly, that is not necessarily the case (Crawford, 1981; Kahana & Kahana, 1971). This applies particularly to 3 year olds. Two fifths of all the grandparents were under retirement age (60). In this and other studies, it was seen that "elderly" grandparents usually give much help to the next generation especially by assistance with child care (Townsend, 1957; Streib, 1958). Nearly as high a proportion of grandmothers who were main carers for children in this sample were over 60 as those under 60. It was poor health as much as age itself which reduced or eliminated involvement by grandparents in sharing care. The main effect of poor health in grandparents seemed to be to reinforce use of other relatives rather than non-relatives. About one quarter of children had at least one grandparent (usually only one) with a serious health problem. They might be considered unable to cope with the demands of a young child, especially if there were more than one, or even to be dangerous in their lax supervision. Sometimes an active grandparent might be unable to care or have to care less often,
because of the partner's ill health. On the other hand, sometimes a grandparent who was not fully fit was able to act as a carer with the support of a more healthy partner. Even in the case of active grandparents, some parents were reluctant to ask them to put up with the noise and energy demands of young children for too long. Troll (1970) has drawn attention to the importance of generational ranking. At least two grandmothers had major care responsibilities to members of a senior generation, which limited their capacity to look after grandchildren.

Just under half of the families had both sets of grandparents living in Edinburgh. One in three had no grandparent in Edinburgh, but nearly all of these kept in regular contact with grandparents either in person or by phone. Subsidised public transport made it easier for some grandparents to come and look after the children. Understandably, grandparents in Edinburgh were usually seen most often. Nearly all working class children had at least one grandparent living in Edinburgh, compared with just under half of middle class children. Therefore, far more working class children had weekly or even daily contacts with grandparents. Contacts could be highly regularised:—

Mr. Preston* "My Mum comes up on Monday evenings to look after the kids as I'm working late. She also comes up on Wednesday for tea. And Saturdays, the two sets of grandparents take it in turns".

Mrs. Preston* "My parents come here every Tuesday night, then I go up there every Thursday during the day".

On the other hand grandparents were rather more likely to be the relative seen most often by middle class
children, whereas the families with a strong lateral skewing of kin contacts were mainly working class.

How far away grandparents lived had an important but not determinant effect on care patterns. Two thirds of the families who had grandparents in Edinburgh did use them as either their main or second carer. On the other hand, for only 6 out of the 13 families with a grandparent living in the same local area was the main carer a grandparent. Non-use of Edinburgh grandparents as either main or second carer was found especially among middle class families. Half of the working class families with both sets of grandparents in Edinburgh had grandparents as both main daytime and evening carers, but only one of the 9 middle class families did so. Moreover, the working class families with Edinburgh grandparents who did not use them as main carers mostly used another relative who was preferable on grounds of age, health or strong personal tie. By contrast, over half the middle class families with Edinburgh grandparents had non-relatives (usually local parents) as both main daytime and evening carers. There was also a much stronger likelihood of overnight stays occurring with grandparents if they lived in Edinburgh ($p<0.01$). The proportion of middle class and working class children with grandparents in Edinburgh who had had overnight stays was not very different, but as we have seen the middle class stays mostly occurred infrequently and at a later age.

For only 8 children were all living grandparents working, so in only a few cases did grandparents' work in itself preclude daytime care. Some non-working grandparents were more free for shared care than those working, but others were disqualified on account
of age or health. A part-time job could still permit daytime care and those working full-time could be available at week-ends. A number of middle class grandparents had many non-work engagements which restricted their availability. On the other hand, a lot of the working class grandparents were described as having few interests or commitments besides their family, so that they might be nearly always free to care. Even so, some middle class grandparents were very willing to give priority to acting as carers, too.

Grandchild status

By analogy with sibling status (Sutton-Smith & Rosenberg, 1970), a child's combined sex and order in relation to the number of grandchildren of a particular grandparent may be called "grandchild status". This was often used as an explanation of grandparents' relative willingness to care, especially in comparison with the other set of grandparents. Being the only grandchild, the oldest, the youngest, the first girl or boy, or one of twins were all cited as reasons for special interest in looking after that child. Several parents noted what Mr. Barker called the "first grandchild syndrome". Mr. Finlayson said that when their first child was born there were "plenty of offers, but now there are two, the offers dry up". Excitement wore off and two children were more of a handful than one. Both the Baxters* and the Ogilvies* had turned to teenage relatives as babysitters when grandparents shifted their attention to share care for new grandchildren. Indeed, it seemed to be generally the case that when parents had many siblings with many children they were likely to use younger single relatives for care rather than grandparents.
Other relatives (For abbreviations see Table 5-1)

Aunts and uncles usually have many advantages similar to those of grandparents for shared care, such as trustworthiness, willingness and continuity of relationships. In some cases parents' siblings were clearly the next most important people in children's lives after the parents themselves. In particular, MZ was likely to attract such epithets as "she's like a second mother" and "she treats mine just like hers". However, selection or self-selection of aunts and uncles as carers seemed to have a greater element of voluntariness and a less automatic expectation that they should be carers, than was generally true for grandparents. Often only one or two acted as carers out of several who were available, either because they had an especially close relationship with the parent who was the brother or sister, or because they had a special interest in children.

The different patterns of contact with categories of aunts and uncles broadly fits with their involvement in sharing care, which is summarised in Table A9. There was much more contact with consanguineal than affinal aunts or uncles. This was only partly accounted for by the fact that there were more of the former as some were unmarried. In addition, some married siblings of the parents were seen frequently without their spouse. William Sim*, for instance, saw MZ "three or four times a week", but "he very seldom sees her husband". Of the four types of consanguineal aunt and uncle (MZ, MB, FB, FZ), individual MZs were seen on average markedly more frequently than the others, followed by FBs. Previous studies have also discovered that there is greater contact with adult siblings by females and between
those of the same sex (Bowerman & Dobash, 1974; Irish, 1964). Affinal kin were very rarely carers in their own right (i.e. not as part of a couple), although MBW had looked after Theresa Reid a lot.

There was also a strong tendency for single brothers of parents to be seen much more frequently than married brothers. This was true to a smaller extent for FZs, whilst MZs who were married were seen just as often as those who were single. After marriage, it seemed that brothers in particular became more oriented to their own families of procreation and to their spouse's family of origin. Nearly all of the uncles who were important carers were single, but many married aunts were major carers. Overnight stays of more than one or two nights were nearly all with parents' married siblings, whilst evening babysitting was done more by single siblings. Presumably, married aunts are freer in the day and more likely to have children of their own which would fit more readily with taking in a child for a substantial period. They were considered less free to visit the child's home for evening babysitting.

Class contrasts in kin contacts were more pronounced with respect to parents' siblings than to grandparents, who generally appeared to make greater efforts to overcome distance. The bias towards same-sex siblings rather than opposite sex siblings and to consanguineal rather than affinal kin was seen most strongly in the working class part of the sample. Middle class families made less use of parents' siblings for all forms of care, because they saw less of them. They mostly used mother's siblings - MZ more in the daytime, MB more for evening care. MZ was also the most important
non-grandparent relative for sharing care of working class children, but the others were all important for a few families each. Single brothers and sisters of the parents were important carers for several working class children, but for hardly any middle class children. Use of parents' sisters rather than brothers for overnight and crisis care was typical of both classes.

The vast majority of the relatives who saw or looked after the children more than occasionally were members of their parents' own nuclear families of origin (and their spouses). Only one third of the children had more than 50 contact days in the year altogether with any other kind of relatives. The most important of these were MMZ and FMZ, who often had considerable contacts and were important or occasional carers for some of the children. This is consistent with the special importance of the sister-sister relationship already noted, but in relation to grandparents this time. Occasionally, even relatives seen rarely might be important as latent carers. A few parents thought they would call on their aunts or cousins in a crisis, in preference to more local friends known much better. Being "family" made it easier to ask and more probable that a desire or obligation to help would be elicited.

The sex and laterality of relatives (See Table 8-2)

We saw that kin carers came more often from the mother's side of the family and were most commonly female, although with greater representation of males than for carers in general. How far does this correspond to sex and laterality differences in network composition and contacts? "Significant relatives" included only slightly more women than men. 58% of all
### TABLE 8-2a

**CONTACT AND CARE**
**BY MALE AND FEMALE KIN**

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean number of significant relatives</td>
<td>7.7</td>
<td>6.3</td>
</tr>
<tr>
<td>Mean number of contact days</td>
<td>200</td>
<td>162</td>
</tr>
<tr>
<td>Main Daytime Carers - Number of families *</td>
<td>54</td>
<td>1     (7)</td>
</tr>
<tr>
<td>Main Evening Carers - Number of families *</td>
<td>38</td>
<td>13    (7)</td>
</tr>
<tr>
<td>Second Daytime Carers - Number of families *</td>
<td>45</td>
<td>10    (11)</td>
</tr>
<tr>
<td>Second Evening Carers - Number of families *</td>
<td>31</td>
<td>17    (14)</td>
</tr>
</tbody>
</table>

* (Couples are placed in brackets)

### TABLE 8-2b

**CONTACT AND CARE**
**BY MATERNAL AND PATERNAL KIN**

<table>
<thead>
<tr>
<th></th>
<th>Maternal</th>
<th>Paternal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean number of significant relatives</td>
<td>74</td>
<td>66</td>
</tr>
<tr>
<td>Mean number of sessions spent with relatives in diary fortnight</td>
<td>38</td>
<td>22</td>
</tr>
<tr>
<td>Main Daytime Carer * (Number of families)</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
<td>Second Daytime Carer * (Number of families)</td>
<td>18</td>
<td>11</td>
</tr>
</tbody>
</table>

* (Grandparents, aunts and uncles)
kin-contact days were with women and 42% with men. Thus, the bias towards female relatives in contact was much less than for care. Clearly these 3 year olds had considerable contact with male relatives and they provided the main contacts with men outside the nuclear family for most children.

The greater use of maternal than paternal kin for sharing care was striking. This could not be explained by differences in accessibility, for similar proportions of grandparents and of other relatives from each side of the family were living in Edinburgh. There were also no important differences in the survival or distance of maternal and paternal grandparents. But contacts with kin did show a definite bias towards maternal kin, although this was less strong than for sharing care. The mean number of contact days with maternal kin was 197, compared with 123 for paternal kin. These averages mask wide variations and there was a significant minority of children whose main contacts were with paternal relatives or roughly equal between the two sides of the family. The balance of contact appeared to be affected by geographical mobility. When both parents were "incomers", differences were small, in part because frequencies of interaction were lower anyway. If the father was a "native" and the mother an "incomer", then normally there was more contact with father's kin, who would usually live closer. However, when the mother was a "native", there was nearly always more frequent contact with maternal kin, even when the father was a "native" too, which was the most common situation. In other words, if both parents had close kin living in the region, then the greater interaction with mother's kin was most pronounced. Two in three of maternal grandparents
living in Edinburgh had more than 100 contact days with the child, but only half of the paternal grandparents did so. A child's greater contact with maternal kin sometimes resulted from a higher degree of involvement by the family as a whole with mother's relatives. However in some cases this reflected segregated contact, with father mainly seeing his family by himself, whilst maternal kin were seen in the daytime by the mother and child.

It seems, then, that practical considerations did not explain the progressive preference shown by many though by no means all families towards mother's side of the family firstly with regard to contact, and then more strongly in selection of carers. Equally, there was no explicit norm in favour of maternal kin. A few mothers did say they chose their mother as a carer, because of confidence in them derived from their own experience. However, generally the bias was tacit, for laterality of a relative was hardly ever expressed overtly as a factor in the choice of carer. Presumably, the greater prominence of women in maintaining kin contacts and in arranging care meant that a mother would normally feel freer to ask her own mother or sister to share care than an in-law (Rosser & Harris, 1965; Wilmott & Young, 1960). Nevertheless, fathers' kin were generally just as acceptable as carers even if less often approached and in most families someone from both sides of the family had been a carer. Occasionally FM was thought more suitable than MM on grounds of personality, health or distance. Furthermore, some parents asserted a value of bilateral fairness, held by themselves or by grandparents. This is broadly consistent with previous research on intergenerational kin relations, which showed a theoretical norm of
bilaterality co-existing with a matrilateral bias in practice (Rosser & Harris, 1961; Sweetser, 1968). In this study, the bias was most apparent, when both sets of grandparents lived close or knew each other, as Rosser and Harris found too (1965). Interestingly, it would appear that grandparents also tend to think that each side should have a fair share of contact with a grandchild, but acknowledge that the closer emotional tie to a daughter than to a daughter-in-law leads to differences in practice (Cunningham-Burley, 1983). Mrs. Urquhart* considered both sets were entitled to an "equal shot" of the children. Mrs. Chalmers* averred "There is no sort of favouritism to my Mum". Mr. and Mrs. Allan alternated between FM and MM as carers, because of "family politics, you know, whose turn it is and that sort of thing". Mr. Nairn* said that when his wife was in hospital FZ had looked after Shona for several weeks, partly in order to avoid jealousy if either grandmother had been selected. Some parents were at pains to explain that care by one side set of grandparents was less than the other only because of practical considerations. Selectivity on grounds of laterality or personality was thereby implicitly denied. Laterality was only sometimes recognised by different naming of the two sets of grandparents. Well over half the pairs of grandmothers had the same title (grannie, nanna etc.). On the other hand, the idea of bilateral equity was only expressed with respect to grandparents, which again illustrates the less firm expectations and greater individuality involved in selectivity towards other relatives.

Although the evidence suggested that for the sample as a whole there were few differences in practical availability between maternal and paternal
grandparents, most commonly the accounts of particular parents did explain bilateral differences in care using practical grounds (differences in distance, age, health or work patterns) or grandchild status. In fact, more of father's parents in Edinburgh had some health difficulties, which contributed to their lower involvement in care. 6 of the working class families specifically said that FM/FF were more oriented to grandchildren on their daughter's side (i.e. FZ's children). In other cases, grandchild status was a determining factor. It was said that either FM or MM was the main carer, because the other grandmother had to share care for a much larger number of grandchildren.

It was rare for the two sides of the family to have known each other before the couple met or to have more than occasional or chance meetings with each other thereafter. In spite of the high levels of involvement with both sets of kin, the two segments of the network operated largely independently of each other. This could reduce pressures towards equal treatment in access to the child.

FRIENDS AND NEIGHBOURS

A few families did use old friends or work friends from outside the local area for sharing care and a few did use immediate neighbours who might be elderly or have grown up children. But in most cases when parents referred to either neighbours or friends in relation to sharing care, this meant other parents of young children living close by. Consequently, it seems sensible to consider friends and neighbours together and employ the composite term "friend-neighbour", because
the distinction is often blurred. Parents themselves often showed variability, overlap or uncertainty about describing someone as a friend or neighbour when that person lived in the vicinity and had also become fairly intimate. The word neighbour was not confined to people next door, but commonly designated people in nearby streets. Furthermore, the most prominent neighbours and the majority of those who were carers were those who had become "friends" and so were characterised by both proximity and affinity. In different parts of the same interview, phrases like "friends round the corner", "friends in the street", "neighbours along the road" or "the girl across the street" were used to depict the same kind of relationship. Mrs. Forbes described Dorothy's carers as "just neighbours, I think, - friends". One of Kerry Edwards' carers was described as "a neighbour - a friend across the road". On the other hand, some parents, especially in Whitlaw, did register an important distinction between neighbours, with whom contact was perhaps limited to friendly chats on the stair or in the street, and friends, namely those who came into the house or went out socially with the parents. It was the latter set from whom carers would normally be drawn. Friendship indicated not simply a closer relationship emotionally, but one which had extended to new functions and contexts. Similarly, parents in both classes distinguished friends from acquaintances. A few middle class families and rather more working class families retained the term friend (or its cognates chum, pal, mate) for friends of several years standing.
Whereas a family's kin network is fairly stable in composition and contact frequency, relations with local parents were much more variable and dynamic. Sharing care may reinforce kin contact and perhaps alter the relative frequency of contact with different members of the kin set, but on the whole sharing care with kin fits into a pre-established pattern of relationships. Contact with friends-neighbours was often as much a consequence or concomitant as a cause of shared care patterns and processes. Therefore, even more than usual, statistical associations between aspects of non-kin networks and care denote reciprocal influences.

Time did not permit a complete mapping of a family's "friend-neighbour" network. A convenient abbreviation for this was to ask parents to list and describe those friends and neighbours they thought were important to the child. The location, marital status, age of children and relationship to the parents of such friends and neighbours were recorded. For the sake of simplicity, such people will be called "significant friends", but this may include neighbours and acquaintances who do not necessarily have all the qualities of friendship. It was thought that the record of significant friends would vary a good deal according to parent's subjective interpretations, and therefore be deficient in validity. However, for the purpose of differentiating families, this measure tallied well with the diary record of all contacts with people described as friend or neighbours (p<0.001).
Number and character of significant friends

Most parents listed 4-9 significant friends. On average, about half of these lived in the local area. Both the interview measure of contact days and the record of diary sessions showed that there were very wide variations in the frequency of contacts by individual children with neighbours and parents' friends. For instance, 22 children visited two or more different homes of neighbours or friends during the diary fortnight, but 13 children went to none at all. In general, a smaller percentage of interactions with friends and neighbours involved sharing care, than was the case for relatives. However, the size of the carer set was inversely related to the frequency of kin contact and positively associated with intensity of non-kin contact. Those families with a larger number of significant friends were understandably the ones who shared care frequently with "locals" and had large, expanding care sets. Those children who were engaged in swop care arrangements mostly had a high level of "friend-neighbour" contacts (p<0.01).

Overall, families from the two classes had similar numbers of significant friends in Edinburgh, so that it was not a shortage of non-kin contacts among working class families which explained their much rarer involvement in shared care. On the other hand, frequency of contact with "friend-neighbours" was considerably higher on average for middle class children (p=0.001). Two thirds of whom spent time with 4 or more different "friend-neighbours" during the diary fortnight, compared with only one third of working class children (p<0.02). In particular, visits to the homes of friends and neighbours were made more often.
by most middle class children (p<0.001). This is the obverse of the greater tendency for middle class families to have children come to their home, which was seen in relation to care of other people's children. Even so, the difference in contacts were much smaller than the divergence in usage of "friend-neighbours" for sharing care. Although many of the working class children did meet neighbours on the street or stair quite a lot or saw parents' close friends at home in the evenings, they were looked after by them hardly at all. With a few exceptions, friends and neighbours would normally be thought of for care only on the rare occasions when kin were not available (e.g. a family wedding). Only 4 working class families shared care with a "friend-neighbour" in the two weeks, but 3/4 of middle class families did so, half of them more than once (p<0.001; Table 8-3).

Much more than was the case with relatives, significant friends were predominantly female. This illustrates how the lives of these three-year olds (and to some extent their mothers) were commonly dominated by contacts with women, except for relatives in some cases. Nevertheless, it is clear that children had more contact than care from male friends-neighbours, because shared care by a male non-relative was rare.

40 of the families included no single persons in their list of significant friends. This contrasts with the position for kin of the same generation (i.e. parents' siblings) with whom contact was generally greater if they were single. About 40% of all significant friends were also parents of under-fives. Over four fifths of the people interviewed listed at least one significant friend who had a child under five. This high degree of
befriending according to life-cycle stage may be termed "stage-grading", by analogy with the anthropological concept of age-grading.

It was sometimes difficult to classify "friend-neighbours" from parental descriptions. Relationships may evolve and diversify, so that a person may fit more than one category. However, most parents' social networks appeared to consist of a small number of sectors of people, who would often know others in the same sector, but more rarely know those in another sector (cf. Cubitt, 1973). The most significant types were local parents and particularly mothers of young children; parents' "old friends"; and other, usually older neighbours. For smaller numbers of families, father's current work colleagues (and spouses) and ex-neighbours were also deemed to be important to the child. Although a person from each of these categories was an important carer for at least one child, it was clear that "friend-neighbour" carers were mostly selected more narrowly according to combination of similar life-cycle stage, proximity and personal compatibility. Not many families stated explicitly that non-relative carers should mainly be mothers of young children, but this was an important taken-for-granted factor in choice. Apart from relatives, they had the greatest combination of eligibility factors for care — experience with children; nearness; opportunity to reciprocate; ability to offer peer play for the child; and daytime availability.

There were no class differences in the numbers of people listed for each category of friends and neighbours, except that middle class families were much more likely to name considerable numbers of other local
parents (p<0.001). All of those who described friends as made through group care were middle class, too. Although the majority of families in both classes mentioned just a few significant friends with children under five, virtually all those who listed none were working class and most of those with over 5 were middle class (p=0.001). Working class parents tended to mention more "old friends", who lived in the Edinburgh region but outside the local area.

Neighbours with no young children formed the main category of people whose offers to share care might not be taken up. The neighbours might be seen a lot, but not necessarily known well socially, so there were doubts whether there was a genuine interest in looking after the child or simply a felt obligation to show willingness. There was also the feeling that it would be difficult to repay those who had no care needs of their own. It was thought that some elderly neighbours could not cope.

Present or past work colleagues were strikingly absent from the carer sets of most children, even with regard to evening care for which they would be more available. It was not that children had no contacts with parents' colleagues, for most had some kind of contact. Quite often this could be because the main contacts were through the father, whilst sharing care was arranged mainly by mothers. Many of them lived in other parts of Edinburgh, which would not have prevented kin care, but it usually ruled out non-kin care. When work contacts were used for care, they tended to be mothers' female friends from the job they had before their first pregnancy, especially if they were perceived as having a special competence with
children, as in the case of nurses and teachers.

**Styles of neighbouring and friendship**

The class differences in befriending and sharing care were associated with contrasting ways of perceiving neighbour relationships. This did not apply to those living next door, who were seen as friendly or not by similar proportions in both classes and in both tenement and villa districts. It seemed that for immediate neighbours some contact was usually inevitable and the kind of relationship depended on the particular individuals concerned. The fact that the class differences in neighbour relationships did not apply so close to the threshold fits with the fact that in the few working class families in which friends or neighbours were important as carers, they were mostly immediate neighbours. There were several instances in Whitlaw where a family had minimal local contacts except that there was a very close interchange between adjacent households.

Beyond immediate neighbours, however, contacts were chiefly selective according to similarity, as Nahemow and Lawton (1975) have shown, and then there were strong class dissimilarities. With a few important exceptions, working class families seemed less interested or less skilful in making new relationships locally. Three quarters of those living in Milburn described the street neighbours as friendly compared with only one quarter in Whitlaw \( (p<0.02; \text{ Table 8-3}) \). Not surprisingly then, some working class parents explained that they did not use neighbours for care "because we're not very close to them" (Mr. Wallace*). Apart from the few families who had achieved close
<table>
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<td>1. Perceived attitudes of immediate Neighbours</td>
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<td>WHITLAW</td>
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<td>No significant difference</td>
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<td>2. Perceived attitudes of People in the Street</td>
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<tr>
<td>MILBURN</td>
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<td>CHI-SQ. 5.939 SIG. 0.015</td>
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<td>3. Number of friends parents have in the street</td>
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<td>MILBURN</td>
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<td>CHI-SQ. 7.161 SIG. 0.028</td>
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**KEY**

- Friendly
- All right/Not friendly

- 3 or more friends in the street
- 1-2 friends in the street
- No friends in the street
pair relationships with a nearby family or widow, neighbours were generally approached for care in emergencies only, when there was not time to get in touch with kin. With a few exceptions, there was little resemblance to the patterns of friendly integrated stair and street communities found in many early community studies, including one in Edinburgh (Hutton, 1975; Klein, 1965). Even when neighbours were friendly, it could be stressed that there was little or no going in and out of each others' houses. This seems to be an important way in which people assess neighbour closeness (Leat, 1983). An ideal of non-interference and privacy combined with aversion to strangers to establish control of secure boundaries round the family (cf. Altman, 1975). This was was epitomised in remarks about neighbours which were made mostly by fathers:-

**Mr. Quinn*** "They don't bother you, don't mind your business or you mind theirs, but they are there when you need them. They are very good."

**Mr. Vallance*** "(it's) a good place to stay, because nobody bothers you."

**Mr. Brown*** "I've no problem on this stair - no arguments with anybody."

On the other hand, the Milburn pattern did fit with that depicted in some middle class areas with high proportions of newcomers (Seeley et al., 1960; Whyte, 1960; Wilmott & Young, 1960). In the majority of the streets where people were interviewed, there were friendly networks, often with routine exchange of services notably child care, but also equipment and other kinds of assistance. On the whole, feelings of friendliness applied to other families with children. In Milburn, there were frequent comments about the
aloofness of elderly people (with important exceptions), whilst paradoxically many older people in Whitlaw seemed to show more interest in children.

Within this study it is not possible to say how far the differing street neighbour attitudes were particular to the areas concerned or reflected broader social processes. The nature of an area may affect networks not only through the attitudes of the people, but by means of structuring opportunities to meet, which may then in turn influence attitudes. There were some streets of villas or terraced housing, where the disposition of houses, presence of gardens and play by children in the streets seemed to foster interaction, whilst at the other extreme tenements along main roads appeared especially unfavourable to interaction. The poorer quality of many Whitlaw back greens reduced the opportunities for children and parents to meet there. The demographic and social character of individual streets were important, and in particular the presence of at least two or three other families with young children in the street could be crucial. Mrs. Page described her neighbours as older and unfriendly, whereas her sister round the corner had made friends with several mothers of a similar age in her street.

Nevertheless, neighbours were generally seen as very friendly in both the tenement area of North Milburn and the villa area of South Milburn, whereas there was a lack of closeness and fewer "local friends" in most parts of Whitlaw, apart from one or two streets or stairs. Even then, Shona Nairn* and Susan Vallance* both lived in low rise housing with friendly families whose children often played together, but there were no regular shared care arrangements with neighbours. This
indicates a difference associated with class or the general character of the area, not the immediate physical environment. In addition, there was some suggestion from the working class families in Milburn and the 6 interviews with families who had moved to other parts of Edinburgh that the differences in neighbouring style had much to do with how class in general affects people who move from their home area and not simply differences between two particular areas. The 3 families who had moved from Milburn to other middle class suburbs had soon encountered similar street networks to those they had known before, whilst the families who had moved from Whitlaw to newer estates were isolated and largely reliant on kin from elsewhere for contacts and shared care. This is not meant to imply that the working class families were less friendly. But it did seem that inhibitions and notions of privacy away from the area in which they grew up meant that working class families needed a more favourable set of opportunities to establish a network of street relationships. Distrust of stranger care and high involvement with kin also reduced the stimulus to interaction. This may have historical origins in that past immersion in extended kin networks living close together made it less necessary for working class people "to learn the arts of social intercourse" (Hoggart, 1973 p. 305). Of course, there were exceptions to the general class contrast, for a few middle class families were quite isolated from others around them and a few working class families were surrounded by several close friends.

Besides the differences in neighbouring when people close by were of similar socio-economic levels, there were also processes which served to keep apart those
of different levels. For mothers of working class background, the perceived snobbery of others they encountered was a major disincentive to acquaintanceship. In particular, this mechanism seemed to operate to keep those working class parents in Milburn outside the prevailing social networks and to exclude them from membership or even knowledge of social institutions like babysitting circles. 4 mothers had withdrawn from mother and toddler groups as they were uncomfortable at what they felt to be the social exclusiveness of others there. Mrs. Taylor* had heard of a circle through the playgroup, but stated:—

"I wouldn't like to leave the kids with them. I think they are kind of snobby."

Likewise, contacts in the street foundered on apparent rejections of attempts to be friendly:—

Mrs. Brown* "They get quite taken aback that you made an attempt to speak to them."

Mrs. Traynor* "they think they are better than us. () You couldn't get too friendly with them, because I've tried...I've tried, but they just pass by you without even looking at you."

Both the Lauries and the Baxters* considered their neighbours unpredictable - sometimes they would talk, sometimes not. Families in Whitlaw were very aware of Milburn's reputation as a "more snobby area" (Mrs. Ogilive*), where "they seem to have the idea they are better than us" (Mrs. Reynolds*). These quotations illustrate how factors other than housing and income serve to keep even quite prosperous working class families from social acceptance. It corresponds to the relational aspect of class identity and differentiation described by Goldthorpe & Lockwood (1963). This may in turn contribute to middle class families' confidence in
the fact that members of circles or other street carer networks would be similar to themselves and so trustworthy. A few middle class parents did express pejorative attitudes towards the working class, but many were sympathetic, so it must remain speculative as to how far these exclusion processes are deliberate or unconscious.

When working class parents did have good friends with young children, the perception that their own family commitments generally precluded their availability meant that the relationship rarely extended to sharing care. In particular, such friends were often regarded as unavailable for care in the evenings, because it was felt they needed to be with their own young children. Mrs. Spence* explained that they did not share care with friends, as "they are nearly all married with kids of their own". Mr. Nairn* said that people in their street hardly ever went out as couples, because they all had young children. In Milburn this situation would normally have been seen as a basis for reciprocal care and given rise to a street care network. Middle class parents were much more familiar with a pattern whereby the couple split so that one of them (usually the mother) would go out to babysit for others. Therefore having young children was seen as an opportunity rather than an emcumbrance for shared care. In Whitlaw there seemed to be less integration of social life and the family or home. Many friends would be seen in the evenings only, and some would still be considered as strangers as far as care of the children was concerned. There was less likelihood of mothers' daytime contacts forming part of the couples' evening social contacts. Moreover, working class social mixing with friends often took the form of going out
together, whereas middle class parents commonly visited each others' home in the evenings - "going out to dinner".

Another significant factor was that most working class parents' friends had regular kin carers too, so they were seen as having no need for reciprocal care. Thus, those few families with no suitable kin carers in Edinburgh were usually not in touch with others in a similar position. In Milburn, the much higher proportion of "incomers" meant that there was a common need to look outside the kin network for care. The resulting exchanges of care were intimately linked with social contacts, so that this placed pressures on the families who did have nearby kin carers to become involved with the street care networks and circles. Otherwise, they could be seen as opting out of part of the local pattern of friendship. They might be asked to look after the child of a local street friend and then reciprocation would be expected. Once they had become involved in street network care, then advantages over kin care (such as nearness and reliability of arrangements) could further encourage greater use of non-kin.

NETWORK DEVELOPMENT AND CHANGE

So far we have considered networks in a somewhat static fashion, but they are dynamic in ways which affect and are affected by care sequences. The interviews included specific questions about changes in friendship patterns after having children and more specifically as a consequence of group care. Broader changes emerged in discussion of care and relationships.
Well over half of all the parents thought they had reduced contacts with some friends since having children. One quarter said there had been a big decrease in contacts. The main kinds of friendship affected were those with friends living at a distance; single friends; and mothers' former work colleagues. The principal reasons for seeing people less often were the difficulty of travelling with young children, differing time structures and diverging interests and orientations. Several parents remarked that single or childless friends went out much more in the evenings, because they had more money at their disposal and no need to arrange babysitting. Both single friends and former colleagues who still worked would not be free during the daytime, so that mothers at home with young children became more interested in contacts with those people who were at home then, i.e. grandparents, other local parents and elderly neighbours. Mothers found it easier to maintain contact with those women who had had children at roughly the same period, because those friends who were in a different life-cycle phase could be still at work or perhaps have returned to work when their children started school. Drifting apart from old friends was not just a matter of practical difficulties. Mr. Powell said "People who don't have children have strange ideas about what to expect and what not to expect". Mr. Arnot thought "We just don't talk the same language anymore". However, a few parents made special efforts to keep in touch with single friends, who might even be major evening carers, as was the case for Eleanor Buchan and Lisa Jamieson*.
This reduction or loss of the "old friend" segment of parent's networks was usually compensated for by the growth of a new segment. Only 7 families reported both a decrease in contact with old friends and no development of new friendships since having children. New befriending often arose from or developed parallel to arrangements to share care. There was a progressive stage-grading and localisation of friendship. 65% parents said they had made new friends through their children and a further 15% felt that their children had reinforced certain of their previous friendships. Many had made several new friends locally through the children, so that often those who had had a big decrease in contact with old friends still had a large significant friend set. Several mothers had only got to know people in their neighbourhood once they stopped work. This apparently strong influence of children on their parents friendships contradicts the earlier finding of Babchuk (1965) and has received little attention in the relevant literature. The incentive for initiating contacts with local people depended largely on their category (parents of young children), although personal qualities could affect the intensity of relationships once developed. Some families, when asked about neighbours, simply talked of other young couples as if others were irrelevant to them.

Sometimes stage-grading was very precise in that parents of children whose age differed by only a year or two were likely to link up. There were several examples of families becoming friendly as each had two children of similar ages and spacing. Matching by life-stage might result from meeting when both mothers were pregnant or had babies, arranging swop care or a mini-group with peer playmates, or from getting to
know other parents at group care, where the age range was normally two years at the most. Having children of similar ages meant there was a greater likelihood of a common interest and shared needs, as well as a high probability of being home during the day. Mothers with older children as well as a three-year old were often more oriented to school and a later aspect of parenthood, and so tended to mix mainly with other parents with school-age children. Those with only under-fives also associated together. Mrs. Boyd illustrated this distinction when she described how hard it was break into an established clique at nursery school "chit-chatting, obviously known each other for ages", whereas other parents coming for the first time were interested in meeting new people.

Usually, the initial befriending of other people through children would be by mothers rather than fathers, but quite often families then became joint friends. Occasionally, the children met first, by playing on the back green or in the park for example. Many mothers had begun talking to each other because they saw that they both had similar aged children when out walking or because they met at the same place for the same purpose with children. It seems that to approach or start talking to a stranger is more legitimate when there is a child than is normally the case. Being a mother (or expectant mother) is a highly visible category, with positive associations and assumed common interests, so it may be a sufficient justification for starting to talk to one another. One third of families had made friends through children by meeting in the street, at the park or out shopping. Almost as many had made friends at group care or school. For some people, group care provided the first
opportunity of making new friends through children, whereas others had built up a sizeable network before the child was three. A smaller but significant number (13) had made friends by meeting at maternity hospital or at a children's clinic (Table A19). Befriending was assisted if mothers met in more than one context, for then recognition of a common link elsewhere helped the initiation of conversations. For instance, Mrs. Gunn met a neighbour at the clinic and they became acquainted in this way. Mrs. Shaw* only began to talk to the neighbour across the landing after a few years, when their older children first began going to the same nursery school. Local acquaintanceships made through children usually started with limited functions in one context, but could then diversify and intensify. Mrs. Spence* described one such relationship "We were like sisters. () Everywhere we went we used to go together". The Buchans became intimate friends with the family across the street, so there was daily contact and Eleanor was happy to stay there frequently without her parents. Dorothy Forbes called the woman across the road "Mummy". She became her main carer. On the other hand several mothers reported relationships which involved frequent contacts and maybe shared care, but which remained superficial or functional.

According to such factors as the length of residence in the street, the ages of the older children and the mother's personality, families' local network relationships may be classified as follows:-

1. **Autonomous** - the family is inward looking or oriented to kin outside the area.

2. **Insufficient** - more local social
contact was desired (this was most likely when the 3-year old was the eldest).

3. Interactive - there are some local friendships and the family is open to new ones.

4. Satiated - the family has enough social contacts and would be reluctant to spare time for new befriending (this applied especially to those who had made many contacts through older children).

There was a marked class contrast in befriending patterns which helps explain differences in contacts and sharing care with non-relatives. Similar proportions of working class and middle class parents reported diminished interaction with old friends, though considerably more working class mothers had lost touch with friends from work and those friends with children living in other parts of the Edinburgh region. Far fewer working class parents said they had made friends through children (p<0.02). It was mainly middle class parents who had made friends through group care and by initiating contacts with local parents in the street or park. These are the situations which perhaps require more social confidence and openness towards strangers. As a result, most of the families who had autonomous or insufficient local network relationships were working class. Of course, often this was compensated for by kin contacts. With befriending as with sharing care, it was more characteristic for a working class mother to pair up with one other, whereas typically middle class mothers joined or developed a network of local friends.

Interviews with middle class families revealed patterns of individual and group introductions, which were hardly evident amongst working class families. Many middle class parents actively sought out peer
contacts for their children from an early age. For instance, Mrs. Edwards said she made friends, because "you tend to cultivate them at the time the children are wee to give them company". Most working class parents identified a need for peer contact only after their children were aged 2 or 3 and then they saw group care rather than street networks as the means of providing it. New neighbours were invited in for tea or coffee in both areas, but in Milburn there was a much more extended expectation that people encountered casually in the street could be invited back home and that routine, reciprocal contacts might well ensue. Some middle class "incomers" thought it was easier to get to know other outsiders, because "native" parents were seen as already socially "satiated" or as having no need for non-kin shared care. In fact, nearly all of those middle class families with relatives in Edinburgh (some of whom were frequent carers) had become involved with street friendship and care networks too. This was mainly due to the social rewards from local reciprocity with "incomer" families who lacked nearby kin support.

Working class mothers appeared to have greater difficulty in diversifying a relationship to another context, i.e. in shifting from a uniplex to a multiplex relationship. Mrs. Spence*, who seemed by no means a shy person, explained why it was hard to get to know other mothers in the area:-

"I don't know ... even walking up the road with one or two of them from the nursery, you walk as far as their street and then they go off. They stop a minute at the corner of the street, and then they say "I'd better get on with the housework". There's no way of saying ... there isn't even ... There's a cafe down
the road, but the first thing in the morning you don't want to say "Come and sit in a cafe". If (the nursery school) just had a room they could sit in, it would make a big difference. You wouldn't need to do anything, but just stay there for an hour with a coffee before you went home, and then you could get to know them.

Several of the working class mothers welcomed the opportunity to meet others at the group care coffee mornings, but "that's as far as it has got" (Mrs. Whigham*). It could be that relationships would develop later, but it seemed that few working class mothers had made friends through their older childrens' group care unlike many middle class mothers. Others found it hard to make friends in the street, because there was no "going into each others' houses" (Mrs. Robertson*) and "there is not really a meeting place" (Mr. Wallace*). Allan (1979) has drawn attention to the fact that working class people seem less prepared or able to make use of their homes for social purposes. There certainly seemed to be less preparedness to invite people home so that relationships might be extended. This may partly be due to the more limited space for mothers and children to congregate. On the other hand, old friends did visit the home quite often, so the feeling was not so much that non-kin in general should not have access to the home, but that a greater intimacy was necessary before people were entertained at home. A number of parents, especially fathers, thought neighbouring was more difficult in contrast to the reference areas in which they grew up, simply because people had not been brought up together in Whitlaw, so that trust had not been established. In contrast, middle class families invited others home as a means of developing a relationship, rather than as its
culmination.

As well as the more routinised expectations about individual contacts, Milburn and the other middle class suburbs to which 3 families had moved also contained institutionalised groups which facilitated befriending. In particular, there were circles and coffee gatherings whose formal mechanisms helped to integrate newcomers in an area of high population turnover and served to make good the deficits in friend and carer sets resulting from departed families. On moving to a new area, several parents had been asked to join circles or had actively asked around to find one. It was seen as a natural part of settling into a new neighbourhood. Indeed, there could be pressure put on mothers to join a circle or take part in reciprocal care. Mrs. Christie had to keep refusing such overtures. Furthermore, it was common to invite other circle members round so that the child to get to know them before they babysat, and this could further parental befriending.

When they were not part of a local circle, some middle class parents, though not all, were able to initiate their own small swop networks, because the concept was familiar to the families in the street. A few working class mothers did meet with one or two friends and their children for the adults to chat while the children to played. None of these had developed sharing care, except inasfar as occasional pair arrangements might be made there. "Coffee mornings" or "coffee gatherings" (as named institutions involving several sets of families) appeared to be confined to middle class families, well over half of whom mentioned them. Although some consisted of a few people who already knew each other quite well, others had open
membership and it was generally accepted that newcomers would be invited to them. Mr. Finlayson said "When a new neighbour had got established, they tend to hold a coffee morning to introduce her to the community". Thus, newcomers had less need of social skills to make friends, for they were automatically invited to join in. Newcomers might introduce innovations learnt in their previous home area - such as the idea of a mini-group or a street party. But coffee mornings also extended the relationships of those already in the area. They increased network connectedness by introducing people to friends of friends. There were sometimes focal persons, who took an active role in linking up people who were previously unacquainted. Some coffee gatherings were kept small intentionally, to provide intimacy for mother and child within a small distance, but others could extend network contacts over a considerable area. Although they mostly involved women, some streets also arranged evening parties of social events in order to involve the fathers. Some had an overlapping membership with other kinds of groups (e.g. for swimming, music, book-lending). The larger gatherings usually acted as or arose from the "business meetings" of circles. Smaller ones developed as mini-groups for sharing care of from subgroups of the larger coffee gatherings. Mrs. Johnstone set up a "run" to nursery school with 3 other mothers and they then began to hold a weekly coffee morning. The smaller groups often had the mainfest function of providing opportunities for the children to play. As Mrs. Henderson said "they are supposed to be for the benefit of the children". However, there were latent social benefits for the mothers and often sharing care was arranged. The Arnotts described how once children were happily playing
together, mothers had begun to take it in turns to pop out to the shops, although Mrs. Arnot insisted that this was very much not the reason for coming together. Such incidental arrangements had become very regularised in several cases. All the groups were mostly stage-graded and it was felt that older people would not fit in. They offered opportunities for sociability and integration, but also for selectivity and subdivision. Small "cliques" within a circle might arrange their own gathering. Mrs. Christie distinguished between her "coffee morning buddies" and more casual acquaintanceships.

It may be concluded that friendship development by parents is not simply a matter of personal choice, influenced by similarity and proximity (Duck & Gilmour, 1981a). There are both physical and normative constraints. Mothers of young children tend to have similar activity-spaces which are sometimes exclusive to them (e.g. clinics, playgroups). These foster acquaintanceship. Moreover, the emphasis on peer interaction for children predisposes parents to stage-graded interaction. Work and school also mean that on weekdays, residential districts tend to be the preserve of mothers of young children and those who are retired.

THE RELATIONSHIP BETWEEN KIN AND "FRIEND-NEIGHBOUR" CONTACTS

In spite of the general separation between the two main segments of social networks, it is important to compare them and see how they add up within the total pattern of a child and family's social contacts. There was little difference between a child's mean frequency of contact with "friend-neighbours" and with
relatives, despite the fact that most of the relatives seen lived elsewhere in Edinburgh, whilst many "friend-neighbours" lived close by. It must be remembered that group care and paid childcarer contacts are excluded from consideration here and this would boost the amount of contacts the children had with non-kin considerably. A slightly higher proportion of relatives seen in the diary period (17.5%) acted as carers than was the case for friend-neighbours seen (12%).

High kin contact was not necessarily inimical to the development of non-kin relationships. Interview and diary data showed that the amount of contact with "friend-neighbours" varied independently of the frequency of interaction with kin, except insofar as it was unusual to have very frequent contacts with large numbers of both. Some middle class children who saw many "friend-neighbours" often also saw one or two close relatives frequently, and some working class children who had intensive contact with several relatives might also see a lot of one or two "friend-neighbours". The more frequent interaction with relatives by working class children was balanced by their more restricted interaction with non-relatives, so that there were no class differences in the range in total number of adults seen. Indeed there was a tendency for working class children to spend somewhat more time with other adults present, because individual relatives were seen on somewhat more occasions than non-relatives on average (p<0.02). Clearly, it was not paucity of contacts which inhibited working class parents from sharing care as frequently as middle class parents. There was no simple statistical relation between the amount of contact with all adults in the
two weeks and the amount of sharing care or type of main carers. Children who experienced shared care at intermediate frequencies normally had more contacts with other adults than either children in low sharing families or those whose mothers' work required daily external shared care (p<0.01).

The number of sessions which mothers spent as the only adult with their children in the day ranged considerably from none to 17, with a mean of 7.5. The figures would presumably have been much higher before the children had started group care, for many children spent 8-10 sessions at group care in the two weeks. In general, it was those mothers with low levels of kin contact who were most often alone with the child and the majority were middle class (p<0.05). Naturally, the amount of time a child spent at group care reduced the extent to which mothers were with the child as the only adult (p=0.001). This measure of comparative lack of contact with other adults does not necessarily correspond to felt isolation. In fact, mothers who spent more time alone tended to have a larger number of friends with whom they shared care, because many working class mothers with few friends were rarely alone as a result of mutual visiting with kin.

The degree and forms of connectedness of family networks could influence shared care. A close-knit Edinburgh kin network or a street non-kin network could provide easy interchangeability and substitution for particular care arrangements or greater opportunities for replacement if a key carer moved away or otherwise became unavailable. Moreover, reliance on particular individuals would be reduced. Connectedness could make arrangements easier, as there
were communication channels for establishing who was available. Sometimes "linked" people combined to provide care, as when two or more relatives kept each other company or divided up periods of shared care to suit their own convenience. When Mrs. Forbes went into hospital for a week several neighbours arranged care of Dorothy between them. In similar circumstances, MZ and FZ did the same for Tammy Robertson*. Linkages amongst a set of friends or carers also transmitted information and evaluations about particular group care facilities, or more general values about group care or other forms of shared care. When people moved house, then friends of relatives or of friends sometimes provided useful contacts for incipient social relationships and potential carers. Sometimes a carer's network extended the range of a child's contacts. Some children had a close relationship with the neighbours of relatives with whom they often stayed or with the friends and relations of a childminder.

Following Bott (1957), connectedness has mostly been viewed in terms of connections which are independent of the focal person. But connections which are made deliberately may be important too. Coffee mornings, circle meetings, parties and other kinds of social occasion could be used to link friends. Some connections arose concurrently, often through a common group membership or function, as at work, in a circle or at church. Moreover, the origins of independent connections between families (say B and C) known to the key family, A, can arise in various ways with differing implications:-

1. B and C knew each other before either met A

2. B and C met independently after one
or both had met A

3. B and C were introduced to each other by A

4. B (or C) introduced A to C (or B)

5. A, B and C all got to know each other through common membership of a group

These variations in the tempo of connectedness affected which families were focal in arranging care and which ones were newcomers fitting into an established care arrangement. The latter might simply fall in with established practices of the "old hands" or might contribute innovative ideas from outside about organising reciprocal care.

THE CHILD'S ATTACHMENTS TO ADULTS OUTSIDE THE NUCLEAR FAMILY

So far we have largely considered the child's contacts with members of the parents' networks, without taking account of the subjective importance to the child of those concerned. Attachments are not always directly related to frequency of contact (Schaffer, 1971b). In order to obtain a picture of the sample children's attachments and friendships, it was not possible to interview the children directly, nor to use experimental procedures. Some studies have asked parents to name people in relation to whom infants or toddlers exhibit specific overt behaviours, especially separation distress (Schaffer & Emerson, 1964; Tizard & Tizard, 1971). This seemed to have less value in relation to children aged 3, who may express attachment more variously, positively and verbally. Therefore, it was decided simply to ask parents which people, in order, they considered the child was most
fond of. Separate lists were made for adults and children. This has the merit that parents are in a position to make overall judgements about their child's feelings about others, but there may be distortions produced by the subjectivity of the parent's viewpoint and differing interpretations of what "fond of" means. In practice, most parents' discussions indicated that they inferred fondness if the child was notably relaxed, pleased or excited to be in the company of the relevant person; talked about them positively or often; or showed signs of missing them.

Most of the children had lists of 7-12 adults including parents of whom they were said to be fond. As with choice of carers, grandparents, street friends and to a smaller extent aunts and uncles dominated the majority of fondness lists. The attachment of middle class children to grandparents appeared to be as strong as that of working class children, despite the differences in distance, kinds of contact and availability as carers. The main class differences consisted in the much higher numbers of "friend-neighbours" for most middle class children and the high representation of aunts and uncles for working class children. 19 middle class children had a friend or neighbour amongst the 3 adults they were said to be most fond of, but only 5 working class children. A consequence of the greater predominance of kin amongst the attachments of the average working class child was that 70% of working class children (19) had 4 or more men in their fondness list, but only 25% of middle class children (9) (p<0.01).

Normally there was a high degree of overlap between a child's carer set and fondness list. It was generally the case that the child's main carers were selected
from people of whom they were already fond or else the child became fond of them partly as a result of being looked after by them. The main lack of correspondence between the ranking of carers and attachments was that many children were thought to be more fond of some relatives who lived too far away to act as carers (except on visits) than they were of major local carers (Table 8-4). By contrast, there was no instance in which a child was said to be most fond of a friend or neighbour, when the main carer was a relative. A concomitant of these patterns was that far more working class children were said to be most fond of their main carer than middle class children, who were often thought to be more attached to a close relative than a non-relative main carer. This was especially true with respect to evening care, because of the greater middle class openness to care by paid non-relative babysitters and circle members, some of whom were not very familiar to the child.

CONTACTS WITH OTHER CHILDREN OUTSIDE THE NUCLEAR FAMILY

There is an important interaction between sharing care and what may be termed children's "child-networks", as opposed to their "adult networks". A carer's child or other children were often present when shared care took place and this might lead to a close relationship. Equally, friendly associations with other children could give rise to shared care, as when children asked to play in a friend's home. This often concerned children of the same age. Psychological studies of child-child relations have usually focused on peers too, partly because group care and schools are finely age-graded (Allen, 1981; Rubin, 1980). However, we shall see that relations with children of other ages
### Table 8-1

**Comparison of Main Carers and Favourite Adults Apart From Parents**

<table>
<thead>
<tr>
<th>Main Daytime Carer</th>
<th>Favourite Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Grandparent</td>
<td>16</td>
</tr>
<tr>
<td>Paternal Grandparent</td>
<td>7</td>
</tr>
<tr>
<td>Aunt/Uncle</td>
<td>5</td>
</tr>
<tr>
<td>Other Kin</td>
<td>3</td>
</tr>
<tr>
<td>Friend or Neighbour</td>
<td>23</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
</tbody>
</table>
were also important in everyday life outside such institutional settings.

An important influence on child networks is evidently the density of children in a local district and particularly in nearby streets. Objective but out-of-date information from the Census (1971) suggested that there was little overall difference between Milburn and Whitlaw in this respect. However, it is the reality as subjectively perceived which forms the density within which people act. Nearly all the parents in Whitlaw thought there were few young children in their street, but over half of Milburn families thought there were many in theirs. There was a strong association between high perceived child density and having several friends in the same street \((p<0.001)\). There may have been real differences in the number of children in the two areas, because some Milburn parents thought there had been an influx of younger families in the previous few years. In any case, it also appeared that middle class attitudes and social mechanisms particularly facilitated meeting others, whereas several working class parents seemed less aware of nearby families with children under five. Mrs. Tervit* said "there is nobody in the same position as us in this street" (i.e. with a young child), but the Traynors* lived just up the road. The Sadlers* and the Scotts* lived opposite each other, but both contended there were no other young children nearby. Mrs. Brown* thought their children lacked friends, because there were few children in the area, but:-

"We were surprised when Emma started school. There were 90 children started at the same time and we didn't think there were that many children in South Milburn."
The child density appeared to affect the extent to which children played with others in the same street. The majority of children in both areas did play with other children from the same street, but about 40% of the working class children (12) apparently never did so, compared with only about 10% of middle class children (3) (p<0.05). This made group care especially important for such families. Mrs. Sim* said—

"It's helped him going to nursery, because there's no kids round here. I think if there had been other kids, I might not have bothered putting him to nursery."

Even when there were other children living nearby, they might go to school or nursery in the daytime, so that a child would have reduced chances of seeing them unless he or she went too.

More detailed information about the amount of contact with other children came from the diary. Of course, most of the children were seeing considerable numbers of other 3 and 4 year olds at group care, but the following discussion refers to contacts with other children outside group care (Table A20). In addition, the fondness lists provided a rough measure of a child's attachments to other children. There is much uncertainty about the meaning of friendship for pre-school children (Vandell & Mueller, 1980), but the term friend was commonly used by parents to describe those whom their child especially liked. Therefore, it seems legitimate to regard the rank order of children of whom the key child was said to be fond to be a measure of friendship patterns. Strictly this was only an indicator of the child's liking for another, although in most cases there was probably some mutuality, which should be present in friendship according to Mannerino
The child who was most liked after siblings may be considered loosely as the child's best friend. 9 of these were relatives.

Apart from group care and siblings, the number of other children seen in the two weeks varied greatly, from none to over 20. The number of reported attachments to other children ranged less widely. The mean figure was 4.7 excluding siblings, considerably less than the equivalent for adults excluding parents (7.7). This may simply reflect an adult (parental) viewpoint, but is consistent with the greater amount of contact with adults than children before starting group care. Whereas those children with high kin contacts had the longest adult fondness lists, it was those with high "friend-neighbour" contacts who had long child fondness lists.

As propinquity is a major factor in pre-school acquaintanceship (Bigelow & LaGaipa, 1980), it is not surprising that the majority of the friends of most of the children lived close by. But there were 11 children who apparently had no friends living nearby and these were mostly working class. For instance, Ross Whigham* "doesn't really know any children, apart from the ones he's met at playgroup". Mrs. Tervit* said that Yvonne:-

"hasn't got any any children that she really knows. None really of her own age group. That's why she's at nursery."

Indeed, both frequency of contact with non-kin children as recorded in the diary and the number of attachments to local children revealed in fondness lists were strongly associated with class (p<0.001). Nearly half of the working class children saw fewer than 4 other children in the diary two weeks outside group care,
whereas all but 4 middle class children saw more than that (Table A20). Just as working class parents were less likely to have much contact with other local parents than was the case for middle class families, so their children mostly had less frequent contact with fewer local children. As with adults, there could be more formalisation of interaction between middle class children. Asking 3 or 4 year old friends home for lunch or tea was fairly common in Milburn, rare in Whitlaw. Often close friends had multiplex relationships with the child, e.g. as members of the same mini-group, playgroup and circle. This finding contrasts with repeated conclusions that middle class parents are more sheltering about children's external relations, whilst working class children engage in more outdoor play and peer interaction (Newson & Newson, 1970a; B. Tizard et al., 1976b). The patterns in Whitlaw and Milburn are more consonant with the view of Turner (1969) that there has been a shift in middle class values in favour of peer exposure, as exemplified by the playgroup movement. It may well be that peers become more prominent for working class children at a later age (Robertson, 1971).

At this stage, group care did not seem to be a major source of friends for most children, although quite a few of the middle class children in particular went to the same group as friends they had made previously. Over half the children's fondness lists included no other child from group care. On the other hand, one quarter of the sample children were thought to be fond of two or more others from their group.
Kin were less prominent in child networks than was the case for adult contacts. Whilst kin contact compensated for the less frequent meetings with friends and neighbours of working class children, this was not the case with respect to child-child relations. It was true that far more working class children (about 40%) saw a child-relative (i.e. a cousin or other relation under 16) at least once a fortnight, but the frequency and numbers of individuals concerned did not usually match the excess of middle class non-kin contacts. Only 3 middle class children but half of the working class children had some contact with a child relative during the diary fortnight (p<0.01). A child-relative was the "best friend" of one in three working class children but no middle class child. The importance of cousin contacts may not persist into adulthood, for hardly any of the parents saw their cousins very often.

The diaries demonstrated that there was a strong bias towards contact with peers (i.e. children aged 2-4), even outside group care. Most children had spent time with between 1 and 5 peers in the fortnight. The average number was 3. The fondness lists revealed an even greater peer dominance than the diary record of actual contacts, presumably because the latter was more influenced by quite frequent interaction with the friends of older brothers and sisters. Only 5 children had no peer they were fond of and for many children the majority of their friends were aged 2-4. Nevertheless, 13 children apparently had no peer contact in the diary fortnight, at least outside group care.
Most studies of pre-school friendships have involved observations at group care. Unsurprisingly they revealed close age matching of friends at this age (Green, 1933; Rubin, 1980). It is probably true that mixed age playgroups are much less prevalent in our society than elsewhere (Konner, 1975), but the diaries showed that in this sample a fair amount of cross-age interaction occurred in the children's everyday environment. In both Milburn and Whitlaw a significant minority of the children had been taken out by or played with older neighbour children (usually but not invariably girls), who had a special interest in young ones. More than a third of the "best friends" were aged 6 or over. The vast majority of the child relatives seen in the diary 2 weeks and all of those to whom a child was most attached were of school age. They constituted the main source of non-peer interaction and the main opportunity for contacts with teenagers. The literature on children's friendships has tended to assume that friends are non-kin and mainly peers, but relationships with older cousins and even other kinds of children who are relatives were clearly very important in some cases, especially for working class children.

In the middle class sample, more children of each age group were seen, except for teenagers. On average, a middle class child had more peer friends (mean=3.5) than a working class child (mean=1.9; p<0.01). Especially striking is the more accurate age matching amongst middle class children. 80% of them had contact in the diary fortnight with another child aged 3, but only 40% of the working class children (p<0.01). The best friend of half of the middle class children was aged exactly 3, and for 3/4 was aged below 6. In contrast, for half
the working class children the child they were most fond of was aged 6 or over. This is understandable in view of the common stage-grade befriending by middle class parents, usually in association with some form of reciprocal shared care arrangement. It also fits with the fact that more middle class children knew another child when starting group care. As the middle class area had more open streets with individual gardens it could be that these environmental conditions favoured peer interaction more. Yet high peer fondness and contacts were found in both the villa and tenement districts of Milburn, whereas most working class families had lower peer friendships whatever the type of housing. Therefore, it seems probable that different values and practices affected the degree of interaction with peers more than the general or specific characters of the areas studied.

Child networks and shared care

Those children attending group care saw just as many other children as those not attending, although they spent slightly less time with them, on average. Nor did the peer concentration in child networks appear to result from group care attendance, for there was no difference between attenders and non-attenders with regard to the proportions of peers they were fond of. Parents and/or children were evidently selective towards like aged children in their everyday contacts before and outside group care. Attachment to older children was often brought about when contact with other children was more involuntary (i.e. cousins and immediate neighbours).
Children who had many friends and frequent contacts with peers tended to have higher care frequency and larger carer sets. Those cared for by childminders or au pairs had large child fondness lists, so they were not apparently handicapped in making friendships by lengthy substitute care. However, the highest levels of peer interaction and fondness were associated with weekly rather than daily shared care, within a large carer set of friends and neighbours. This need not imply causation. Both high rates of sharing care and of befriending other children may result from class differences and/or differences in adult contacts. However, it is plausible that frequent shared care by local parents contributed to closer relationships between the children involved in the reciprocal care.

**SUMMARY**

The frequency of shared care and the size of carer set was shown to have little relationship with the overall size of a family's significant social network. Families with low sharing sequences might have high or low levels of interaction with other people, although high frequency sharing was normally associated with frequent social interaction too. Likewise, working class children had just as much contact with adults outside the family, even though fewer people cared for them less often on average than was the case for most of the middle class children. Thus, it would seem that care patterns depended much more on families' differing selectivity for care within their networks, and to a lesser extent on how far families looked outside their normal social contacts for carers. More of the working class families had assimilated their needs for shared care within their existing network, whilst middle class
families often modified their networks partly in response to their care needs.

Selectivity for care was also shown by the fact that the bias towards maternal and female kin, which was strongly apparent in the carer sets, was less marked with respect to social contacts and negligible in terms of effective kin network composition (Table 8-2). Grandparents were of central importance in both kin care and social life. It was commonly felt that grandparents had rights and duties in relation to shared care, if distance and health permitted, which other people did not have. There was also some acknowledgement of and ambivalence about grandparents' entitlement to indulge the child. Although far more middle class families were brought up well away from Edinburgh so that most of their close relatives lived at a considerable distance, most of them had shared care with relatives at some point. Those middle class families with grandparents in Edinburgh did use them for care at least as much as working class families, but they were less likely to be the main carers for the children after babyhood because of the greater use of non-kin.

Most middle class families had befriended several other local parents with children under five. Usually, social interaction and sharing care had developed as a mutually reinforcing process with at least some of the street friends, whereas for working class families non-kin contact was largely separate from sharing care. There was less mutual home visiting with children by working class non-kin, but this was much less pronounced than the markedly rarer incidence of leaving children with friends and neighbours. There was
evidence that the greater perceived friendliness and actual befriending amongst most middle class families was connected more with class-related social values and mechanisms than the character of the environment.

As in the case of carer sets, most children's adult attachments consisted of close relatives or street friends. Grandparents were very important for nearly everyone, but a higher proportion of working class children's attachments were to relatives, whilst middle class children were generally fond of more local mothers. In consequence, working class children tended to have higher proportions of men (i.e. grandfathers and uncles) of whom they were fond.

It was apparent from this study that before the children were well established in age-graded institutions, peer preference was already strong, but cross-age attachments were also important in many cases. Those children who had experienced more frequent shared care among non-relatives tended to know and be fond of more other children. This relationship is probably reciprocal and was more characteristic of middle class families. Contact and care involving other local parents tends to result in or derive from interaction between young children, whereas that by grandparents does not. Older cousins played an important part in the lives of quite a few children, nearly all of them working class.
Chapter Nine

THE EFFECTS OF PARENTS' EXPERIENCES AND IDEAS ON SHARED CARE

Parents' life experiences and adjustments to parenthood

Our attention turns now from families' social and environmental circumstances to consider the influences of individuals' personal characteristics, life histories and ideas. Of course, these in part derive from and affect such features as social class and primary relations.

Previous experiences in parents' lives are likely to be important in shaping their attitudes and practices in relation to shared care. They may wish to replicate, modify or react against what happened to them in their own childhoods. Once confronted with their own real children in day to day situations they may well change or develop their ideas, although not necessarily in a clearly thought out fashion. This study largely concentrated on parents' current depictions of how and why they did what they did, so that the evidence about the influences of the past on present care practices was more superficial. In a single interview it was possible to ask specifically about only a few aspects of parents' experiences and opinions which this researcher thought might be important. To supplement this, respondents were encouraged to give their own accounts of what they thought had influenced their attitudes about sharing care. It was apparent that by and large there had been much continuity between generations in favour of being careful not to share care too frequently or too widely. However, some parents acknowledged a stronger right for themselves.
to have interests and activities apart from their children than they thought their parents' generation had done. Those aspects of respondents' life histories from childhood through to parenthood which were seen to influence sharing care in some way will now be briefly presented.

Parents with children of similar ages do not represent a single generational cohort. Differences in the periods when parents were brought up affected their current viewpoint. As a result of variations in age of marriage, birth order of the child and child spacing within the family, parents in this sample ranged in age from 22 to 52 years. Some respondents had been children in the 1960's. Others had memories of wartime, evacuation or absentee fathers on military service which had consequences for their views on family unity and separation. Nevertheless, about half of all the parents were in their early thirties and it was not possible to detect any systematic ways in which care patterns varied with parents' age.

As yet little is known about continuities or discontinuities over the life-span of attitudes and behaviour in relation to attachment and separation (Antonucci, 1976; Spanier et al., 1978). From psycho-analytic and attachment theories it might be conjectured that parents' own experience of trauma or loss in childhood would affect their own actions as parents. 20 mothers and 27 fathers recalled a major childhood separation from one or both of their own parents for at least some weeks. There was a definite tendency for those parents who had had childhood separations to be married to a partner who had also had a major separation (p<0.01). There were weak
trends in both classes for couples who had both undergone major childhood separations to be "non-protective" and to make greater use of non-relatives for care. Also half of the mothers who had experienced a major separation had started their children in group care before age 3, compared with only one in six of other mothers (p<0.02). Similarly, more of those parents who recalled the death of someone close to them in childhood were high sharers (p<0.05). Each of these findings was not strong in itself, but cumulatively they suggest that those who had not been parted substantially from parents and close relatives in childhood were somewhat more likely to be low sharers. In individual cases, the same kind of separation could lead to different inferences being made. Several parents including Mrs. Balfour remembered traumatic episodes in hospital and so were averse to overnight care even with grandparents, because they wanted to protect their children from what they thought would be similar distress. By contrast, Mr. Balfour's unhappy recollection of being in hospital had brought him to the opposite conclusion, namely that overnight shared care would help his son be more prepared for a similar eventuality.

Parents' recollections of their own experiences of shared care may not have been very accurate, but they indicated some differences compared with the current generation of children. A higher proportion of middle class parents recalled their main carer as being a relative than was the case for their own children. Interestingly, a considerable number of parents from both classes said they did not recall their parents ever going out together without the children. A typical comment was that of Mrs. Balfour - "I honestly don't
think they used babysitters". Like many working class respondents, Mrs. Shaw* had a strong recollection of home-centred life 20 or 30 years ago:-

"I can't ever remember my parents going out together. I mean one of them might go out - like my mother would go to the pictures, but I don't think they both went out. It was really for the family. They were all for the family".

It may be that memories were faulty, but this does contrast with the fact that all of the families had themselves shared care (Table 9-1). As some parents opined themselves, it is probable that values have altered somewhat in favour of wider shared care. Growth in real incomes and wider leisure opportunities may also have played a part. Mrs. Urquhart* said "I think its' all right to go out maybe for an afternoon, whereas my Mum wouldn't. I think my Mum should have gone our more". Some grandparents had in fact shifted their views and now encouraged the next generation to go out, but others apparently retained a sense of disapprobation that could limit their willingness to care for the children too often, especially in order that the mother might work. Mrs. Ogilvie*'s mother had not been happy when she started working again, because:-

"It was different, her day. Mothers stayed and watched after kids, sort of thing, and that was it".

Mrs. Raeburn said:-

"My mother stopped work when she got married, had a family and that was her role in life until really the kids were working. (Now) there is a different attitude towards the family. A lot of people feel they have a right to children, but also the right to have freedom and a social life".
<table>
<thead>
<tr>
<th>Type of Person</th>
<th>Mothers</th>
<th>Fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relatives</td>
<td>29</td>
<td>28</td>
</tr>
<tr>
<td>Friends/Neighbours</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Relatives and Friends/Neighbours</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Nanny</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Parents did not go out together without children</td>
<td>14</td>
<td>11</td>
</tr>
</tbody>
</table>

2. **GROUP CARE EXPERIENCE**

<table>
<thead>
<tr>
<th></th>
<th>Mothers</th>
<th>Fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>(N = 63)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did Attend</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>Did not attend</td>
<td>47</td>
<td>49</td>
</tr>
<tr>
<td>Not sure</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>
However, several working class parents had opposite recollections that sharing care for both parents to work had been more necessary in the past because of greater economic pressures. Mr. Tulloch* affirmed that "In they days, it was a matter of having the bairn and back to work". Besides, those from rural backgounds or old established working class districts remembered more shared care amongst neighbours in the past or spontaneous groups of children at play without the dangers from modern traffic. More cars and less neighbourliness were seen as contributing to the present-day need for group play opportunities in specially supervised settings.

Fewer than one in four parents had been to any form of pre-school group, as far as they could remember. This provides a marked contrast with their own children, all of whom would be having pre-school group experience. This demonstrates the effects over a single generation of nursery school expansion and the playgroup movement on children's experiences before school.

Parents were asked about the extent of their general experience with children and of looking after children before they had their own. Considerably more of the women had had more "practice" in both respects on which to base their own arrangements, but quite a few men did have some expertise and there were women who had very little. Nearly twice as many mothers (41) as fathers (24) said they had some or a lot of experience of young children before they had their own. About half of the mothers (30) and fewer than one quarter of the fathers (14) had done a fair amount of caring or babysitting before they had their own
children. In about half the families in both classes, neither parent had done any significant babysitting before having children, so their ideas about sharing care may well have been unformed when they came to make arrangements for their own children. Even though quite a few fathers had as much experience with children compared with their wives and 7 apparently had more, the prime responsibility for providing care of the child was always the mother's.

More working class mothers had done a lot of babysitting than middle class mothers (p=0.05). Those families who used more "local people" for care included significantly more parents with little prior experience of children. This occurred within the middle class part of the sample, so was not due to class differences (p<0.02). Often experience of children before marriage had come from within the parent's kin network, so that lower involvement with kin could account both for previous inexperience with children and current tendency to use people outside the kin network for care.

Most of the parents had married in their twenties and had a child within 3 years of marriage. Working class couples had married earlier on average and were younger when their first child was born (p<0.01). These characteristics accord with national patterns (Everslea & Bonnerjea, 1982). Many of the mothers who had waited longer before having children (more than 4 years) had children who adjusted with difficulty to group care. Among working class families only, it was those mothers whose first child was born after a longer period of marriage who had low frequency of both daytime and overnight care (p<0.02 and p=0.001).
In spite of women's generally greater readiness for dealing with children, more mothers (22) than fathers (14) felt that they had some difficulty in adjusting to parenthood. This is not unexpected, for women have more emotional, physical and practical adjustments to make (cf. Dominian, 1982; Richman, 1978; Rollins and Galligan, 1978). The following extracts illustrate the difference:

(1) **Interviewer** "How did you find it adjusting?" (to parenthood)

**Mrs. Griffin** "Pretty horrible, I think. Pretty awful."

**Mr. Griffin** "For you."

**Mrs. Griffin** "Well, I hadn't any great positive feelings about having kids, and I didn't really like stopping work. Not because I was so involved with my work, but because I didn't really know of any other way of life, because of the way I had been conditioned actually. So that it was difficult for me to adjust to being at home doing domestic things for a start, and to have this baby who was very demanding."

**Mr. Griffin** "I don't think I had so much adjusting to do. I must say I enjoyed it, but then I don't have to do the bulk of the heavy, messy stuff. I'm not a complete male chauvinist pig - I did help a bit."

(2) **Mrs. Purdie** "Three children in five years. That's a lot!"

**Mr. Purdie** "A great experience."

**Mrs. Purdie** "Tiring!"

This should not be exaggerated, for some mothers took to parenthood "like a duck to water" to use Mrs. Jackson's phrase. Lack of experience with children was understandably often followed by greater difficulty in
coping with parenthood (p<0.05), although a few mothers who were well used to children in general still found it hard to adjust when they had their own. It was mostly those mothers who had their first child at a later age than average who had had difficulty in adjusting to parenthood (p<0.05). The literature has emphasised that more working class women have difficulty in adapting to motherhood (e.g. Brown et al., 1975; Gavron, 1966). In this sample a number of middle class mothers (like Mrs. Griffin) had been quite depressed or frustrated adjusting to life at home with a young baby after an extended and happy period at work. When asked at what age the child had been least enjoyable, about two fifths of the middle class parents nominated the baby stage, but very few working class parents did so. Babyhood was not generally popular and very few parents considered it to be the most enjoyable age for their child (6 mothers and 2 fathers). In a recent study about the experience of being a mother, Boulton (1983) judged just over half of the middle class part of her sample to be predominantly frustrated by day to day child care, which was little different from the proportion for working class mothers.

Two thirds of the mothers who had had difficulty in adjusting to parenthood had children with difficulties in adapting to shared care, compared with only one third of other mothers (p<0.02).

**Parental anxiety and pressures**

Having young children has been shown to reduce marital satisfaction and increase stress for many parents, especially mothers (Burgess, 1981; Hoffman &
Manis, 1978). The term "stress" is used here as a shorthand to represent the felt anxieties or pressures of parents as distinct from external stressor events or circumstances, though these are of course interrelated (Levine & Scotch, 1970; McGrath, 1970). The assessment of parental stress was approached in a number of ways. An "objective" measure - the Malaise Inventory or M.I. - was given to the parents to fill in. This was borrowed from the C.H.E.S. (undated) and derives originally from the Isle of White study (Osborn, 1981a, 1984; Rutter et al., 1970). One of the 24 questions was inadvertently omitted, but this would not substantially affect the results. In order to gain some idea about stressors too, parents were asked separately about what they regarded as pressures and sources of unhappiness for them in their current situation.

The M.I. scores for the sample are given in Table 9-2. Normally, a total of 7 or more positive replies to the questions is considered to indicate high anxiety or stress. In this sample only 5 mothers and 3 fathers recorded an M.I. score of 7+. This proportion is much lower than has been found for mothers in the other studies, which is doubtless partly due to the lack of single parents and mobile families in the sample. In view of this, a further subdivision was made between 0-2 and 3-6. Parents who scored 3+ will be referred to as "more anxious", but this need not imply a high level of stress.

No other study I am aware of has administered the M.I. to men, but most research has found that mental stress in the form of depression and anxiety occurs more commonly among married women than married men (Gove, 1972; Taylor & Chave, 1964). Although married
<table>
<thead>
<tr>
<th>TABLE 9-2</th>
<th>PARENTAL STRESS – MALAISE INVENTORY SCORES</th>
</tr>
</thead>
</table>

**ABSOLUTE NUMBERS**

<table>
<thead>
<tr>
<th>Score of</th>
<th>Mothers</th>
<th>Fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 2</td>
<td>44</td>
<td>43</td>
</tr>
<tr>
<td>3 - 6</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>7+</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

**PERCENTAGES**

<table>
<thead>
<tr>
<th>Score of</th>
<th>Mother</th>
<th>Father</th>
<th>C.H.E.S. Study (Mothers Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 2</td>
<td>71%</td>
<td>72%</td>
<td>37%</td>
</tr>
<tr>
<td>3 - 6</td>
<td>21%</td>
<td>23%</td>
<td>39%</td>
</tr>
<tr>
<td>7+</td>
<td>8%</td>
<td>5%</td>
<td>21%</td>
</tr>
</tbody>
</table>

N = 61      N = 59      N = 12,942

**COMBINED SCORES**

<table>
<thead>
<tr>
<th>Families with both parents scoring</th>
<th>0 - 2</th>
<th>30 (50%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least one parent scoring</td>
<td>3 - 6</td>
<td>22 (37%)</td>
</tr>
<tr>
<td>At least one parent scoring</td>
<td>7+</td>
<td>8 (13%)</td>
</tr>
</tbody>
</table>

(N = 60)
people generally show a lower incidence of stress than single people, it seems that the greater the family obligations of couples the larger is the difference between the rates of stress for men and women (Aneshensel et al., 1981). In this sample the range of scores was very similar for fathers and mothers. Cullen (1979) likewise reported a project which discovered similar amounts of distress for mothers and fathers in families with young children. On the other hand, when asked what pressures they felt as parents, nearly half of the mothers (27 = 43%) named 2 or more but only one quarter of the fathers (15 = 25%). For both mothers and fathers the most frequently cited kind of pressure concerned interruptions of sleep by children who were crying or who wanted attention. Children's wakefulness is evidently a major problem in early parenthood whose impact is perhaps underestimated outside the families concerned (Jenkins et al., 1975; Richards, 1977; Richman et al., 1975). Several parents acknowledged they were not far from child abuse. Mrs. Hunter recalled "I really felt I knew what it would be like to shake her to death. She screamed and screamed for 3 months". Mr. Forbes said "You come very close to understanding the thin line between a normal baby and a battered baby". Other important pressures included:

- **Limitations of interest** - boredom, isolation, limited conversation.

- **Worries about the child's health** - concern if the child was very ill, fear of a cot death.

- **Competing demands** - between different children, between housework or one's own activities and the child.

- **Constant demands** - repetitive requests, interruptions or need for amusement by the child.
Tensions - tiredness, need to check the child, confrontations.

From a slightly different viewpoint, the main things which were seen as interfering with family happiness were fathers' work hours or pressures (for both parents) and restrictions of life at home (for mothers). These evidently correspond closely to traditional role distinctions between mother as caregiver and father as breadwinner. It is perhaps ironic that some fathers' excessive involvement in work activity outside the home can put pressures on the family, whilst some mothers' lack of engagement in activities outside the home constituted a source of dissatisfaction. This confirms earlier analyses showing that it is a myth that work and home-life are kept separate, for men's work does place strains and time pressures on the family (Piotrkowski, 1978; Renshaw, 1976).

None of the 3 measures of stress revealed class differences in this study, perhaps because of the small sample size and exclusion of "high risk" groups. However, it was mainly working class mothers who complained of being restricted at home as a pressure or source of unhappiness. Their accommodation was generally more limited and they had less income or care support to get out easily.

Mothers' M.I. scores correlated with certain features of sharing care and family life, whereas fathers' scores mostly did not. This may result from the greater investment of time and possibly emotion in children and the family made by mothers compared with fathers. Families in which at least one parent (usually the mother) was "more anxious" had smaller carer sets
(p<0.05), mostly used kin for care and were unlikely to share care often (p<0.05). Such families made up only half of the sample, but they accounted for nearly all of those children who were mainly upset by shared care (p<0.02). Higher M.I. scores for both mothers and fathers were associated with generally poor reactions to care by their children. Considered together with the link between mothers' poor reactions to parenthood and children's poor reactions to shared care, these findings are compatible with an explanation involving inheritance of anxiety (see Scarr, 1969). It is also possible that anxious parents give their children less preparation for shared care and/or communicate their own worry to the children who respond accordingly (see Gewirtz, 1976).

Pressures can be eased in many ways, but a number of parents had found sharing care helpful - directly, indirectly or as a by-product. Several grandparents had taken out or cared for children in order to relieve the strain on a mother or both parents at times of difficulty. The willingness of FM to share care and her sensitive caregiving style had been invaluable to Mrs. Buchan, because Eleanor's crying and clinginess as a baby were stressful yet also made it difficult to ask anyone else to look after her. Mrs. Christie described the problems of coping with tantrums, getting up at night and meeting the constant demands of children. She concluded "I'm lucky having my mother and John's mother coming over every week and giving me a break". Some mothers thought that their depression or strain with a new baby might have been helped if relatives had lived near enough to give them a break. For example, Mrs. Powell regretted that when she was very depressed after Peter's birth there had been:

"no grandmother at hand ... aunts and
... when I needed to share him more. I wasn't prepared to go to the extent of sharing him with somebody outside the family."

Similarly, several mothers in street networks commented that regular swops helped prevent pressures becoming unmanageable, whilst ad hoc sharing could be arranged at short notice when things were on top of them.

More indirectly, going back to work and the concomitant internal or external sharing of care was a welcome relief from pressures of overload (the demands of the children) or underload (boredom or isolation). Mrs. Baxter* typified this.

"If I've had a hard day with the children, I've got 3 hours to unwind at my work and sort of charge my batteries again, when I come home. It does make me feel a lot better."

Sometimes relief was not consciously planned, but nonetheless derived from shared care, as when Mrs. Traynor* said she became much less depressed after Sheila started at nursery school. Several mothers were able to increase their range of activities and contacts once their children were at group care.

In contrast, some parents resented the implication that sharing care ("getting rid of the child" as Mrs. Robertson* described it) was a solution to pressures they felt. Mrs. Sinclair* was angry that her Health Visitor had suggested that occasional separations at a group might help her difficulties with her son. Sometimes stresses were felt to be inherent to parenthood, work or life in general, so that "you have got to come to terms with them" (Mr. Raeburn).
Problems had to be lived through and accepted.

None of the stress measures were statistically associated with the frequency of mothers' social contacts. It would seem therefore that social isolation was not a major intervening factor between parents' anxieties and the child's care experiences. Mothers' M.I. scores were positively correlated with contact days with kin (p=0.01), and inversely correlated to contacts with "friend-neighbours" (p<0.01). Analysis of individual cases showed that it was not so much that more anxious parents had frequent kin contacts, but that nearly all of those parents with low M.I. scores had low kin contact and high interaction with "friend-neighbours". A plausible explanation for this is that less anxious people may be more independent of kin and more able to make non-kin friendships.

Influences on parents' sharing care attitudes and practices

Parents were specifically asked how their own childhood had influenced their views about sharing care. It was much more common for parents of both classes to feel influenced in the direction of following their own upbringing than to react against it. This conforms with empirical findings of a considerable degree of continuity in major values from one generation to the next (Hill et al. 1970) and theoretical ideas concerning social reproduction (D.Morgan, 1979). Most parents felt influenced towards family closeness and restriveness in relation to care frequency and choice of carers. Fewer than one quarter of the parents thought that their childhood had swayed them in favour of wider sharing care or greater independence for children. By far the most common references were to the closeness of their
family of origin which parents wanted to reproduce. In nearly half of the working class families, parents made almost identically worded remarks to the effect that "My Mum was always there" or "We were never left". Mrs. Ritchie* expressed a typical explanatory belief - "Your Mum and Dad was always there - you feel that you should always be there". Mr. Preston* made a similar connection - "You never had people watching you and you feel the same way about your kids". On the other hand, several mothers who worked in the daytime said they had been affected by the example or encouragement of their parents away from a conventional housewife role.

Some parents did differ from or even react against their own early experience. Mrs. Villiers* had worked in the mornings since Simon was aged 9 months. She recalled that "I was never left with anybody". Mrs. Nichols*, who had used childminders and paid stranger babysitters, described how "My Mum always says she never had a babysitter - she didna believe in babysitters". A small number of parents felt that their own upbringing in a close-knit nuclear family with little sharing care or social contacts had inhibited their self-confidence and personal development. They wanted their own children to have wider and more independent experiences. Conversely, quite a few parents cited negative circumstances in their own past which they said had led them to circumspection about shared care. Several fathers said they had suffered from a breakdown in their parents' marriage or from their mothers working which meant they wanted their own family to be close. Some mothers were reluctant to share care, because they had felt ill-equipped when acting as teenage carers or had observed the effects of
poor substitute care on others.

Parents were not specifically asked about how they had adjusted on entry to school, but during the questioning about the growth of pre-school provision, 14 different parents spontaneously recalled that they had been very unhappy when they first started school. It would seem that a generation ago when there were far fewer pre-school groups the transition from home to school was often painful and became seared on the memories of many. Nearly all who had suffered in this way thought their children would avoid the same difficulty by attending group care.

Respondents were asked what had influenced their attitudes about sharing care apart from their upbringing (Table 9-3). The most frequent replies concerned:

(i) experience of their own children
(ii) discussion with or observation of other parents
(iii) occupational training and practice (e.g. medicine, teaching)

The prominence of learning from one's own children replicates Backett's findings (1982) that middle class couples see parenting as largely learnt through trial and error. Here, many parents from both classes thought they learn mainly from experience. On the other hand, external influences were important too, particularly watching and talking to friends and siblings with children. Most of the mothers and all of the fathers who had been affected by their training and work were middle class.
<table>
<thead>
<tr>
<th></th>
<th>Mothers</th>
<th>Fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work/training</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Experience with own children</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Other Parents</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>Books</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Media</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Money/Environment</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>General Education</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>General Life Experience</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Spouse</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>No comment/Unable to say/Other</td>
<td>(1)</td>
<td>(10)</td>
</tr>
</tbody>
</table>
A number of parents, especially fathers, had difficulty in specifying what influenced their attitudes. Some simply said their views were inherent to themselves or arose from situations facing them. Analysis of the transcripts further suggested that people often go through life "without thinking why they do things" as Mrs. Whigham* put it. In the language of phenomenology, there were many taken-for-granted assumptions and common sense explanations which parents said they had hardly stopped to question (Berger & Luckmann, 1971). Common examples included the idea that group carers and grandparents would automatically be good carers; that the child would go to group care just like others living nearby; and that women are better at looking after young children than men. More specific to some families only were the assumption that they would automatically join a babysitting circle when moving to a new area or that neighbours could not be considered as potential carers. In some working class families particularly, there appeared to have been such continuity of close contact and care within the kin network that there appeared to be no need to consider alternative care resources before group care. Limiting attitudes such as aversion to non-kin care might only become apparent in a new situation. The death of Shona Nairn*'s grandmother (her main carer) revealed her parents' reluctance to consider neighbours or friends as a substitute carer. A marked change in circumstances could highlight the relativity of seemingly clear-cut assumptions. To Mrs. Carlisle, child care in Edinburgh seemed narrowly confined to mothers in comparison with the frequent sharing amongst nearby kin she had been familiar with as a child in Shetland.
The nature of parents' beliefs and values

Specific attitudes and beliefs about network members, work and roles have been dealt with, or will be, in the appropriate section. Here we shall look at parents' more general ideas about parenting, family life and shared care. These make up the "background expectancies" and interpretations which people use to organise and explain their behaviour (Cicourel, 1967). A few specific questions about attitudes to children and the family were included in the standard questionnaire, but most of the relevant material came from qualitative analysis of the transcripts. In presenting this there is an inevitable tension between the desirability of producing succinct, orderly descriptions and the importance of not distorting the complexity and individuality of particular respondents' ideas. Notwithstanding, the interviews suggested that there were a number of general ideas about care and parenthood which were accepted by nearly all parents. Most parents believed that it was their own treatment of their children which had greatest impact on them, especially at an early age. Not surprisingly then, views about separation from parents and about the influences of others on children could be emotionally charged. Ideally, care of children was seen to require a combination of love, security and eventual moves to independence. These ideas are vague or ambiguous so that many divergent interpretations were possible about how to apply them. In particular there was much variety of opinion as to how their ideals were to be best achieved in terms of the divisions of responsibility amongst mothers, fathers, kin and others, and of the timing of moves towards independence for the child.
Before looking at the detailed content of parents' views on such matters, it is helpful to adumbrate the framework used to organise, describe and interpret the transcriptions of what was said. In the social sciences much attention has been given to the measurement of attitudes and opinions by obtaining responses to specific questions or standardised scales. There is comparatively sparse guidance about how to make sense of people's ideas as they present them more naturally in open conversation. The framework employed in this research was therefore developed from disparate conceptualisations by several writers. It is presented in some detail as it may be of use to those who wish to analyse the accounts of participants about other topics.

Backett (1977, 1980) outlined a classification of images of children and of parenthood. These provided helpful guidelines for analysis in this study, although it became apparent that parents' ideas about the nature of children and about what parenthood is or should be were often intermingled. Backett categorised images largely according to their source (grounded in personal experience or abstracted from knowledge diffused in society) and their content (such as images of children's needs or wants). From a somewhat different perspective, Stolz (1967) classified parents' statements about children and parental behaviour into 3 main types based on their form and function. Firstly, she distinguished beliefs from values. Then she divided beliefs into descriptive and instrumental types. However, it seems preferable to regard instrumental beliefs as a special type of causal beliefs, that is those which express a relationship between A and B, whereas descriptive beliefs are simply propositions.
about the nature of A. This corresponds with the distinctions made by Fishbein and Raven (1967) between beliefs about the probability of an association between A and B and beliefs in the probability of A occurring or being true. Two further kinds of causal belief were common in the transcripts. These were explanations of the past or present and predictions for the future. In all, a 5-fold classification emerged for which examples are provided from respondents in this study:

1. **Descriptive Beliefs** - these assign attributes to individuals, behaviour or events.

   e.g. "I think for his age, he is still on the clingy side."

   "Three year olds don't play with each other."

2. **Explanatory Beliefs** - causal associations in relation to past or present events or characteristics.

   e.g. "I think she takes after her father."

3. **Predictive Beliefs** - casual beliefs about what will or may happen in the future.

   e.g. "I think that once Yvonne settles down she will assert herself."

4. **Instrumental Beliefs** - these assert a relationship between an action and a goal or value.

   e.g. "I wouldn't say she mixes too well, but I'm hoping nursery will bring that out of her."

   "We thought nursery would calm him down a bit."

5. **Values** - these ascribe (dis)approval or (un)importance to individuals, behaviour, events etc.
e.g. "You shouldn't palm them off to someone else so that you can work. You should still be there for illnesses."

"I'd like them to get as much education as possible."

The beliefs expressed by parents varied in their specificity. Some were "individualised" according to the kind of person, time and/or context referred to. Others were "generalised" to cover all or most persons or contexts. A third distinct form consisted of "comparative beliefs", which noted similarities and dissimilarities between two individuals or contexts. Comparative beliefs were most commonly made about siblings, as would be expected. During the interviews in families with more than one child the focus of conversation frequently shifted from one child to another, sometimes comparing and contrasting them, and occasionally confusing which child had done what. Quite often parental ideas were also shaped by comparisons with cousins, friends' children or others at group care. By this means parents framed explanations of their own children's behaviour and sometimes developed more generalised beliefs about "all children" or "every parent". McGillicuddy-De Lisi et al., (1979) think that individualised beliefs tend to become more generalised after the advent of second and subsequent children with whom close comparisons may be made. Comparisons outside the family could also serve as standards to judge one's own child by or as confirmations of one's own actions. Some parents opposed to frequent sharing cited instances of children they had seen made unhappy by it. Those more favourable to sharing care provided examples of children they knew who they regarded as being made anxious and dependent by low sharing parents.
Although Rokeach (1973) regards values as just one type of belief, it seemed useful to maintain Stolz's distinction between matters of fact and of evaluation. Kohn defined values as "concepts of the desirable" (1969, p.7), but his investigations concentrated on parental values, i.e. "the characteristics they consider most desirable to inculcate in their children" (p.18). It is the first broader sense which is used in this study, so that parents' values comprise what they think ought to be done by themselves, carers and others, as well as by children. In the social science literature a common distinction has been made between attitudes as specific dispositions and values as broader more moral statements, perhaps even restricted to a very few goals for conduct or social organisation (Fishbein, 1967; Kluckhohn & Strodtbeck, 1961; Reich & Adcock, 1976; Warren & Jahoda, 1973). Important though the differences may be, they were thought to have little pertinence in the present study, so that the word value will be used to depict the whole range of statements involving judgement, whatever their degree of specificity. Like beliefs, values may be individualised, comparative or generalised. It is also possible to distinguish values which are ultimate (i.e. simply state an objective) and those which are instrumental (include the means of achieving the objective). Most of the parents supported ultimate values along the lines that children need loving care and should not be harmed. However, some disagreed with the instrumental values expressed by others that loving care is only possible from the family or that mothers should refrain from working in order that their children should not be harmed.
Many authors see an overlap or even identity of meaning between values and norms (e.g. Blau, 1960; Hutcheon, 1972), but for convenience here values will denote an individual's expressed ideas and norms will refer to expectations or standards about behaviour seen to be held by a larger group or network of people. This conforms with the standard view that the distinctive feature of norms is their shared or collective nature (Williams 1968a, 1968b). Parents were perhaps most conscious of norms when their own values were contrary to them, as might be the case with views about working mothers (which has a negative normative evaluation) or group care attendance (which had a positive normative evaluation in the reference groups relevant to this sample).

On most issues there were a variety of opinions; sometimes even within the same family or individual. It is therefore important to understand connections and oppositions amongst the ideas expressed. Some of the more significant ways may be described as follows:-

A. CONFORMING IDEAS

1. Combination
This is a set of beliefs and values which reinforce each other, as in the case of reasons for using group care or for a mother to work.

2. Ideology
This word has become much diluted in recent sociological writings, but it seems best to retain the notion that it comprises a coherent set of beliefs or values. Thus, ideas about children's needs and development could be seen to form an attachment ideology or a social exposure ideology.

3. Specification
This gives the conditions under which a wider value operates. For instance, a value that carers should be competent becomes relevant to teenage carers only when there is a specifying belief that they cannot look after children properly.

4. Merged ideas
These describe expressions in which a value contains an implicit belief or vice versa. For example, the idea that neighbours should not be imposed on with requests to share care implies the belief that the neighbours would see sharing care as an imposition. Many beliefs were implicitly evaluative, because it was taken for granted that the state of affairs referred to would be approved of or not. Especially common was the tendency to express values in the forms of descriptive beliefs about what children need, whether it be peer contact or constant parental care.

B. NON-CONFORMING IDEAS

1. Differentiation
Many expressed ideas were not absolute, but conditional upon such factors as the child's age; the nature of a carer; the context of care; and the timing of care.

2. Heirarchy
Where values are in conflict they may be ranked such that a higher order value takes precedence (cf. Rokeach's value system, 1973). Normally, the happiness of the child was seen to outrank the mothers' wishes if they were incompatible. Fathers' work commitments were generally seen as paramount, but could be overridden by a child's urgent care needs.

3. Neutralisation
Matza and Sykes (1961) introduced this term to further the understanding of deviance, but it would seem to have wider usefulness. It covers situations where one idea cancels out another or makes it inoperative. Matza (1964) pointed out that few norms have
categorical imperatives, so that people who deviate may make use of widely accepted exemptions to explain their own lack of conformity. An opinion that neighbours should not normally be used for care could be neutralised in an emergency.

4. Contradictions
An individual's ideas usually include some incompatibilities. These may be maintained by compartmentalising thought. The view that a mother working full-time could not form a close bond with her child would not be linked to the ready acceptance that most children are closely attached to their fathers, who work full-time. Mrs. Christie was averse to stranger care and leaving upset children, but Adam experienced both of these in a creche, while she went to church.

5. Disagreements
These are differences of opinion between people. Within some couples, the partners disagreed about the ideal frequency of shared care, about stranger care or about the timing of group care.

The relationship between people's ideas and what they actually do is a problematic one (LaPiere, 1967). Only when statements are so specific as to constitute an immediate intention does it seem that there is a close correspondence between evaluative comments and action (Ajzen & Fishbein, 1977). Greater consistency is likely when respondents describe and explain what they do in their own way, rather than give answers to standardised questions. Some parents were conscious of not having achieved what they set out to do, i.e. their instrumental beliefs had proved inadequate. Moreover, some parents had modified their views in the light of their experiences, as when their children's reactions to shared care had been different from what they expected. But there were also instances of parents
retaining beliefs or values in the face of apparently contradictory "facts" as they themselves presented them. Mrs. Henderson held to her view that an individual carer was best for her son even though he had not settled well with paid childcarers but had adapted well when he started at group care. Mrs. Christie believed that Adam was upset by strangers, but in fact he had been happy to stay with people he hardly knew on two different occasions.

**Values about care of children**

There seemed to be a number of important values used by nearly all the families, either to follow or to use as reference points when deviating from them. In our society, there are two major responsibilities placed on parents of young children, which have important implications for care arrangements and the child's social relationships. Firstly, parents are expected to ensure adequate care and supervision of their children. There is an associated ideal of close attachment by young children to their parents. Secondly, there is a legal obligation for children to start school at the age of 5. In effect, this means that a child has to be able to adapt successfully to a large, strange environment with an unknown supervisor and a large group of children. For most of the respondents, these goals were reflected in two dominating values that children should have security in their family relationships yet should also develop the capacity for independent action. However, there were marked divergences of opinion about when and how the balance between these two aims may or should be achieved.
The attitude forms included an open-ended statement for parents to complete - "What I feel most strongly about in relation to the care of young children is...". The most frequently occurring words or phrases in the responses concerned two main dimensions:—

1. love-affection-happiness
2. security-stability

Individual attention, understanding and stimulation were also mentioned quite often. The statements sometimes took the form of ultimate values, but often they expressed instrumental values which specified the centrality of close, warm relationships in the nuclear family (e.g. "a stable home", "loving parents"). In the interviews, there was also a common presumption that love and security could not be divided between parents and others. A few respondents did give the contrary opinion that it was possible for stable, loving care to be given by carers as well as parents. It is interesting that the desired attributes for care of children bore a close resemblance to the qualities looked for in group carers. On the other hand these qualities were hardly mentioned at all in relation to choice of the main daytime carers. Presumably it was taken for granted that a person chosen for such reasons as kinship, familiarity or willingness would embody the necessary qualities of caring and security.

Although a loving secure relationship in the family was the supreme value at this stage, most parents also agreed with a global statement that children should become independent of their parents (cf. Peterson and Migliorino, 1970). There is a potential tension between these two major values (love-security and independence) which was also recognised by Erikson's depiction of the contrasting tasks for children at this age as basic
trust and autonomy (1965). There are also parallels with sociological writings about the family's concern with collective, expressive functions internally, yet requirement to prepare members to cope with the more instrumental, individualistic values of the outside world (Busfield, 1974a; Parsons & Bales, 1956). Most parents wanted their child to be attached to themselves, yet also socially confident with others. Several parents thought there was a danger of children becoming overattached to their mothers. Mother bonding might become what Mrs. Morrison said in a slip of the tongue - "mother bondage".

On the whole, there was a remarkable uniformity in the general values about care, despite a wide range of sharing care practices. This was partly because of their vagueness. It is not fortuitous that values about parenthood and care often lacked specific content. For it was also a common opinion that parents should not have detailed aspirations for their children's futures. On the surface, at any a rate, parents said that their child's general happiness was much more important than academic or occupational success. Furthermore, a fair degree of consensus was possible about values, because parents' specifications of how they applied in practice could involve contrasting instrumental and explanatory beliefs. For example, low sharers believed security came from almost exclusive care by the mother or parents, whilst high sharers sought security by careful selection of care arrangements. To Mrs. Green, it was important that her daughters had love, stability, fun and stimulation, but she thought this could be provided by a combination of several carers. There were also differences of emphasis and timing. Sharing care could be seen as undermining family closeness, promoting child
independence, or reconciling both. Some thought that a long period of security with minimal shared care should precede attempts to encourage independence. Others considered that they could both be aimed for concurrently. Sometimes, shared care was deliberately arranged with this purpose in mind. Both Mrs. Urquhart* and Mrs. Inglis concluded that they had been unwittingly encouraging their sons to be too dependent, so they deliberately begun to leave them more with others in order that they would get used to operating without a parent around. Mrs. Reid and Mr. Crawford had also tried to develop their children's self-confidence, but admitted they were unsuccessful. Likewise Mr. Sadler* said "We try to bring her out of herself, we talk to her and that, but (it doesn't work)". These last remarks indicate a lack of the requisite instrumental beliefs to achieve the aim of greater independence.

Of course, children can be helped towards independence in ways other than sharing care. There were some parents who did not share care much, but involved the children in many activities and gave them plenty of opportunities to mix with others.

Ideas about parenthood and family life

Evidently, issues of child care are intimately linked to ideas and expectations about the nature and implications of being a parent. In many societies, responsibilities for children relate to authority in a wider kin structure, but in the West they are largely vested in parents alone. Therefore, shared care patterns tend to be judged according to values about what kinds of delegation are thought to be compatible
with the proper exercise of parental responsibility. Many of the families in Milburn and Whitlaw adhered to a view that parenthood should involve near total care of the child. "Protective" parents, and even some medium and high sharers thought that more than minimal sharing (based on their particular idea of a minimum) contradicted the nature of parenthood itself. Mrs. Ormiston* expressed that as follows:—

"I have this thing, that they are my children and basically I ought to look after them. It has to be something special for me to hand over that responsibility."

The identification of parental responsibility with near-total care was often incorporated in disapproval of families who shared care for the mother to work or to have a "break". Characteristic generalised propositions about this were:—

Mrs. Hardie - "If you have children, you should look after them"

Mrs. Elliott "If people want to follow a career, then they shouldn't have children"

Mrs. Booth (explaining why she did not take part in weekly swops) "I reckon you've got them, so you look after them".

Parenthood was seen as voluntary, with predictable care obligations which ought to be accepted— at least by women, as we shall see in a moment. Mrs. Robertson* explained why she hardly ever went out since having children:—

"Well, if you plan children, it's your responsibility. They are not forced on you — not nowadays, anyway. So, if you want them, it's up to you to look after them".

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Nearly all the comments about parental responsibility implied jointness by referring to "we", "both of us" or "a parent". In reply to a standard question virtually everyone espoused an ideal of equal parental responsibility. Yet it was always the mother who had the primary responsibility for child care. Evidently couples espoused an ideal of equity rather than genuine equality (LaRossa & LaRossa, 1981; Rapoport & Rapoport, 1975). By conveying an impression of parental responsibility as applying to the marital partnership, the differing implications for men and women were disguised. Examples included "at least one parent should be available when illnesses and problems occur" (Mrs. Raeburn) and "It is necessary for one or other parent to be there when children are not at school" (Mr. Morrison). Explaining why Shona was rarely looked after by others in the daytime, Mr. Nairn* said "It's our responsibility, so we should look after them". Mr. Preston* was very hostile to the possibility of his wife working in the daytime. He said "I'd not want to be a week-end parent" although his contact with the children would have been unaffected. A similar submerging of maternal responsibility within the marital unit could occur in relation to care of other children. Mrs. Allan explained that they used local friends for care, because "they have children as well and we would do the same for them. We would repay it". In practice and despite the "we", only Mrs. Allan did return babysitting.

There were remarks made about the particular duty of mothers rather than parents to provide most of a child's care, but this chiefly occurred in individualised expressions rather than generalised values. Mrs. Morrison linked such personal feelings to childbearing:-
"I feel it's my duty. I brought them into the world. I You make up your mind that you're going to have children and you look after them."

For some, constant availability became less important after 3, but many continued to feel it was important to be home when the child was at group care or school, in case of illness or to prepare for the child's homecoming. Mrs. Preston stated:--

"A mother's place is in the home. Even now he's at nursery, I still need to be here, in case I'm needed."

Associated with such values was the implicit idea that care responsibility for the child was indivisible, except when neutralised by clear gains for the child, as in group care. Several parents felt that children needed, in Mrs. Jackson's words, a "single constant focus". Likewise, Mr. Barker had strong views about the centrality to children of a "mother's aura" for a child's learning and development. There could be disagreements about this. Unlike his wife, Mr. Jackson had doubts about the benefits to children of having "a totally dominant mother-figure".

On the others hand, most high sharing families did not feel they were abrogating parental responsibilities, although some did feel that significant reference persons (grandparents, friends, colleagues) thought this. There were two main ways of neutralising the norm of motherhood as near-total care, namely by means of justifications or counter-claims. Both of these may be seen as part of a wider category of aligning actions which smooth over inconsistencies between actual and ideal or normative behaviour, or between the views of two individuals (Stokes & Hewitt, 1976).
According to Scott and Lyman (1968) "justifications (are) accounts in which one accepts responsibility for the action in question, but denies the pejorative quality associated with it" (p. 47). Parental absence could be "justified" by the assertion that children were helped and not hindered by wider shared care. There were said to be indirect benefits from improvements in the mother's morale or direct advantages of greater confidence, learning or variety that would result from shared care. Parental responsibility was redefined as ensuring the child's happiness in the chosen care pattern, rather than providing all the care oneself. Several thought that grandparents, an au pair or childminder had provided additional love and stimulation without affecting the child's security. Several mothers believed that children and mothers give more to each other after periods apart. In any case, mothers who shared care in order to work still expected and obtained the prime allegiance of their children. Mrs. Green ensured that her children's loyalty to herself was superordinate to their attachment to the au pair.

Alternatively or additionally the traditional motherhood norm was neutralised by "counter-claims" that parents or mothers have rights as well as responsibilities and these include independent interests away from the child. Scott and Tilley (1980) describe such views as individualistic in contrast to familial values. Similarly Jarvie (1975) distinguished between person-centred women who placed more value on individual interests and position-centred women whose identity derived chiefly from their roles and responsibilities as wives and mothers. Mrs. Carlisle argued vigorously that she was entitled to breaks from the children. For her a major benefit of group care
"was to get a bit of **personal space**, which if you are making a record put in triple underline". The value that mothers should provide near-total care was replaced by a belief that "It makes us better parents when you have a bit of free time to yourself" (Mrs. Sim*). In Mrs. Traynor*'s word "You can love your children and love your house, but not 24 hours a day". Husbands could acknowledge this, too. Mr. Elliott asserted that his wife was entitled to time to herself, which was why they paid for private nursery school, babysitters and childcarers in the home.

Even though parental responsibility was mostly applied in practice to mothers, there were also implications for fathers. As some fathers specifically stated, the idea of joint responsibility meant that fathers exercised this in relation to the child's general upbringing rather than actual care. The father's right or duty to work and the mother's major duty to provide care was hardly questioned. Nonetheless, most families did clearly feel a certain interchangeability, which meant that fathers were equally acceptable to look after the children as the mother, even if in practice they did so for less of the time. Sometimes parents' spontaneous comments emphasised family togetherness and joint activities. Fathers' absences at work could be compensated for by a strong concern to do things together in the evenings and week-ends, either very deliberately or as a matter of course. Mr. Ferguson* said "We tend to do things as a family, like going to the baths, playing badminton - things that the children can do along with us". Mr. Irvine said that he had hardly ever gone out in the evenings or week-ends except with the children, because "we believed that the parents' place was in the home and not to palm her off
Backett (1982) showed how middle class parents tempered their views about responsibility towards their children with the knowledge that this would be a relatively brief part of the life-cycle. In this study, parents of both classes expressed this idea. There might be stresses and sacrifices, but these would soon be over. With regard to staying home until her children started school, Mrs. Whigham* said "Five years of your life is not a lot to sacrifice". Mrs. Robertson* described how restricted her social life was, then added:

"And then your kids will be grown up soon. You'll be getting out when they are grown up. So it's only for a short time of your life really".

In contrast, others definitely regretted the brevity of the child-rearing period. These beliefs were mainly expressed by low sharers and those who preferred their child to stay for short hours at a playgroup. When the child started at group care, some of these mothers felt a sense of mourning the end of the child's dependence which had provided company, a sense of purpose and time-structuring. For instance:

Mrs. Kerr "I felt slight withdrawal symptoms the first week he was there and sort of thought - Goodness me, what's going to be my role in life now?"

Mrs. Hardie "It was a wrench when he went. It was pointed out to me that he wasn't a baby any more. () I was a bit annoyed that he didn't mind me not being there."

Mrs. Laurie "I miss her a lot. () There's a sort of awful hush now. I go round speaking to the cat just for someone to talk to."
In consequence, group care or school might be experienced as a personal loss:-

Mrs. Vallance* "Once they are at nursery, you tend to lose them a good bit, anyway"

Mrs. Laurie "Once they are at school, you've lost them to the teachers"

Mrs. Baxter* summed up the ambivalence of many - "You don't really want to see them grow up and away from you, but that's what life's about, isn't it?"

Ideas of parental responsibility often enshrined an implicit principle of nuclear family autonomy. Concern for self-reliance led some not to "trouble" a carer, or not to consider working if it meant depending on someone outside the family. This could be a crucial influence towards internal rather than external sharing. Besides acceptance of one's own care duties, autonomy also sometimes resulted from a desire to avoid unwanted obligations and conditions which might arise from care arrangements. In relation to grandparents or even parents' siblings these might threaten to perpetuate power or emotional relationships from childhood. This could diminish a couples' freedom to determine their actions or how the children were treated. Mrs. Ormiston* did not wish to ask her relatives to help with child care when she worked in the mornings, so on the occasions when they did not offer she would take her son with her to do her cleaning job. Mr. and Mrs. Allan had deliberately moved some distance from their close-knit kin networks, so that regular contact and care was still possible but there was also freedom from normative constraints.
Values about sharing care

Sharing care derives from many immediate and indirect factors. In this research it became apparent that some of the key beliefs and values concerned the ways in which parents categorised and interpreted situations and people as desirable/undesirable or as safe/risky for the care of children. Most parents sought to steer a course between the Scylla of neglecting the child and the Charybdis of fostering overdependence.

It was a generalised and generally accepted value that children should not be harmed by care arrangements, but parents held different specifications about what kinds of care would harm a child. Some parents saw frequent sharing even among relatives and friends as detrimental to children, whereas others might think it helped children's confidence. Mrs. Christie held a generalised belief that it was always harmful for mothers to work, but her husband qualified that it depended on the family circumstances and the particular care arrangement.

Concern about possible harm to children from shared care meant that there was a strong "child primacy" value, which meant that sharing care should only occur when it was "necessary" or for the benefit of the child. Otherwise, it would be seen as selfish. There was disapproval of those who shared care "just to get time to themselves" (Mrs. Arnot). Even high sharing parents might say they "had to" or "needed to" leave the child in order to pursue an activity, which others would have seen as voluntary and avoidable. "Protective" families tended to justify instances of shared care by
emphasising that they were exceptional. The child primacy value acted as a restraint on mothers' sense of entitlement to time for themselves. Mrs. Gunn remarked that Jackie's playgroup hours were short:

"It isn't very long, if you want to do something. But I think it's probably long enough for the child and it is the child you really must consider, not the parent..."

Those mothers who did not acknowledge their own rights to share care would only feel entitled to do things without the child when the child was already being looked after by someone else partially or wholly for a "good reason". Similarly, some mothers felt they could work only when their husbands would be looking after the child anyway or after the child had started at group care for his or her own benefit. Mrs. Ormiston* had a job waiting for her, but felt she could not start until her son was at nursery school, so that her parents and sister would not think she had sent him there in order to work. This exemplifies a norm expressed by a fair number of respondents, that nursery schools should not be used "as a babysitting service" for mothers to work, because this offended the unwritten rule that care should be for the child's sake. However, mothers did usually feel that once the child was at group care for his or her own benefit, then it was all right for the mother to use the time for what she wanted to do.

Whether a particular form of shared care was seen as in breach of the child primacy principle or not affected how the arrangement was described. There were a small number of neutral terms employed by parents to describe sharing care. They spoke of "leaving children" or of children "staying with" others.
In both classes, carers were said to "look after" children, though working class parents often used the word "watch" instead. Forms of the verb babysit were common. By convention they were applied to children well beyond babyhood. To most middle class parents babysitting mainly meant evening care and sometimes was confined to non-kin care. But some working class families used babysitting or babysitters more widely to include daytime care and relative carers. In some circles a distinctive vocabulary had developed in relation to sharing care. The word "sit" had acquired new grammatical forms and meanings to express care as a formally operating service, in contrast to care rooted in everyday social interaction. Thus, a parent could "do a sit", "sit for" somebody, or "be sat for". There could be long sits, short sits, late sits and last minute sits.

This neutral terminology was normally used to describe sharing care done by oneself or in an approved manner by someone else. In addition, respondents used more pejorative words and phrases which usually expressed disfavour towards some other people's pattern of care. These expressions will be called "rejection labels", because there was an imputation of inconsiderateness towards the child and evasion of parental responsibility. Several parents explicitly stated that it was unfair to leave a child in certain circumstances, either because this showed rejection of the child or because the child would feel it as such. Schutz and his followers have emphasised how language can structure perceptions and hence actions (Giddens, 1976). Rejection labels delineated the boundaries of legitimate kinds of shared care and thereby expressed a pressure to conformity. As the transcripts were partial, a complete content analysis was not possible,
but a search revealed that well over half of the families had used rejection labels. By far the most common was some form of the word "dump". There were at least 20 examples of this, as in "she's not dumped on different people" (Mrs. Green) and "I'd rather struggle for the benefit of every one than dump them as soon as I've had them" (Mrs. Henderson). Other rejection labels were "palm off", "get rid of", "farm out" and variations to do with children being "pushed", "shunted" or "shoved" out, around or away. These all contained a suggestion of children being treated like an animal or inanimate object. It was implied that the parents who "dumped" or "palmed off" children were abruptly dispensing with them in some kind of care vacuum, rather than responsibly making a care arrangement with someone else who had a positive contribution to make. It is likely that children are aware of the widespread use of rejection labels. They may internalise the underlying attitudes and so perceive some forms of shared care as rejecting, which might not be the case if sharing care was more generally accepted.

Rejection labels were used equally in both classes, and by mothers and fathers. Commonly but not invariably they referred to working mothers or the use of childminders or day nurseries. Mrs. Christie described her weekly swop as "having a break", but referred to working mothers as "dumping" their children. In fact, the implications of remarks like this that working mothers did not care about their children was far from accurate. Working mothers shared the common value that children should not be harmed by care, although they held more individualised beliefs that the effects of shared care depended on the particular arrangements. For them, frequent shared care took
place not in spite of harm to the child but on condition that there was no harm to the child. Talking about her work, Mrs. Quinn* said "He's never bothered, because if there had been any trouble, I obviously wouldn't have left him". Sometimes a rejection label was applied with respect to parents who used group care in ways or for reasons which differed from the speaker's. Others were said to be using nursery schools "as a dumping ground" or "just to get them off their hands". Occasionally, labels expressed acknowledgement that parenting may legitimately contain feelings of wishing to be apart from a child. Mrs. Miller said "It doesn't matter how doting a parent you are, it's nice to get rid of them (now and then)"

Of course, there were many parents who did not see frequent or extended shared care as negative. Mrs. Edwards said in relation to regular swop care "I don't think it does them any harm being left". Quite a few parents thought that fairly frequent shared care helped the child by giving extra attention and stimulation, assisting their development or independence, or simply giving them additional company and fun. It could also be seen as preparing children for later or unexpected separations, as at group care or in hospital. Some mothers also emphasised that it made the mother-child relationship less intense and enhanced mutual pleasure after reunion.

Whilst rejection labelling indicated a normative concern for there to be limitations to shared care, there were also felt pressures to avoid the opposite extreme of "overprotectiveness". Here are some examples:-

Mr. Finlayson "I don't wish to sound
overprotective, I know they are very resilient."

Mrs. Laurie "I think I'm, well, overprotective."

Mrs. Taylor* "doesn't it sound awful - sheltering him."

Such phrases occurred mainly in apologies or denials about oneself. They seemed to represent an indulgent disapproval. This contrasted with the vehemence towards others which sometimes accompanied rejection labels. A few mothers felt somewhat defensive that their concern to be with the child as much as possible was "old-fashioned". Yet others generalised their attribution of overprotectiveness, like Mrs. Booth - "I suppose I always had a fear I mollycoddled him, but I'm sure every mother thinks the same".

As there is a widespread "merged idea" that to share care of children more than a minimum is not good for children, the enterprise is imbued with uncertainty. Therefore, it was usually important that only trusted persons should be used for care. However, the criteria for trust varied considerably. In Chapter 6, we saw that the main elements of trust were competence, reassurance, reliability and conformity. Trust is partly related to known personal qualities of individuals, but also to descriptive beliefs about different categories of people. Parents had boundaries of trust with differing permeability and social distances, which were often linked to the perceptions of strangers. Among working class families, trust usually had to develop over many years, whereas middle class parents could often connect much more quickly with new people. Most people took for granted the trustworthiness of close relatives, unless there had been a particular interpersonal
problem or there were difficulties due to ill health. Some set a firm boundary of trust around the (extended) family and would hardly ever share care with others. These were mostly working class. In some circumstances a working class family's general lack of trust in strangers might be neutralised, especially with regard to group or miscellaneous care. Mr. and Mrs. Baxter* were normally against non-kin care, but on holiday they had taken advantage of the availability of hotel childminders. This was justified, because the circumstances were exceptional, the children were sleeping and the parents were not far away. A much higher proportion of middle class families, although by no means all, extended their boundaries of trust more widely to include other people less well known. However, willingness to use strangers for care did not mean a lack of discrimination about the carer's qualities. Usually there was felt to be some kind of guarantee of trust from official approval (group care, childminders), contractual employment (au pairs) or access procedures (babysitting circles).

Trust was usually a necessary but not a sufficient condition for sharing care with someone. Trusted people might be used not at all or less often than desired out of concern that care of the child might be burdensome. For instance, Mrs. Booth said "I'd take the children with me, and sort of lumber them, you know. It's me, I don't like using people". Conversely, a person of less certain trust might be used because of their clear willingness to be "imposed on" (e.g. childminders, au pairs). Thus the possibility of imposition on others introduced another form of uncertainty, which concerned the reaction of the carer rather than that of the child. Fear of imposing was also connected with the
concern about family autonomy. In this case, there was sensitivity about interference in others' lives, rather than about potential intrusions from carers. Parents' sense of indebtedness for the "burden" of shared care could make them feel the carers had a reciprocal claim on them. Hence boundaries of trust may protect parents as well as carers from unwelcome feelings.

Parents' fears about imposing like their grounds for trust comprised several elements. These included taking up time, distracting from other commitments and placing the physical demands of child care. Mrs. Balfour would not leave her son with friends if she thought it interfered with what they would otherwise be doing, but she did share care with them when she felt it fitted in with the carer's existing arrangements. Even if someone took the initiative in offering to act as a carer, parents might suspect that really they did not want to be imposed on much or even at all. Mrs. Ormiston* remarked that her best friend "only asks, because she knows I won't take her up on it".

One of the advantages of group care was that it was not seen as involving interpersonal impositions and had explicit mutual obligations. For non-group sharing there were two main kinds of relationship which defused uncertainty about imposing. These were kinship and reciprocity. Sharing care with relatives was less likely to be perceived as an imposition, because they were seen as more sure to enjoy the experience for its own sake. For many working class families in particular, the boundaries of imposition like those of trust were drawn tightly around (close) relatives. However, the location of boundaries of imposition varied too. Some couples did not like sharing care much even with close
relatives, because imposing was thought to begin outside the nuclear family. Others included grandparents and perhaps aunts and uncles amongst those who would readily care without a sense of obligation. The crucial importance of grandparents derived not just from biographical closeness with the parents, but also from the fact that they combined high levels of both trust and "imposability". Many people were reluctant to impose on friends or neighbours with whom they could not reciprocate care. Several parents were reluctant to accept offers to share care from non-relatives with no young children, because they felt this was a "favour" which they could not return. As Mauss (1954) and Gouldner (1960) suggested, this could evoke feelings of indebtedness which parents preferred to avoid. Neighbours were likely to be less well known to the parents than kin, so there was more doubt about how genuine was their willingness to be imposed on (and perhaps about trustworthiness, too). As regards "local people" with young children, ideas about imposition were linked to class. Middle class parents perceived other couples with children as potential sources of convenient, balanced exchange of child care. It was readily accepted that there was a mutual need by parents for carers and a mutual advantage to children of playmates. Working class parents were more likely to define this situation in terms of imposition, especially in the evenings when they were particularly reluctant to share care with friends or even siblings who had young children.
Besides kinship and reciprocity, imposition could be neutralised by exceptional circumstances. Mrs. Villiers* and Mrs. Laurie both felt able to call on a neighbour who had not otherwise been a carer when they had to go to hospital unexpectedly. Conversely, feelings of imposition might be intensified if the carer was more vulnerable (e.g. elderly, unwell) or if the care demands were greater than normal (e.g. more than one child, a difficult child, a long period). Carers were perceived as having different satiation levels for providing a care service. Sometimes secondary carers were approached when a main carer was seen to have reached their current capacity to share care. Several middle class parents saw a major benefit of a street network in the fact that imposition could be spread amongst several people. On the other hand, kin carers usually had higher individual satiation levels than non-kin.

Most parents emphasised the importance of consistency for children and of the opportunity for gradual adaptation to change. For this reason, new carers were usually recruited from those already familiar to the child. Often the absence of mother might be the only alteration in a setting which the child had experienced previously many times. If the carer or place of care were unfamiliar, mothers usually went to considerable trouble to help the child become familiar with them, before the child was left.

For the majority of parents continuity had to be provided essentially by parents, with occasional interruptions. But for working mothers it could be just as important that the child had a reliable and familiar work care arrangement. This was seen by Mrs. Green as a major advantage from using an au pair rather than
friends or childminders. Mrs. Mitchell was concerned that her daughter had had several changes of paid childcarer. Although some parents preferred two or three changes of group care and then school, others valued the continuity of environment provided by a nursery class attached to the school the child would go to at 5. Mr. and Mrs. Tervit* found Yvonne's nursery class unsatisfactory, but placed her there because she would be going to the adjacent school when she was 5. The desire for contintuity could mean that too many changes at once were seen as undesirable for a child. Several parents pointed to the problems for children of having to adapt to group care at the same time as either the new arrival of a younger sibling or the departure of an older sibling to start school.

Parents also valued regularity for their children. Some preferred their child to go to group care for only 2 or 3 days a week, so that the changes from being at home full time were minimised. An alternative predictive belief was that children found it easier to understand that they were going for a continuous five day period than to cope with alternating days at home and at the group. Some parents also noted the difficulties their children had in understanding or accepting that they could not attend at week-ends or in the holidays. One element used to explain the difficulties experienced by children in "miscellaneous groups" was the irregularity of going there.

Sometimes continuity of peer relationships were thought to be important. Thus parents might choose a group partly because their child knew people there or would develop friendships with children who would later go to the same school. By contrast, both Mrs.
Johnstone and Mrs. Kerr said that this mattered little to children, because their associations with other children were superficial and readily changed. Two mothers commented that continuity in the child's relationships reassured parents more than it affected the child. There is some empirical support for the transience of early friendships (Dickens & Perlman, 1981), although loss of a friendship can be sad even for a pre-school child (Rubin, 1980).

A linked concept to that of continuity (minimising change) was that of gradualness (extended opportunity to get used to change). Mr. Buchan thought it was essential for children to be gradually familiarised with the practice of staying with people they knew well. This idea seemed to be especially prominent among middle class families, whose statements and care practices indicated a preference for several graduated steps of frequency, group size and formality in their care sequences. Thus, occasional swops could build up to regular swops and then mini-groups or multiple swops, which were themselves partly intended as preparations for group care. A double or triple sequence of group care was seen to help the child adjust to progressively more structured settings. Some parents were undecided about their plans for the child at 4, because they were unsure whether continuity of placement should prevail, or whether a move to a more formal setting would help in gradual preparation for school. Combined centres might help resolve this dilemma.
Ideas about play and learning

Besides love and security, Stolz (1967) discovered that the main concerns of parents were education and behaviour control. With regard to pre-school education, play and learning have been seen as central and mutually supportive functions (Fein & Clarke-Stewart, 1973). It has become a cliche that young children chiefly learn through play, although this relationship may well have been oversimplified (Robinson et al., 1980; P.Smith, 1978). Some parents in this sample held a strong belief that play and social interaction were most important for their child's intellectual development, so that formal teaching was not necessary or not wanted. Moreover, some middle class parents thought that instruction was inappropriate so young and that the period when children could engage in carefree play was already too brief. A few professional parents felt that learning mostly occurred at home anyway and that the cognitive impact of group care was marginal.

There were others who did not see the main purpose of group care as educational, but nevertheless evaluated their children's progress partly according to what they learnt there. A few people in both classes disapproved of settings in which children "only" played. It was therefore mainly working class parents who wished that group care would give formal instruction in specific skills such as reading, writing and personal care. Several working class fathers felt strongly they wanted their children to receive education as early as possible, so they would have chances the fathers themselves felt they had missed. On the other hand, more working class parents regarded teaching as something that was given
to their children chiefly by other people with special training. Few felt they had a contribution to make themselves as a number of the middle class parents did.

Several parents, who were in favour of minimal separation from parents before the child was 3 in the belief that otherwise the child would be harmed, afterwards gave higher ranking to educational considerations in their value hierarchy so that they were then content for the child to spend long periods apart from the family. Others still felt a conflict between their desire to be with the child and their predictive belief that group care would help the child learn more. This might be reconciled by means of the "gradualness" value and instrumental beliefs that slow preparation and introductions to group care eased the transition for the child.

The kinds of learning considered suitable for 3 year olds sometimes involved development of formal skills such as reading, but often personal and social skills might be deemed more important at this age. Some parents held a generalised descriptive belief that children have to learn to play. Mrs. Brown* said "He needs to learn to play, because he doesn't know how to play with other children." Such views mostly applied to co-operative play for which group care might provide the necessary learning experience. Mrs. Balfour set out to give her children opportunities to interact with others in small groups so they could develop play skills. Several parents thought that their child did not know how to play because of a dearth of interactive experience. The following quotation from Mr. Crawford summarises this attitude:-

"Because Hamish was not exposed very
much to other children, he doesn't know what to do with them. He doesn't know how to play and he doesn't think he should. I've had to show him how to do things and I've found it difficult. And because I'm a poor teacher or because there aren't other children there at the time to copy, he finds it difficult."

**Issues of control**

On the whole, control and discipline were not major considerations in most parents' discussions of shared care. This contrasts with interview findings in other research about parental care itself (Kohn, 1963; Stolz, 1967). Issues of control became prominent usually when there was a sharp difference in standards or techniques of control between carers and parents. Spoiling might be felt to undermine parental authority or challenge the child's prime loyalty to parents. Parents were concerned that children should generally not be spoilt, but many were prepared to make exceptions for specific carers. This might be because of role entitlement (for grandparents), acceptance that spoiling was a sign of love or the knowledge that it was only occasional. It may also be the case that there is a more general association between indulgence on the one hand and care by close relatives who do not have ongoing responsibility. This applies to divorced fathers during access contacts, for example (A. Mitchell, 1981). Several parents chose friend carers on the basis of similarity of values, which could include analagous ways of handling the children. It was a common contextualised belief that children behave differently with carers than they do with parents. It might be thought that group carers don't see the difficult behaviour of children. In other cases, a child might play up a carer, but not
parents. Mr. Baxter* had to threaten sanctions, so that Derek would not misbehave when MB babysat.

Prior to group care, most parents sought to meet the child's individualised needs as they perceived them. However, the anticipation of group care (and in the background of school) drew parents' attention to the need to shape their children's behaviour to conform to other's expectations. Therefore, parents wanted their children's behaviour to be acceptable to other adults. Several also asserted the importance of learning to share with other children. It was important to most parents that group care should be not be undisciplined. In general, there was a high regard for the calm effectiveness of most group carers in this respect. A few parents thought that group care could provide an experience of external authority which it was valuable for children to have. There was an implication by a couple of fathers that this could counterbalance mothers' softness.

**SUMMARY**

Parents of three year olds vary considerably in their current ages, in their experience of children before marriage and in the timing of their first child. These differences affected how parents reacted to parenthood and helped shape care practices. It seemed that more mothers who came to parenthood late had greater difficulty in adjusting to this major change in their lives. In turn, they had a higher than average proportion of children who were less happy to be separated from them. Most parents had experienced a strong sense of nuclear family closeness and minimal sharing in their own upbringing, which they mostly
wished to perpetuate. Even so, it appeared that there had been a shift towards greater sharing care in the present generation and a big increase in the popularity of group care. Generation changes towards relatively greater acceptance of shared care may reflect historical alterations in values or responses to environmental changes (J. Mitchell, 1966). There were some indications that close family relationships with minimal separations were transmitted from one generation to the next, whilst sustaining a major separation or loss in childhood may predispose some people to sharing care more often.

There were few respondents with high levels of "stress". This confirms what had seemed probable from the nature of the sample, namely that it was relatively free of major problems. Therefore, any generalisations apply to moderate differences in anxiety. In general, mothers' anxiety levels related to shared care and other characteristics of the family more than fathers'. Higher maternal anxiety also appeared related to the child's anxiety about separation.

Nearly all parents emphasised a child's need for love and security within a family context. This was linked with a strong norm of parental responsibility and disapprobation of "excessive" shared care. There was also a widespread value that consideration of the child's benefit should be central to sharing care. But most thought eventual independence for the child was important, too. Therefore, parents also felt pressures not to be overprotective. The particular significance of mothers was rarely made explicit, but subsumed in a broader notion of parental responsibility. In a similar way, the special importance of grandmothers for
non-parental care was largely implicit in references to the (extended) "family" as having primacy for shared care. Sharing care involves uncertainties both about potential harm to the child (hence the need for trust in carers) and about possible imposition on others. These factors all combine to explain the comparatively low amount of care by people outside the kin network which were not characterised by some form of exchange.