Mothers' Search for Infant Child Care: The Dynamic Relationship between Availability and Desirability in a Continental European Welfare State

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Accepted for publication in Early Childhood Research Quarterly.
Version not to be distributed or published.

Abstract

The availability, affordability, and desirability of quality child care are matters of concern, especially for children raised in given the literature showing that young children raised in poverty can benefit from early access to quality care. The unique features of the Brussels context enable us to look at the connection between availability and parental preferences, while 'controlling' environmental constraints on costs and quality. We looked at access policies in 83 funded providers, and examined 100 mothers' search for child care. The results show that quality child care was distributed unequally, favoring higher-income groups. Moreover, the access policies of individual providers furthered the exclusion of lower educated and ethnic minority parents. All parents took into account both quality and pragmatic criteria when looking for early child care, although the value of these criteria may vary according to ethnic background and education. The study also shows that access to and use of good quality care is an interactional process in which the mothers' preferences and decisions are affected by the availability of care which, in turn, is determined by external conditions.

Rationale and Theoretical Framework

Research into the search for child care and parental selection behavior is a growing topic of interest. Many scholars have focused on the way demographic factors, including income and ethnicity, influence the use of quality care, but it is also relevant to observe how parental choice and environmental constraints interact. One of the main concerns within this branch of research is the impact of poverty on children's development and readiness for school in the US (Adams &

Rohacek, 2002; Barnes, Belsky, Broomfeld, Frost & Melhuish, 2005; Himmelweit & Sigala, 2004; Huston, Chang, & Gennetian, 2002; Mistry, Biesanz, Taylor, Burchinal, & Cox, 2004). Over the last two decades, research has shown that poverty is harmful to the developing child, across all areas of development, and that early childhood is a particularly important stage (Adams & Rohacek, 2002; Burchinal, Preisner-Feinberg, Bryant, & Clifford, 2000; Duncan & Brooks-Gunn, 2000; NICHD ECCRN, 2004). In their research review, Duncan and Brooks-Gunn (2000) suggest that the quality of care young children receive outside the home is one of the important pathways through which income may affect children. In this respect, the beneficial effects of child care on children from immigrant and poor families is a growing research topic (Brandon, 2004; Burchinal & Cryer, 2003; Burchinal et al., 2000; Montes, Hightower, Brugger, & Moustafa, 2005; Shlay, Tran, Weinraub, & Harmon, 2005; Vandell, 2002; Weinraub, Shlay, Harmon, & Tran, 2005). Since quality child care is beneficial for children at risk, it is worrying that children from lower-income families receive lower-quality care than those from middle-income and higher-income families (Phillips & Adams, 2001; Pungello & Kurtz-Costes, 1999). Consequently, those factors that influence parental search and choice of child care are an important research issue.

There is a large consensus that socio-economic status plays a major role in the use of child care, and particularly income (Adams & Rohacek, 2002; Duncan & Brooks-Gunn, 2000; Henly & Lyons, 2000; Peyton, Jacobs, O'Brien, & Roy, 2001; Phillips & Adams, 2001; Weinraub et al., 2005) and social class (Ball, Vincent, Kemp, & Pietikainen, 2004). Vanpée, Sannen, and Hedebouw (2000) explain the link between socio-economic status and parental behavior, through parental attitudes or values that underpin parental choice. Some research (e.g. Peyton et al., 2001) suggests that poor parents attach less importance to quality criteria which explains why poor children receive low-quality care more often, while others (e.g. Henly & Lyons, 2000) question this, stating that environmental constraints play a major role.

Findings on how ethnicity is related to the use of child care would indicate that access to services is more problematic for some ethnic minorities, such as African-American or Latino children in the United States (Brandon, 2004; Buysse, Castro, West & Skinner, 2005; Shlay et al., 2005), or Asian children in the United Kingdom (Barnes et al., 2005). However, according to others (Huston et al., 2002), the findings on ethnicity as a predictor of child care use are inconsistent; suggesting that generalizations about ethnic differences in child care preferences should be viewed with caution. Different scholars have shown how ethnicity is interconnected with other variables such as education and income, influencing access to both organized and informal care (Brandon, 2004; Wall & Jose, 2004).

Recently, several authors have criticized the construct of rational choice since it does not take sufficient account of environmental constraints, such as availability and affordability (Henly & Lyons, 2000; Himmelweit & Sigala, 2004; Weinraub et al., 2005). Shlay et al. (2005) observe that perceived differences in preferences may in fact reflect restricted child care options or affordability for

some groups. For the same reason, Henly and Lyons (2000) conclude that it would be incorrect to interpret behavior, as expressed by the type of child care used, as an indicator of parental preferences. These scholars argue that inequalities in the use of quality care cannot be restricted to differences in parental attitudes, linked with demographic variables. On the contrary, environmental constraints, including costs, supply, and quality (Phillips & Adams, 2001; Shlay et al., 2005; Weinraub et al., 2005) should also be taken into account, as well as mothers' working conditions (NICHD ECCRN, 2004; Wall & Jose, 2004).

Pungello and Kurtz-Costes (1999) developed a theoretical model of child care choices, including the environmental context, maternal beliefs, child characteristics, and the mother's demographic characteristics. They suggest that pre-existing conditions limit parental choice but, more importantly, their review supports a theoretical model with bidirectional relationships. Parental beliefs do not only influence child care choices but the choices also influence parental beliefs. This bidirectional path between beliefs and behavior is supported by findings that the majority of mothers prefer the type of care they have selected (Himmelweit & Sigala, 2004). However, most of these studies are retrospective and do not permit deeper insights into the dynamic of how mothers' preferences change. Yet, rare examples of prospective longitudinal research (Pungello & Kurtz-Costes, 2000; Riley & Glass, 2002) show that mothers who selected non-parental care demonstrated a more positive attitude toward maternal employment, and that the use of non-maternal care positively influences the preference for this type of care. Using in-depth two-stage interviews, Himmelweit and Sigala (2004) observed that mothers adapt their beliefs to the choices made. Consequently, research using the paradigm of rational choice should be interpreted with caution. More research is needed to document this discussion, focusing on the complex, bi-directional relation between availability, accessibility, and desirability of services.

It should be noted that the available research originates overwhelmingly from countries that are labeled in political analysis as liberal regimes, whereby states hardly interfere with market operations, such as the US, the UK, Canada, or Australia (Avdeyeva, 2006; Esping-Andersen, 2001). Countries with more structural state interventions in these matters are easily depicted as solving the problem of how poverty is connected with developmental outcomes, through the availability of quality care, with France and the Scandinavian countries often cited as typical examples (Allen, 2003; Duncan & Brooks-Gunn, 2000). However, the very few studies examining the accessibility of child care in Continental Europe point to the weak regulatory function of different welfare states, even in France and Finland (Wall & Jose, 2004).

This study has focused on the availability of care providers, socio-economic variables, family composition, ethnicity, parents' care preferences, and some interconnections between these factors. The unique features of Brussels (Belgium) enable this to be carried out in a context that can be controlled as regards costs and quality. Belgium is quite typical of Continental Europe's welfare regimes. Participation of women in the workforce is 62.6%, which is slightly

higher than the euro-area country average of 54.5% (Eurostat, 2006). In the 25 to 49 years age group, over 80% of women go to work and 60% of them work full time (Audenaert, 2006). On average, women with children below three years of age work 33 hours per week, as in France (Organisation for Economic Co-operation and Development, 2002). This setting enables the hypotheses formulated by Shlay et al. (2005), Himmelweit and Sigala (2004) and others to be tested – i.e. that the use of child care (as maternal behavior) is not to be reduced to the result of attitudes (maternal preferences), but mediated through the context. More precisely, the authors tested the hypotheses of Henley and Lyons (2000) that quality care may be less readily available for low-income parents, by looking at the geographic distribution of care. Additionally, the hypotheses was tested that the access policies of center directors also influence the availability of quality care for specific groups of parents. In addition, the findings of some researchers (Ball et al., 2004; Hofferth & Wissoker, 1992; Peyton et al., 2001; Vanpée et al., 2000) that low-income families attach less importance to "child-specific" quality criteria were also tested, as were the alternative hypotheses that preferences are mediated through context, using a two-step questionnaire. The specific ecological context of this study enables costs and quality to be controlled, but limits any generalization to other contexts (i.e. the US). Yet, the results may add to the understanding of the bidirectionality of the mediation between behavior and attitudes through context.

Brussels as a Case Study

Like France, Belgium has a long tradition of state-funded child care. As research in the US suggests, funding parents does not necessarily influence the quality of the services they have access to (Weinraub et al., 2005), whereas funding providers – as is the case in Belgium – may have that effect. In this study, we will focus on infant care from birth to three years of age. In the Belgian case – as in most Continental European countries – such infant care comes under the welfare department and is entirely separate from the education department which is responsible for the care of children from three years to compulsory school age, which is universal and free of charge (Bennett, 2003; Organisation for Economic Co-operation and Development, 2001, 2002). For many years, all international surveys have depicted Belgium as being fairly average as far as infant care is concerned (Avdeyeva, 2006; Moss, 1988, 1996; Organisation for Economic Co-operation and Development, 2001, 2002, 2006). Child care in Belgium is not a legal entitlement for children under three years of age (unlike Sweden or Denmark), although infant care is widely available (Organisation for Economic Co-operation and Development, 2002, 2006). Belgium organizes infant care for 29.5% of all children from birth to three, which is lower than the Scandinavian countries (Denmark and Sweden have 65% coverage), but similar to that of France and significantly higher than the UK (10%) (Plantenga & Siegel, 2005). Belgian childcare comprises both funded and non-funded care. Funded infant care can be

municipally, state or privately organized. In all three cases, costs (salaries as well as working costs) are funded in full. In this funded center-based care, parents pay a contribution according to their income, which varies between 12 and 500 USD per month for a full-time placement, including meals. As the contribution is fixed by the central funding authorities, costs for parents do not vary from one funded center to another.

Regulations on quality are also centralized. Consequently, legal requirements are strict (i.e. group size, adult-child ratio, infrastructure, staff qualifications and quality assurance systems), regardless of the neighborhood in which the centers are located. These criteria are inspected yearly. Thus, it can be assumed that structural quality variables do not vary considerably. Since the child care decree of 1970, which was renewed in 2001, Belgian-funded infant care is expected to give priority to: a) parents who need a place for economic reasons (reconciling family and work); b) parents at risk for social or educational reasons; c) low-income families; and d) single-parent families. However, since the origins of child care in the 19th century, organization of these priorities has been left to the discretion of the organizing bodies – state, municipal, or private (Vandenbroeck, 2003; 2006). Given the central funding, the regulations on quality, and the organizational freedom, it is possible to study the accessibility and desirability of Belgium's services, regardless of variations in quality or affordability, but taking into account the centers' autonomous policies on access.

In addition, Brussels in particular may be considered as an interesting case study. As both the Belgian and European capital, it has a long history of immigration and houses many different socio-economic and ethnic or cultural groups. The city comprises 19 autonomous municipalities with a strong diversity in population and income level. Of a total population of approximately one million, 42,164 children aged from zero to three years live in Brussels. There are some 37,000 households with children in this age group, 60% of which officially consist of a married couple with one child; 21% are single mothers, and 11% are single fathers. Over one-quarter of Brussels' population is made up of non-Belgians (Nationaal Instituut voor de Statistiek, 2005), while almost one in every two newborn children in Brussels are non-Belgian (Observatorium voor Gezondheid en Welzijn van Brussel-Hoofdstad, 2006). By providing child care places for 32.19% of all children under three years of age, Brussels ranks slightly above the national average. There are 13,571 licensed places for infants up to three years of age, two-thirds of which are in state-funded child care centers and one-third in non-funded providers. Family day care (home-based care) is virtually non-existent in the Brussels area. The study looked at characteristics of the child care providers as well as at the parents' search for child care, in order to explore the dynamics between availability and desirability of infant care.

Method

Sample Selection

The study focused mainly on the funded providers (N = 83) in this study, where costs play a minor role in accessibility, as previous large-scale research has shown (Storms, 1995), and where quality can be assumed to be equal. These providers are organized by state schools (n = 32); by different municipalities (n = 16); or by private – mostly Catholic – organizations (n= 35). The center directors received a written survey form. Non-respondents were contacted by telephone to complete the survey. The response was 100%. Non-funded centers, which comprise one-third of child care facilities, are self-employed initiatives with less quality control, few regulations and no legal obligations as regards the financial contributions of parents or staff qualifications. A telephone survey of 73 of the 99 private non-funded child care centers revealed that, on average, parental fees are 600 USD per month, which makes them unaffordable for the average Brussels-based family. Furthermore, they do not set access priorities – it is first come, first served. Consequently, they were not considered in this study.

A sample of 100 mothers was recruited among parents of three-year-old children attending kindergarten. Since over 98% of three-year-olds go to kindergarten in Belgium (Plantenga & Siegel, 2005), it can be assumed that the greatest diversity of parents would be found in this setting. Kindergartens operate entirely independently from infant care, which means that the sample could be independent of the degree to which mothers were successful in their previous search for infant care. Selecting mothers of three-year-olds also ensured a recent retrospect on their early child care experiences.

There are three kindergartens based in the central Brussels area (the inner city municipality is called Brussels, as is the larger city, and is indicated with a black cross on Figure 1). This area is very diverse as regards income and ethnicity: 29.9% of its population comprises non-Belgian nationals, the largest ethnic minority group being Moroccan. Average income in this municipality is slightly lower than in the city as a whole, and more families are dependent on allowances. However, in some areas of the inner city, income is significantly higher than the Brussels' average (Observatorium voor Gezondheid en Welzijn van Brussel-Hoofdstad, 2006). All three kindergartens in this area were selected for participation, and consented. The sample of mothers was not selected to be representative of the entire Brussels' population, but to ensure that the diversity of its population was reflected. Therefore, it was chosen with the help of the management in the three participating schools, in order to reflect variety in family demographics, the mother's position in the labor market, education, ethnic background and child care choices. The kindergarten directors informed approximately 150 selected mothers, of whom 100 participated. Since there is no formal registration of ethnicity in Belgium, ethnicity was defined as the nationality of each mother's mother at birth of the child. Social stratification is usually measured using occupation-based indicators, of which income and education are

the most valid (Mueller & Parcel, 1981). In the Belgian case, income is seldom used and education is generally accepted as proxy for SES (e.g. Elchardus & Smits, 2006; Van Dam, Cantillon, Van den Bosch, Van Hoorebeeck, & Van Mechelen, 2006). Higher education has been defined as post-secondary education and lower education as secondary education or lower. Table 1 gives an overview of the demographic characteristics of the sample. The mothers' mean age was 32.45 years (*SD* = 4.65) and they had on average 1.95 (*SD* = 0.98) children.

Table 1: Sample Description of the Mothers

Family composition	%
Two parent family	77
Single parent family	22
Other	1
Education	
Lower secondary education or less	8
Upper secondary education	29
College	30
University	33
Origin	
Belgian	48
Ethnic minority	52
Use of child care	
Users	78
Non users	16
Refused[1] or on waiting list	6

Procedures

The data on availability were obtained through 'Kind en Gezin' and the 'Vlaamse Gemeenschapscommissie', the authorities responsible for quality control and funding. Data on accessibility were obtained through a survey with the child care center directors. Initially, they were presented with a series of five statements to evaluate their autonomy in setting access priorities, including phrases such as: "I have full competence on access policies." Using a five-point Likert scale, an autonomy index was computed that correlated highly with their responses (two-tailed Pearson, $p = 0.01$); an index of five indicated that center directors had absolute autonomy in policy and the practice of accessibility, whereas an index of one showed that they had no autonomy at all and presented each case to the board of directors. The autonomy was high in all providers, indicating that the organizing body (state, municipality, or private organization) may set some very general standards. However, the center directors manage the actual selection which suggests that this is most relevant to the research into access priorities set by the center management, rather than by the board of directors.

[1] Refused means that parents asked for a place, but this was refused, due to a lack of place

Data on the total population of child care users in child care centers were obtained through a telephone interview with the managers. Some information on the demographics of their users was also gathered: family composition; employment status; families of ethnic minorities; home languages; and the percentage of families earning less than the municipalities' average.

Data on the parents' search process were obtained through a questionnaire, which was translated into six languages: Dutch, French, English, Spanish, Turkish, and Arabic. In addition, staff in the participating kindergartens helped some mothers fill in the questionnaire, in order to overcome language problems.

Instruments

To devise the questionnaire on the center directors' access policies, first we interviewed ten center directors using open-ended questions. From these qualitative interviews, combined with the literature from previous research (Storms, 1995; Vandenbroeck, 2003; Vanpée et al., 2000), 12 priority criteria were established: siblings (brothers or sisters of children already enrolled); working parents; date of subscription (first subscribers get first choice); crisis (problematic situations in the family, including perceived risk situations for the child); regularity of needs (regular care, including preferences for full-time care and for care on the same days each week); choice of future schools (parents who promise to have their child enrolled in the kindergarten attached to the center at the age of three, or with older children in that school); parents studying; inhabitants of the municipality; workplace (parents with a specific employer, such as the municipality); family composition (priority to single-parent families); family income (priority to poor families); and nationality (priority to ethnic minority families). Each of these criteria could be assessed on a five-point Likert scale varying from "completely unimportant" (1) to "extremely important" (5).

Another questionnaire produced data on the mothers' search process. As regards the timing of the search, the number of months between the birth of the child and the start of the search process was used as an indicator. As the research suggests, the care characteristics which parents consider to be important depend on the specific questions they are asked (Pungello & Kurtz-Costes, 1999). Some research (Hofferth & Wissoker, 1992; Peyton et al., 2001) asks parents for the single most important factor, thereby imposing a forced dichotomy between costs and convenience, on the one hand, and appreciation of quality on the other. In order to permit a more nuanced analysis, we conducted a small preliminary study involving 27 parents in open-ended interviews to determine the items and response possibilities.

In the questionnaire, which was based on the open interviews and literature, we opted to allow mothers to evaluate 12 choice criteria. "Child-specific" criteria and "non-child-specific" criteria were randomly mixed in the lists and there was no forced choice: mothers were asked to evaluate each criterion on a ten-point Likert scale. The questionnaire contained two selections of similar criteria, one focusing on those that are important when looking for child care, and

the second on criteria that mattered when the decision was made. The criteria included geographic location (proximity to home); opening hours; level of staff training (qualifications); feeling of connectedness (a general statement on the subjective appreciation of the atmosphere in the center); equipment (a general statement of their appreciation of the physical environment); governmental control (including the presence of external quality inspection); parental fees (costs); preference for either group or home-based care; presence of ethnic minorities (direction not specified); link with school (whether or not a school was attached to the center); and mothers could also indicate that it was a forced choice, due to the lack of alternatives.

Similarly, the questions on the motivation to search for child care were based on the 27 open-ended interviews and included a list of motivations that were each evaluated on a ten-point Likert scale, without forced choice. These motivations included the following possibilities: to have their children socialize with peers; to attend training or adult education; to be at work; and to apply for a job. Finally, some additional questions were asked concerning the information sources parents used. A list of common information sources was presented, based on the preliminary open interviews: friends, family, state organizations, municipality and an open category "others". Parents could tick each source separately if they used it through personal contact, telephone, written materials, or through the internet.

Data Analyses

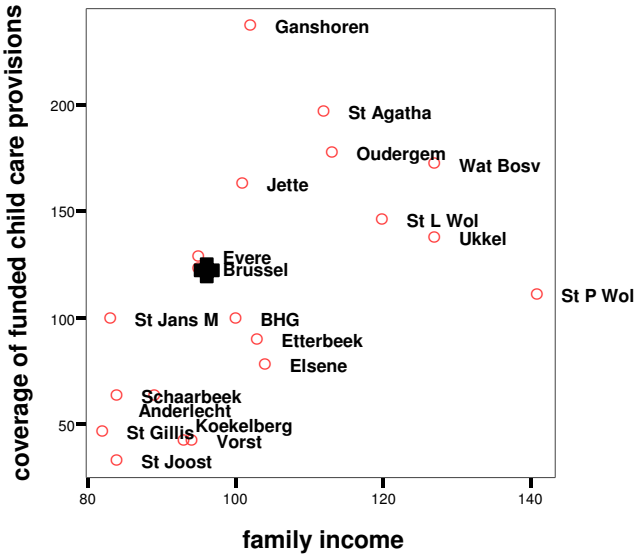
To assess the parents' search for child care we used General Linear Models (GLM). To study the start of the search process, we used a two-way ANOVA with ethnicity and education as independent variables, and the timing of the search process as a dependent variable. When examining the reasons behind looking for child care, as well as the mothers' criteria for searching for child care and deciding on a child care placement, we used the GLM procedure with ethnicity and education as independent variables and the Likert scores on search reasons and choice criteria as dependent variables. The differences between search and choice criteria were analysed with paired sample T-tests.

Results

Child Care Availability and Accessibility

The funded providers were unequally distributed across the 19 Brussels' municipalities. We calculated an index per municipality, representing the coverage of funded places (number of places/number of children); with 100 as the average coverage in the entire Brussels area. We also calculated an index representing family income per municipality, with 100 as the average income in Brussels. This enabled us to map out the different municipalities in Figure 1, considering the two axes: coverage and family income. The municipality of the inner city of Brussels, where the sample of mothers was recruited, is indicated with a black cross.

Figure 1: Coverage of Funded Child Care Providers and Family Income per Brussels' Municipality



The cover index of funded provision varied from 33 to 237. The income index varied from 83 to 127. The Pearson bivariate correlation between family income and percentage of cover was $r = 0.534$ and was significant ($p = 0.015$), indicating that the higher the average family income, the greater the availability of funded child care in a neighborhood.

All child care providers experienced more demands than they could manage. The center directors expected a waiting period of ten to 14 months, and two-thirds of them had a waiting list of approximately one year. In 2005, 645 children on these waiting lists were not granted a place. Consequently, parents should have subscribed at least one year beforehand, and center directors felt obliged to set priorities. Responses to these priorities are listed in Table 2 for the three types of providers (municipal, state and private). The bottom line of Table 2 shows the autonomy index of center directors.

Table 2: Admission Criteria and Priorities of the Funded Child Care Providers

	Municipal n = 16		State n = 32		Private n = 35		Total N = 83	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Siblings	3.81	1.42	4.50	0.98	4,49	0.89	4.36	1.07
Working parents	3.94	1.44	3.78	1.26	3,63	1.55	3.75	1.41
Date of subscription	3.31	1.14	3.91	1.28	3,40	1.46	3.58	1.34
Crisis	4.06	1.06	2.09	1.09	3,40	1.35	3.02	1.42
Regularity	2.73	1.39	2.69	1.26	2,89	1.02	2.78	1.18
Choice of future school	1.63	1.41	4.06	1.16	1,83	1.34	2.65	1.70
Parents studying	3.13	1.31	2.63	1.43	2,29	1.51	2.58	1.46
Inhabitant of munic.	4.75	0.68	1.25	0.57	1,89	1.39	2.19	1.63
Workplace	2.44	1.67	1.75	1.46	1,66	1.43	1.84	1.50
Family composition	1.56	1.15	1.28	0.63	1,86	1.35	1.84	1.50
Family income	1.75	1.44	1.03	0.18	1,26	0.82	1.58	1.11
Nationality	1.00	0.00	1.06	0.25	1,26	0.90	1.27	0.86
Autonomy index	2.81	0.91	2.94	0.76	3.74	0.82	3.25	0.91

Most providers gave a high priority to children whose siblings had attended the facility previously; and to working parents; and that they distributed the available places according to the subscription date. We should take into account that these subscriptions had to be taken out about one year beforehand – i.e. immediately after a mother finds out she was pregnant. Working parents ranked higher than those who were studying or receiving training. Most providers did not include family income, family composition, and nationality in their access priorities. This indicates that despite the regulatory constraints, in general, center directors did not take affirmative action toward single parents, low-income families, or ethnic minority families – with the exception of nine centers (from a total of 83) which gave priority to families in what they considered to be crisis situations. Finally, some criteria were important for some providers and not for others: municipal providers tended to give greater priority than state and private providers to the municipality's inhabitants (C = 0.498; p < 0.001); and state providers gave more priority than municipal or private providers to families who intended to choose a state school afterwards (C = 0.596; p < 0.001). The latter criterion was more a matter of principle since it would be difficult to check. In everyday practice it implied an oral commitment by parents, while children whose older siblings were not subscribed in a state school may have been refused access. For the other criteria, the comparison was non-significant.

The Population Using Child Care

Table 3: Populations in Funded Child Care Centers

	Municipal		State		Private	
	Mean	SD	Mean	SD	Mean	SD
% below average income of municipality	18.30	26.66	10.12	10.12	19.85	24.45
% working parents	80.75	25.26	94.24	12.50	82.58	23.51
% single parent families	8.95	7.18	5.20	4.79	10.36	12.46
% ethnic minorities	23.07	21.53	18.44	21.26	27.13	28.04

Table 3 shows the populations that made use of the different types of funded child care centers. Among the funded providers, working parents represented between 80% (in municipal centers) and 94% (in state centers) of the population. 16 % of the users had an income below the municipalities' average. Individual centers varied from taking in 0 % with lower-than-average incomes, to admitting 30%. These data are consistent with those showing that center directors hardly took any affirmative action toward low-income families. The population using the funded providers comprised 7.35% single-parent families. Half of the providers had less than 5% single-parent families, while less than 10% of the providers had more than 20% single-parent families. However, it is difficult to compare the data on family composition with the Brussels' population.

Contrary to data on family composition, precise figures were available on the nationality of the Brussels' population. A recent survey showed that 45.8% of the children born in Brussels came from a non-Belgian family, defined according to the mother's nationality, the largest group being Moroccan (Observatorium voor Gezondheid en Welzijn van Brussel-Hoofdstad, 2006). In the funded child care centers, only 14% of the children were ethnic minorities.

The Parents' Search for Child Care

The parents in our sample began to look for a place in child care five to six months prior to the birth of the child (i.e. nine to 12 months prior to the end of parental leave). Our findings indicate that ethnic minority parents (M = 0.56) started their search significantly later than Belgian parents (M = -5.91) ($F(1,68) = 13.187$; $p = 0.001$); that single-parent families (M = 0.50) started their search significantly later than two-parent families (M = -4.65) ($F(1,69) = 5.726$; $p = 0.019$); and that low-educated families (M = 0.94) also started their search later than high-educated parents (M = -5.51) ($F(1,67) = 10.992$; $p = 0.002$). A two-way ANOVA, including education and ethnicity, showed that the main effects of education persist, when controlled according to their interaction with ethnicity ($F(1,64) = 4.927$; $p = 0.030$) and there were no interaction effects. High-educated parents started their search significantly earlier than low-educated parents, regardless of their ethnicity. A GLM procedure showed that low-educated parents

also made less use of internet sites providing information about available care providers, than high-educated parents, regardless of their ethnicity ($F(1,66) = 8.396$; $p = 0.005$). Half of the parents subscribed to two or more waiting lists to enhance their chances of access. Ethnicity was not significantly linked with this behavior, although the language spoken at home was, indicating that foreign language families subscribed less often to multiple waiting lists than families using the dominant languages ($t(71) = 2.029$; $p < 0.001$).

This study indicates that all parents went in search of child care for a combination of pragmatic and educational reasons: the reconciliation of work and family responsibilities ($M = 8.1$ on a 10-point Likert scale), combined with a concern about their child's early social development ($M = 6.7$). Table 4 gives an overview of the figures regarding the reasons to search for child care for Belgian and Ethnic minority parents.

Table 4: Reasons to Look for Child Care

Origin	Belgian				Ethnic minority			
Education	Low N = 6		High N = 37		Low N = 17		High N = 16	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Early socialization	8.50	1.05	7.49	2.39	4.41	4.33	6.75	3.55
Training	4.83	5.31	0.24	1.48	5.18	5.05	2.50	4.47
Work	6.67	5.16	9.86	0.42	5.00	4.92	7.13	4.33
Job application	1.67	4.08	0.22	1.32	2.47	4.11	1.56	3.52

Parents' motives for looking for child care were analyzed using the GLM procedure, with ethnicity and education as independent variables. Ethnicity had a significant influence on the importance parents gave to their children's socialization: ethnic minorities attached less importance to this issue ($F(1,72) = 7.602$; $p = 0.007$) than Belgian parents. Ethnicity and education both influenced the reconciliation of work and family life: low-educated parents looked for child care more often than high-educated parents because of adult education or training ($F(1,72) = 13.003$; $p = 0.001$), while the latter looked for child care more often because of their job ($F(1,72) = 8.002$; $p = 0.006$). Regardless of their education levels, ethnic minority parents looked for child care less because of their job ($F(1,72) = 5.483$; $p = 0.022$) than Belgian parents.

The results on the mothers' attitudes toward search and decision criteria are summarized in Table 5. A distinction was made between Belgian and ethic minority parents and between lower and higher educated parents.

Table 5: Criteria Used by Parents when Searching (1) and Criteria when Deciding on Child Care (2), on a Ten-point Likert Scale

	Overall Mean 1. Searching	Overall Mean 2. Deciding[2]
Geographic location	9.0	8.2*
Opening hours	8.6	7.8**
Level of training of staff	8.4	7.3*
Feeling of connectedness	8.2	7.1*
Equipment and infrastructure	8.2	7.1*
Governmental control	7.3	6.6*
Parental fee	6.3	5.7
Preference for group care	6.2	5.0**
Preference for home based care	5.4	4.0
Presence of ethnic minorities	2.6	1.9
Link with school	2.1	2.1
There was no other choice		3.5

Pragmatic, contextual, "non-child-specific" attributes were crucial: the location and opening hours. These criteria were immediately followed by "child-specific" criteria that may express an outsider's view on quality: the level of staff qualifications; a more subjective feeling of connectedness or trust; the look and feel of the infrastructure and play materials; and the degree to which there is governmental control or inspection over the quality of the child care provision. However, using a GLM procedure which included ethnicity and education as fixed factors, we found that ethnic minority parents attached less importance to the quality of the infrastructure than Belgian parents ($F(1,68) = 9.737$; $p = 0.003$). Low-educated parents also attached less importance to the quality of the infrastructure than high-educated parents ($F(1,68) = 4.829$; $p = 0.031$). We found similar results as far as some pragmatic criteria were concerned. Ethnic minority parents ranked the opening hours significantly lower than Belgian parents ($F(1,68) = 3.967$: $p = 0.05$). The location was also deemed to be less important for low-educated parents than for high-educated parents ($F(1,68) = 4.911$; $p = 0.03$). The descriptive statistics in Table 5 seem to indicate the trend that low-educated ethnic minority parents ranked both quality criteria and practical criteria lower than high-educated Belgian parents, although not all results were significant.

It can be observed that all criteria diminished significantly in value when the final decision had to be made for the total sample, compared to the start of the search process (p varies from 0.001 to 0.046), with the exception of two criteria: affordability ($p = 0.07$) and a preference for family day care ($p = 0.276$). Also, a paired-sample T-test showed that parents stating that they had no other choice experienced a significantly lower feeling of connectedness ($t(33) = 3.289$; $p =$

[2] * $p < .05$ and ** $p < .01$

0.02); of governmental control ($t(33) = 2.153$; $p = 0.039$); of staff qualifications ($t(33) = 2.607$; $p = 0.014$); and of the infrastructure ($t(33) = 2.441$; $p = 0.020$). They also attached less importance to the practical criteria of opening hours ($t(33) = 2.119$; $p = 0.042$) and geographic location ($t(33) = 2.725$; $p = 0.010$), when they were actually deciding on child care, compared to when they were merely searching for it.

Finally, the parents were asked to state if they had been able to find a place according to their needs and to describe the effects if they had not. Only 14 mothers responded to these questions, so no conclusions can be drawn from this. It is, however, striking that nine of them are ethnic minorities and eight had low educational levels. For both groups this meant that they gave up ongoing or planned training or education, or that they refused job applications. When high-educated mothers reported that they could not find a place according to their needs, they made use of maternal leave possibilities and found a place one or two months later than they had hoped to.

Discussion

We conducted an exploratory investigation into the relation between availability and accessibility of child care, and the search process of mothers in an area that may represent a 'middle-of-the-road' policy for infant care in a Continental European context. Considering the costs for parents, as well as the lack of quality regulations in market-oriented private centers, we focused on the funded providers so as to evaluate accessibility in a controlled context as regards costs and structural quality. Our study shows that in this typical ecology, with a structural availability of funded, high-quality provision, there is a non-intentional exclusion of parents with low levels of education, ethnic minority parents, and – to a lesser extent – single-parent families. The under-representation of ethnic minority families is particularly salient in the light of the recent European Labour Force Study, showing that 28% of ethnic minority women in Brussels were unemployed and actively seeking employment (Enquête naar Arbeidskrachten, 2005). The main reason for the under-representation of families with low SES and/or ethnic minority families is the unequal availability of provisions: poor families in Brussels have less access to child care in their neighborhood than parents who are better off. A second important factor is how the available places are distributed. In general, center directors are rather autonomous in their access policy. Our results on access policy suggest that managers giving priority to working parents rather than parents in training, combined with the subscription date, leads to the exclusion of less-well-educated parents and ethnic minority parents. Parents with lower education levels tend to look more often for child care in order to follow education or to apply for a job. Consequently, the inability of low-educated parents to find a place may affect their socio-economic status more so than among the better-educated Belgian families. This is particularly salient when we consider the findings of Wall and

Jose (2004) that immigrant, less-well-educated mothers also lack close kin and consequently have fewer resources for making contacts and searching for alternatives, as well as the findings of Henly and Lyons (2000) that informal care is not universally available for low-income families. This may indicate that not only poverty influences child care choices, but also that child care access policies influence poverty. The study therefore sustains the findings of Duncan and Brooks-Gunn (2000) that the quality of care young children receive outside the home is one of the important ways through which income may affect children. This also applies in Continental European welfare states where the affordability of child care plays a minor role.

The exclusion of single-parent families is less clear. Data from the Center for Population and Family Studies (Lodewijckx, 2004) and from the government (Kind en Gezin, 2005) suggest that the official number of single-parent families has been overestimated in Belgian statistics (Nationaal Instituut voor de Statistiek, 2005), because dual families may have identified themselves as single-parent families for reasons of tax deduction and allowances. Nevertheless, following the approximations of Lodewijckx (2004), we may assume that single-parent families are also under-represented in Brussels' day care.

The findings on the search process of parents are consistent with an earlier large-scale survey among 656 Belgian parents (Vanpée et al., 2000) but in addition to earlier research they reveal significant differences in the timing of the search process according to educational level and ethnicity. Considering that the subscription date was a crucial priority criterion for most child care centers, this indicates that low-educated and ethnic minority parents were less likely to have access. The findings also contribute to those critiques on the concept of rational choice (Henly & Lyons, 2000; Himmelweit & Sigala, 2004; Weinraub et al., 2005), since they indicate that attitudes and preferences are indeed molded by availability. Less-well-educated and ethnic minority parents have no choice and rank both practical and "child-specific" criteria lower more often than better-educated Belgian parents. Rather than supporting the idea that exclusion can be explained by less-well-educated parents giving priority to practical, rather than quality criteria, as some authors claim (Ball et al., 2004; Hofferth & Wissoker, 1992; Peyton et al., 2001), it suggests that parents may choose lower-quality care because other care may be unavailable to them (Shlay et al., 2005). We suggest that the bidirectional paths between beliefs and behaviors (Pungello & Kurtz-Costes, 1999) offer a better, alternative explanation for these findings, since they take into account that attitudes toward child care are also influenced by the availability of services.

This study was subject to several limitations and its results must be interpreted with the usual caution. A larger sample would have enabled more sophisticated multi-level analysis, as would the availability of population data in the non-funded services. We also acknowledge that the two-stage questionnaire used is less effective than longitudinal studies in showing changes in attitudes over a longer period of time. Consequently, one of its weaker points is that this study is retrospective, not allowing a deeper analysis of the dynamic changes in maternal

beliefs over time. As Pungello and Kurtz-Costes (1999) state, such designs may underestimate the frequency of search behaviors in which mothers engage. Finally, the context in which this study took place is very specific and caution is called for when extrapolating results to other (i.e. American) contexts. Thus, more local, comparative, longitudinal, and large-scale research is needed. To further explore theoretical models, such as those developed by Pungello and Kurtz-Costes (1999), research including different welfare contexts would be useful, looking at the interdependency of maternal demographic characteristics; environmental context; maternal beliefs and behavior; and child characteristics. Our study suggests that more attention should be given to the access policies of child care settings as environmental constraints, and that maternal choice is also influenced by a bidirectional relationship between maternal behavior and these access policies and procedures. Taking into account child care center characteristics, other than structural quality, as contextual factors may contribute to a better understanding of the outcomes.

The further development of such models may have consequences for policy. Our findings are in line with a study by Wall and José (2004) among immigrant families in Finland, France, Italy, and Portugal, which points to the still weak regulatory function of different welfare states in the protection of families who have low-paid, often atypical jobs, and care responsibilities for young children. Policy-makers might wish not only to consider structural criteria, such as group size, adult-child ratio, and staff qualifications, or process variables, such as adult-child interaction and language used, when they define quality. In addition, perhaps they should also acknowledge accessibility for mixed groups as a central quality criterion. Assuming that parent education could solve the problem that low-income children are found in low-quality care would underestimate the complexity of parental choice and the bidirectionality of the paths through which the choice is made. As Himmelweit and Sigala (2004) found, enabling policies that lift existing constraints and enable choices are more likely to have long-term effects than coercive policies that impose new behavior, since the use of child care also influences maternal beliefs.

Acknowledgements

We are indebted to the 'Vlaamse Gemeenschapscommissie' (Flemish Community Commission), to the State Secretary, Brigitte Grouwels, in Brussels, and to the governmental agency 'Kind en Gezin' (Child and Family) for facilitating the study and discussing the data with us through the research process. We also wish to thank Prof. Maria De Bie from Ghent University and Prof. Perrine Humblet from Brussels University for their critical, conceptual, and methodological advice.

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