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Title: Preferences of first-time expectant mothers for care of their child:

'I wouldn't leave them somewhere that made me feel insecure'

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Australia has witnessed a continual increase in maternal employment over the past two decades, which places focus on both supply of childcare[1] and a demand for high-quality care. This study examined childcare preferences regarding the return to paid work of 124 Australian women who were expecting their first child. In contrast with most studies that have retrospective designs, the design of this study presents the perspectives of women prior to the birth of their first child – that is, before they have made a final decision about child care. This study found that the majority (78 per cent) of the women intended to re-commence work within the 12 months after the birth of their child. There were two factors that were the most salient features in their decision-making – the quality of care and the personal satisfaction of engaging in

[1]' Childcare' in this article refers to care in a formal childcare setting. 'Child care' refers to care for the child.

paid work. The findings suggest that family-friendly employment practices and access to secure, high-quality child care are the key to women's secure participation in the paid workforce.

Introduction

Australia, like other developed economies, has witnessed a continual increase in maternal employment over the past two decades – from 40 per cent in 1983 to 53 per cent in 2007 (Australian Bureau of Statistics, 2007a). The Australian Bureau of Statistics (ABS) indicates that 44 per cent of mothers engage in paid work within the first three years of their child's birth (2007a). Thirty per cent of infants aged one year or younger are in care; and of those, 77 per cent are in care that is considered 'informal' – that is, care provided by a relative, friend or known other (ABS, 2008). The engagement of women in the paid workforce contributes to national economic development, and is recognised in government policy incentives such as cash subsidies and tax relief for childcare fees – incentives which are targeted towards mothers, to encourage them to engage in paid work. Yet these incentives are not currently matched by a focus on early childhood education and care provision. Even though a recent review of paid maternity leave was undertaken by the Productivity Commission (2008), Australia has no statutory provision for paid parental leave. Early childhood education and care services for the very young are in high demand, but are often unaffordable. In addition, there is a low availability of family-friendly employment (Organisation for Economic and Cooperative Development OECD, 2006).

Accessing high-quality formal child care in Australia can be difficult for women attempting to return to paid work (Bourke, 2006). The care available is often unaffordable, provides unsuitable hours and is in a location unsuitable for families (Bourke, 2006). Frequently, children have multiple care settings, and parents report a high level of satisfaction with these multiple care arrangements (Bowes et al, 2003). Also, the quality of care has been reported as being an emotional barrier to women's engagement in the workforce in Australia. For example, Harris (2008) reports women feel emotionally torn by the decision to support their family financially, which may come at the cost of placing a child in a non-

parental care setting that they deem as unacceptable. Against a background of increasing public and private demand for women's participation in the workforce, and the related need for non-maternal care, this study asks: What is important for women regarding their decisions to engage in paid work and choose care for their child?

Maternal employment decisions

Maternal employment decisions are influenced by practical and personal considerations. Income needs (National Institute for Child Health and Human Development (NICHD), 1997) and workplace conditions (Probert, 2002) are pragmatic considerations, while personal considerations may include career investment, personal enjoyment of employment (Maher & Lindsay, 2005) and maintenance of skills (Elgar & Chester, 2007). Accessing child care that mothers deem affordable and suitable for their children is both a pragmatic and personal consideration.

Engaging in paid work has been shown to have a protective effect on the emotional and financial wellbeing of both parents and their children (Bennett, 2008; Dearing, Berry & Zaslow, 2006). An inability to access paid work may place parents and children in poverty –which may have long-term consequences for all (Brooks-Gunn, Han & Waldfogel, 2002). A commitment to engagement in paid work has been found to be strongly associated with having secure infants (Harrison & Ungerer, 2002). Engagement in paid work supports the emotional wellbeing of most women, and is consistently reported to be associated with a decreased risk of depression (Zimmerman & Katon, 2005). Maternal emotional wellbeing is, in turn, a predicator of child wellbeing and cognitive development (Murray & Cooper, 2003).

While engagement in paid work may benefit parents and their children, mixed results have been reported regarding the effects of child care on children's development. For example, in the US, some of the negative effects of child care on infant development were shown to be linked to children exhibiting higher externalising behaviours at 54 months of age

(NICHD, 2004). Using data from the Longitudinal Study of Australian Children (LSAC), Harrison (2008) found that high-quality child care was associated with positive socio-emotional outcomes in children, based on reports from caregivers. Importantly, NICHD has also found that the quality of parenting is of greater significance to a child's development than time spent in child care – which highlights the central role of parental wellbeing on children's learning and development (NICHD, 2006). More recently, results from a five-year Canadian study have shown that non-maternal care of infants prior to the age of nine months can advantage 'at risk' infants. Children defined as 'at risk' included those that had mothers who did not complete high school (Cote et al, 2007). Furthermore, in a review of 40 years of US research on the effects of child care on children's development, Shpancer (2006) concluded that there was little evidence that child care is harmful to children.

However, the view that child care can be harmful for young children persists in Australia, and this view is promoted in popular media – for example, see Clausen (2006); Manne (2006) and Biddulph (2007). A common theme in such media reports is the 'potential harm' to young children who experience child care, which is supported through drawing on research studies – such as those pertaining to attachment (for example, reports by NICHD). Yet NICHD also reports positive effects on cognitive and language development (NICHD, 2004). Women in Australia make decisions about returning to paid work in an environment of negativity that is overtly promoted by the media. Such negativity frequently frames child care as a poorer quality of care than that provided by the parents themselves; those who use child care as uncaring parents; and child care for infants as acceptable only if the mother needs to engage in paid work (Ailwood & Boyd, 2007).

The availability and accessibility of care deemed acceptable by the mother is a key variable in deciding to participate in the workforce (Centre for Community Child Health, 2006). Furthermore, care that is of an acceptable quality to the mother is also a key factor in promoting

workforce participation (Coffey, 2004). A mother who is engaging in paid work and feels dissatisfied with her child's care is likely to suffer a decline in emotional wellbeing in the workplace (Craig, 2007). The Australian Government Budget documents (2008) acknowledge that, in addition to cash support to help raise children, families 'need the convenience and the reassurance of knowing their children are receiving high-quality care and first class early education' (p. 22). The quality of the care impacts on maternal employment decisions because it affects the wellbeing of both the mother and her child.

Despite the increasing rates of maternal employment, there is still a strong public perception that it is the role of women to be the primary caregiver, and have prime responsibility for the wellbeing and development of their child (OECD, 2006). Furthermore, having young children is more likely to affect the employment patterns of mothers than fathers (Baxter et al, 2007). Some Australian government policies offer incentives for mothers to engage in paid work (such as cash subsidies and tax relief for childcare service fees), and have been couched in terms of 'offering parents choice' (Family and Community Services and Indigenous Affairs (FACSIA), 2006). However, the personal taxes of two-income families are taxed at very high effective marginal tax rates, and the second earner (usually the mother) also faces her benefits potentially being withdrawn as her income increases (Hill, 2007). This may act as a barrier to engaging in paid work (Apps, 2007). Such tax policies are grounded in maternalism (the belief that a young child should be cared for solely by the family) and monotropism (the belief that the mother is the *only* appropriate carer). These beliefs have been deeply embedded within the governmental social and family policies of many countries, including Australia (OECD, 2006; Mahon, 2005), and reflect a traditional ideology of gender where a woman's role as carer is prioritised over paid employment (Hill, 2007). The Henry tax review, commissioned by the Rudd Australian Government,

seeks to (among a number of objectives) enhance economic, social and environmental wellbeing, especially focusing on appropriate incentives for workforce participation for both women and men (Henry, 2008). This review reflects the changing approach and ideology of the Australian Government when it comes to maternal employment.

This paper asks: 'How do women who are expecting their first child view their engagement in paid work?' The study is set in the Australian context – where the public perception places the responsibility for child care in the private domain, and primarily with women. The intensely personal responsibility for care decisions bestowed on a woman is markedly apparent, and is reported in a New Zealand study by Kahu and Morgan (2007, p. 58). In this study, mothers talk about the difficulties they have in 'weaving together the sometimes incompatible identities' of being a mother and a successful career woman. In order to be a successful career woman, a mother must access non-maternal care for her child.

Studies have identified that parents prefer low child-to-caregiver ratios (Goodfellow, 2001), trustworthy caregivers (Pungello & Kurtz-Costes, 1999; Vincent & Ball, 2001) and care located in the home environment (Pence & Goelman, 1987). However, the quality of the relationships between the caregiver and the parent (Cryer & Burchinal, 1997) and the caregiver and the child have been found to be the most salient factors of care for mother and child wellbeing (Barnes et al, 2006). One recent study on mothers' dissatisfaction with care found that these relational aspects of care are extremely important to a mother's response to non-parental care for her child (Harris, 2008).

Due to the fact that most previous studies have been derived from parents' reports of satisfaction with the quality of the care *after* the childcare decisions have been made, it has not been possible to make valid conclusions about the care preferences of parents. In such studies, parents may have justified their selection of care as satisfactory, which

may not give a true indication of the parents' preferences for, and views of, the care that their child receives. It is likely that parents report satisfaction with their chosen care because the care is now familiar, the care enables the parent to engage in paid work, and there is no overt harm to their child. Determining a parent's care preference requires an investigation into the parent's preferences and intentions *prior* to the care being chosen and experienced.

Little is known about what mothers prefer in regards to their paid work decisions and their interface with care preference. Results drawn from an extensive search of the research literature reveal that only one study (Pungello & Kurtz-Costes, 2000) recruited parents prior to the birth of their child and selection of child care. Their study confirmed that the parents' selection behaviour was associated with changes in their perceptions of work flexibility, the attitude of employers towards maternal employment, and work commitment. While this study investigated the changed attitude of mothers towards maternal employment and non-parental care, it did not address issues of care quality. This current study uses a similar prospective design to examine the influence of beliefs and perceptions regarding the type and quality of non-parental care on the process of maternal care decision-making.

A real choice of care can only truly exist when the preferred care can be accessed. The exact nature of a mother's preferred choice of care is unclear from extant research, because the studies have recruited parent participants through care providers. Thus, as a consequence, the choice of care has been reported after mothers have already made their decision, and accepted and adapted to the care provision. This current study used a prospective design that examined preferences regarding intended engagement in paid work and the anticipated characteristics and quality of child care of first-time expectant mothers.

The current study

The data in this study has been sourced from phase one of a prospective longitudinal study tracking 124 expectant first-time mothers

from the transition of their third trimester of pregnancy (phase one – May to December, 2007) until the child is 18 months old. First-time expectant mothers provide a unique perspective on both generalised societal views on motherhood, maternal employment and the personal process of decision-making. As they approach motherhood, they may have already commenced the decision-making process regarding whether to engage in paid work after the birth of their child; how much work to engage in; and at what point they will re-enter the workforce. They will be considering their personal preferences regarding care for their child, and balancing these preferences against practical constraints of availability and accessibility of care that is deemed to be of suitable quality.

Past research has focused on either parental aspirations towards paid work, or non-parental care – not the way that decisions are made in relation to each of these elements. Focusing on the care of the child (not just non-parental care) without examining the reasons for engaging in paid work hinders our understanding of the decisions regarding engagement in paid work and the selected care for the child. This study utilises a similar prospective design to that of Pungello and Kurtz-Costes (2000) in the US, but examines decisions about paid work and care in an Australian context. This study developed detailed assessments of decision-making in regards to workforce participation as women approached motherhood, with particular reference to care characteristics and quality, and to the women's personal reasons for engaging in paid work.

Specifically, the study asked two key questions:

1. Do women *want* to engage in paid work after the birth of their first child?
2. What are the salient issues regarding choice of care for the child?

Measures

This study draws on data derived from a questionnaire that included both closed and open-ended questions. The questionnaire was specifically designed for this study, although it did include some standard measures. Questions were asked about:

- demographics**:** age, household income, marital status, education level and the cultural group with whom the participants identify
- current and expected paid work engagement and entitlement
- preferences and intentions regarding care and paid work, and the salient factors that influence these preferences.

Participants

The 124 participants were recruited using two methods:

- Directly approaching expectant mothers in four hospital ante-natal classes and clinics conducted by Health Authorities in Northern NSW (19 respondents) and Brisbane (80 respondents).
- Requesting volunteers through the media – namely, a Queensland university's online news website and a national parent magazine (25 respondents, mostly from Brisbane).

In order to gather data from a wide cross-section of the population, participants were recruited from a number of different locations – locations that represented both urban and rural settings, and varying socio-economic backgrounds. The four hospitals targeted included three hospitals in Brisbane (two public and one private); and one public hospital in northern NSW. Of the three public hospitals, two were situated in lower socio-economic areas. The call for volunteers through the Queensland university media website complemented the range of participants in the study.

The ages of the expectant first-time mothers ranged from 17 to 39 years old (average age 29 years, *SD* 4.99), and the age range of their partners went from 20 to 48 years old (average age 31 years, *SD* 5.46). The marital status of the participants was 65 per cent married, 31 per cent co-inhabiting and 4 per cent single. The average household yearly income was between $60,000 to $80,000, which was typical of the Australian population at the time (ABS, 2007c). Participants were also asked to nominate the cultural group with which they identified. There were 84 Australians, nine New Zealanders, six from the United Kingdom, six Europeans and 12 from other cultural groups[2]. Age, marital status, household income and cultural background were typical of the Australian population (ABS, 2007a). Half of the women held a university degree or above, which is higher than the Australian average of 35 per cent for the age group 25 to 40 years (ABS, 2007b). The Australian Standard Classification of Occupations (ABS, 2009) was used to categorise the participants' occupations. Of the participants, 46 per cent were from professional/managerial groups (Groups 1–3); 31 per cent were working in trades or intermediate clerical/service work (Groups 4–6); and 11 per cent engaged in elementary work such as clerical/sales and factory work (Groups 7–9). Of the remaining 12 per cent, half were studying and half were not working.

Results and analysis

Work engagement and leave entitlements

The majority of participants (73 per cent) were still working in their third trimester of pregnancy, and 63 per cent were working 35 hours per week or more, mostly on a permanent basis (66 per cent).

Maternity leave status

Of the women who had been engaging in paid work, 66 (59%, $N = 112$) were entitled to twelve months maternity leave and 45 (40%) were

[2] Including Pacific Islander, Asian, Iranian, North American, South African, El Salvadorean, and Colombian

entitled to paid maternity leave ranging from one to 26 weeks. Table 1 shows the entitlements to paid maternity leave and the occupational level as identified according to the Australian Standard Classification of Occupations (ABS, 2009).

Table 1: Paid maternity leave entitlement and related occupation profile

Number of weeks	Number of participants	Number of participants from each occupation level
0	66	16 from Groups 1–3 38 from Groups 4–6 12 from Groups 7–9
1–6	4	2 from Groups 1–3 2 from Groups 4–6
7–11	5	3 from Groups 1–3 2 from Group 4–6
12–14	24	21 from Groups 1–3 3 from Groups 4–6
15–25	5	3 from Groups 1–3 2 from Group 4–6
26	7	5 from Groups 1–3 2 from Groups 4–6

Engaging in paid work

Participants were asked to respond to the statement ‘I feel I must work for the income’ with one of four options: Yes income only; Yes mainly for income; No mainly other reasons; and No only for other reasons.

Results indicated that the majority of the women in this study did not work for income only (see Figure 1). Approximately one quarter (25 per cent) of the women indicated that they worked for income only. The rest of the women either worked mainly for income or for other reasons – indicating that these women engaged in paid work for personal, not just pragmatic, reasons.

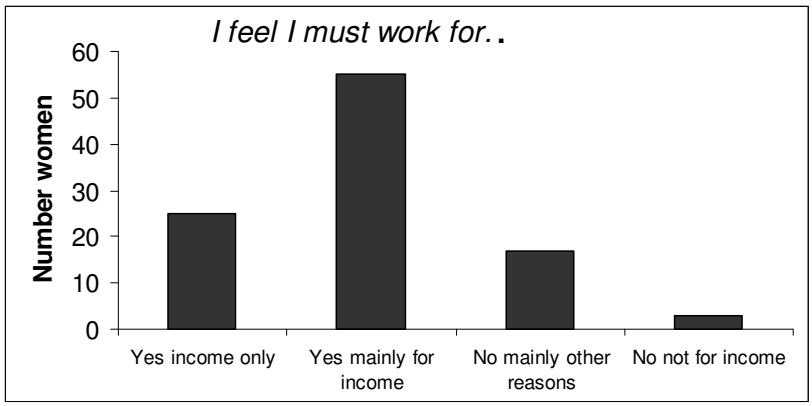

Figure 1: Responses to the statement: *I feel I must work for…*

To identify the factors that attract women to engage in paid work, the participants were asked: 'What are the main things that matter to you in your paid work?' The six key themes that emerged from the responses, and that were identified as the most important to these women, include satisfaction; income; relationships; flexibility of work conditions; value and respect; and learning and challenge (see Figure 2). In the participants' words:

1. Satisfaction: 'achieving something, contributing to my family's future'; 'that clients are happy with my performance'; 'variety'; 'appreciation from employer for optimal work performance'.

2. Income: ‘getting income to support myself and family’; ‘the money’; ‘pay rate’.

3. Relationships: ‘compatible colleagues’; ‘customer satisfaction’; ‘building and maintaining relationships’.

4. Flexibility: ‘flexibility in hours/part-time work’; ‘that there is some flexibility (doctor’s appointments) with hours’; ‘family friendly’.

5. Value and Respect: ‘that my effort is appreciated’; ‘that everyone else pulls their weight’.

6. Learning and Challenge: ‘professional development’.

These six categories were further analysed by counting the number of times the particular theme was mentioned, and then placing it in order of when it was mentioned.

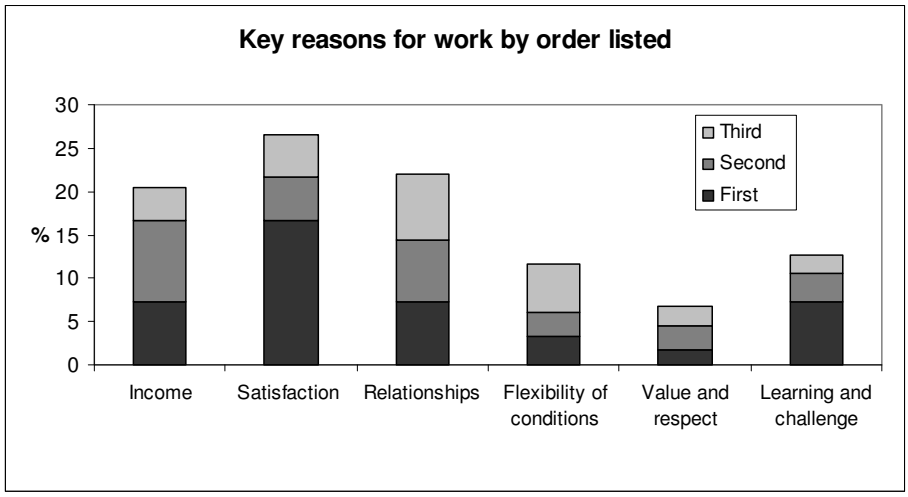

Figure 2: What matters in paid work

Further analysis was conducted to identify the importance of pragmatic and personal views of paid work. ‘Income’ and ‘Flexibility of work conditions’ were combined into the ‘pragmatic’ category, and the four

categories of ‘Satisfaction’, ‘Relationships’, ‘Value and Respect’ and ‘Learning and Challenge’ into the ‘personal’ category. The personal value of engaging in paid work was highly salient and accounted for 70 per cent of responses (see Figure 3).

Figure 3: The importance of pragmatic and personal views in paid work

Intended timing of return to paid work

More than half (54 per cent, *N* = 124) of the participants intended to engage in paid work by the time their child was six months old, and 79 per cent by the time their child was 12 months old. Thirteen per cent did not intend to engage in paid work in the first year of their child’s life. Most women intended to work at reduced hours compared to those worked prior to the birth of their child. Sixty-two per cent intended to work, on average, 21 hours per week, in comparison to the 64 per cent who were working 35 hours or more during pregnancy.

Care of the child

Intended type of care

Participants were asked what their intended care was for their child at six and 12 months old (see Figure 4). For children up to six months of age, the preference for care was people known by the mother – that is, family and friends. By 12 months, the anticipated care patterns shifted, with increasing numbers preferring formal child care.

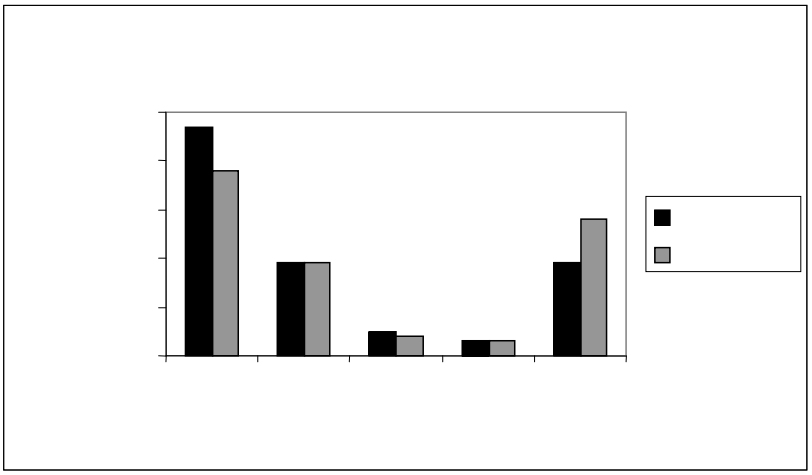

Figure 4: Intended care at six and 12 months postpartum

Personal preferences and definitions of quality in care

Participants were asked this series of open-ended questions: 'If you were looking for care for your child, what would you seek? Why? What would you avoid? Why?'

Responses were analysed using an iterative process that revealed five emergent themes:

1. The characteristics of the carer
2. The setting of the care
3. The care environment
4. The 'child-centredness' of the care

5. The pragmatics of care

The relational aspects of care (namely themes 1 to 4) were collapsed into a single variable representing the care that has direct impact on the child's development and learning. This component of care was of most concern to the women. It was of much greater importance than the pragmatics of the care, the location and the affordability (see Figure 5). To demonstrate the salience of each of these components of care, the following section includes direct quotes from the participants.

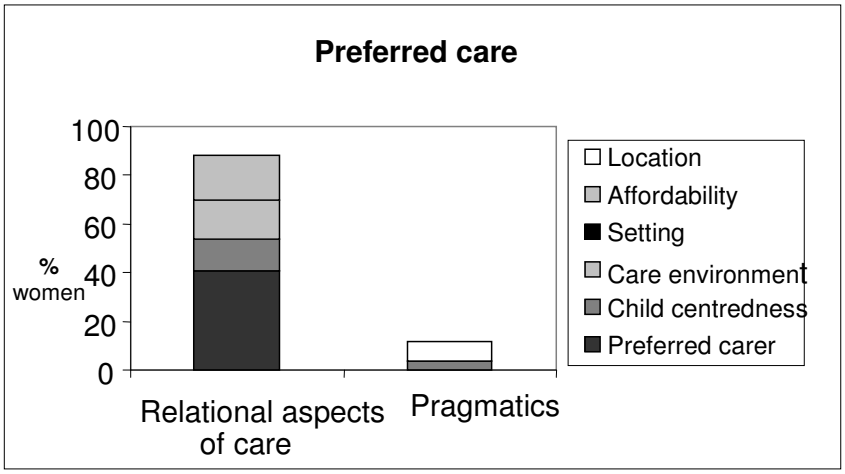

Figure 5: Preferences and definitions of quality in care

1. The characteristics of the carer

A. Family carer

Family care was most frequently identified as the preferred care, because of the close relationships that often exist within families. As part of these close relationships, the participants felt that they would be able to trust a family carer. One participant stated:

> *Because you personally know them and you know they can be trusted.*

Family care was also seen to support one's child-rearing values. One participant commented:

> *[Grandparents] have our standards and views on child rearing and discipline.*

Alternative forms of care, such as child care, were used to justify the preference for family carers. The child was seen to receive more individualised attention in a family care setting, as the following comments illustrate:

> *I prefer my baby to be looked after one on one with a trusted family member.*

> *I believe [that] child care at an early age is not right … I understand [that] babies need interaction with other kids, but babies are so fragile.*

One participant identified paid home-based care as being undesirable for them, stating that it was 'unstructured, disorganised and unaccountable'. Nannies were described by another participant as 'expensive, and potentially dangerous in case of an emergency'.

Three participants explicitly expressed preference for not having relatives care for their child, because they wanted to be independent of their family, and raise their child according to their own values. One commented:

> *These carers [family members] will judge me and try to tell me to follow their rules.*

B. Care other than family

Participants identified the following as characteristics of carers that they preferred (when the carer is not family): 'experienced', 'qualified', 'friendly', 'responsible', 'loving' and 'not young'. Carers who possessed these characteristics were viewed as being able to support their child's development, wellbeing and happiness. As one woman said:

I want what's best for my child obviously. I wouldn't leave them somewhere that made me feel insecure or doubt the carer's competence.

One participant commented that experienced carers 'reduce my concerns about leaving my precious bundle with a stranger'. Two respondents indicated that a calm environment was important, stating:

[Experienced carers] do not get stressed in their job easily.

[Young carers] get flustered easily and can't handle the crying and stress of the babies.

Other participants identified a safe environment, security and happiness as important factors, commenting:

So that my child feels safe and happy, and all needs [are] met.

So that my child feels secure, and that their optimal development is facilitated.

I want my child to have happy experiences.

Security was seen as being important from a physical and emotional perspective – that is, the provision of a predictable and secure environment. Preference was given to carers who could communicate well, and there was avoidance of carers who were disengaged and negative:

I would avoid overly negative people who I don't consider to be good role models, people who didn't listen to my way of doing things.

Some participants said that they would avoid carers who were smokers, alcoholics or paedophiles.

2. The setting of the care

For many participants, care in the home was viewed favourably in comparison to centre-based child care, because it has low child-to-caregiver ratios and the carer is familiar. Centre-based care was

considered favourable by 16 participants, providing that it had stable, qualified and experienced staff, and a low staff-to-child ratio. One participant commented:

> *[I would seek] a childcare centre with long-term staff who care about the children and provide emotional support. [Also, a] safe and stimulating physical environment – I think these are the most important aspects for our child's wellbeing.*

Some participants expressed preference for a childcare centre that had a good reputation, and that *was reliable and recognised.* Twenty-nine participants said that they would avoid all childcare centres because of the high staff-to-child ratios, lack of attention, increase in exposure to illness and poor quality of care. Three participants said they would prefer a not-for-profit community-based service, and ten participants singled out commercial and profit-driven centres as places that they would avoid. These centres were described as being overcrowded, expensive and unsafe environments with young, unqualified and inexperienced staff, poor reputation and a genuine lack of concern for children. As two participants stated:

> *I have not been impressed with profit-driven cost cutting.*
>
> *[At these centres], your child is just another number on their books.*

3. Child-centredness of the environment

This category focused on the provision of care. Participants identified that the care needed to be child-centred (44 responses), and safe and hygienic (40 responses). Knowing that their child was safe and well cared for would make leaving the child in another person's care easier – there would be less guilt and less anxiety. As one participant stated:

> *It would make me feel more secure in leaving my child at the centre – maybe ease my guilt for having to leave them there if I see they are happy.*

4. The pragmatics of care

The pragmatics of care was important for 12 participants, who identified the location of the childcare centre, the convenience and the cost of the care as important factors. An examination of the socioeconomic circumstances of the families did not suggest a systematic relationship with material wealth – nine of these women had incomes above $80,000, and five of them less than $60,000.

Discussion

This study examined the preferences of 124 Australian first-time expectant women in regards to returning to paid work and the care of their child. While not a large sample, these women provide a unique perspective. They do not yet have direct personal experience when it comes to caring for their child, but rather are dependent on secondary sources of information. Their accounts provide a broad social perspective on motherhood, work and family balance, as well as childcare provision. These views affect their decision-making regarding returning to work after the birth of their child. The decisions of those who are opting to return to paid work (and therefore use an alternative to full-time maternal care) were analysed based on two key factors – personal and pragmatic factors. The following discussion will focus on the two research questions identified earlier.

Do women want to engage in paid work after the birth of their first child?

The women in this study were committed to their engagement in paid work. A majority of the women (74 per cent) were continuing to work late into their pregnancy. Half of the women (54 per cent) intended to return to paid employment by the time their child was six months old, and three-quarters of the women (78 per cent) at 12 months postpartum. Thirteen per cent expressed a preference for full-time maternal care during the first year postpartum. The rate of return to paid work in this study is much higher than the employment rate of mothers with children

under one year of age in Australia, which is 30 per cent (ABS, 2008). This may reflect a higher-than-average level of education among the sample (see ABS, 2007b). Most of the women intended to work part-time, and to combine paid work with non-maternal care.

For the participants of this study, the personal value of paid work was of greater salience than the pragmatic rewards of income. Engagement in paid work was seen as a source of personal identity, wellbeing and ongoing learning. The women's personal views clearly aligned with the literature, which identifies the value of work in personal wellbeing (Dearing et al, 2006). It is not clear from the data whether these women's decisions would differ if paid parental leave was available to all of them, but only 25 per cent agreed that they worked for income alone. Our data suggest that most women want to engage in paid work, though at reduced hours, to maintain the benefits of paid employment alongside their new role as a parent.

Policies that provide family-friendly employment arrangements, paid parental leave and childcare support directly affect maternal employment decisions. The majority of these women were not entitled to paid maternity leave. An examination of the occupations of the women who were entitled to paid maternity leave revealed that 76 per cent were working at a managerial/professional level. Of the women who were not entitled to any maternity leave, 76 per cent were from trades or clerical/sales backgrounds. The proposed paid parental leave scheme (proposed for implementation in 2011) may provide a fair solution to these current inequities. The availability of family-friendly employment policies is viewed as one way to not only promote gender equity in employment opportunities, but also a way to support the wellbeing of children and families (OECD, 2007).

What are the salient issues regarding choice of care for the child?

The women in this study, though committed to engaging in paid work, were concerned about finding care for their child that would not only serve the pragmatic need of enabling them to work, but that would also

be of a quality that would serve the emotional need of providing for the wellbeing of their child and their own emotional security as mothers. The pragmatic features of accessing child care were found to be of less importance than having good quality care. The women, although wanting to return to work, were concerned about their own sense of security when leaving their child in care. The women expressed preference for care provision that was child-centred; that was with a carer who was trustworthy, known and reliable; and that was in an environment that was safe, clean and stimulating. Most of the women planning to return to work in the first year postpartum anticipated using informal care—that is, sharing care with their family. This finding suggests an emphasis on 'known relationships' and concern for the attachment needs of the child. These data lend support to the case for paid parental leave that is currently under review in Australia.

A minority of the women were aiming to utilise formal child care during the first year of life. Centre-based child care was viewed as preferable, because it is formally regulated, and has qualified and experienced staff present. A notable feature of this study is that these women did not want 'young' and/or inexperienced caregivers. Those expressing this preference expressed concern for the emotional security of both themselves and their child. This preference has important implications for government policy on the training of early childhood teachers and childcare workers, who may be perceived by parents as young and inexperienced upon completion of their training. Among all of the women, the concern for personalised service and good relationships between the child and the carer was paramount. For ten women in this study, these aims were identified as opposed to the needs of corporate childcare providers, whose focus is profit. This perception—that parents would avoid profit-driven child care if given the choice—is an important factor for the government policies on childcare provision.

As women seek non-maternal care for their children, they need to feel assured that the care they select provides for the needs of their child. Our data show that most women feel that they benefit emotionally from

engagement in paid work, and intend to return to work following the birth of their children. How successfully and securely they return to paid employment is intimately related to the nature of the care they want for their new-born children. At a time following the collapse of the ABC Learning Centres, Australia's childcare provision is facing a need for re-construction. The investigation of paid parental leave as a universal form of family provision is also timely. Therefore, the views of these women provide a reminder of the challenges that today's women encounter in balancing their work and family roles. This study places focus firmly on the security provided by strong relationships between carers and children, and also between the carers and the mothers who leave their children in care.

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