



The Longitudinal Study of Australian Children
Annual statistical report 2010

Australian Institute of Family Studies

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Growing Up in Australia: The Longitudinal Study of Australian Children is conducted in partnership between the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), the Australian Institute of Family Studies (AIFS) and the Australian Bureau of Statistics (ABS), with advice provided by a consortium of leading researchers from research institutions and universities throughout Australia.

Australian Institute of Family Studies. (2011). *The Longitudinal Study of Australian Children Annual Statistical Report 2010*

Bibliography.

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Copyedited by Kelly Robinson and Lan Wang

Typeset by Lan Wang

Printed by Vega Press

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Children's experiences of child care

6

Linda J. Harrison

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Child care for very young children is an increasingly common experience in Australia, but the ways in which care is arranged are remarkably diverse. Children's experiences of child care are affected by the array of socio-demographic and cultural factors that differentiate Australian families, including whether or not parents decide to use child care; what type or types of care are used and for how many hours each week; and when care is started or stopped. Care experiences are also affected by government policy and funding decisions that determine the availability, cost and quality of some types of care.

Child care is often the first step in the child's journey toward a more diverse social world, which expands through relationships with caregivers, friendships with other children, and encounters with the wider community. The experiences children gain in child care are therefore an important influence on their development (Bowes, Harrison, Sweller, Taylor, & Neilsen-Hewitt, 2009; Love et al., 2003; National Institute for Child Health and Human Development Early Child Care Research Network [NICHD ECCRN], 2000, 2003, 2005). Additionally, child care can influence family wellbeing, not only by enabling parents to participate in the workforce but also by providing social and parenting support, exposure to alternative models of caregiving, and new ways of understanding the child.

In order to appreciate the role that child care plays for families and children, it is critical that these experiences and how they vary by family circumstances are fully understood. This chapter draws on data collected from the B cohort at Waves 1 and 2¹ to describe patterns of child care experienced by 0–1 year olds and 2–3 year olds, and the associations between care and diverse family circumstances.² The following questions are addressed:

- At what age do young children typically experience non-parental child care?
- What types of child care arrangements do they experience, and how do these change with age?
- How much time is spent in care each week, and in how many different settings?
- Why do parents use or not use non-parental child care?
- How do children's experiences of care differ in relation to different family circumstances?
- By addressing these questions, families' use of child care in LSAC can then be collated and compared over the child's first years of life, enabling researchers to look at the influence of different patterns of child care experience on developmental outcomes.

6.1 Definitions

This chapter defines child care as non-parental care that involves the use, on a regular basis, of formal or informal care provided by people other than the child's parent(s). Thus, it excludes casual or occasional babysitting (but includes regular babysitting arrangements). The question asked of families in *Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC)*

1 This chapter does not include data from Wave 3, when the children were aged 4–5 years, because by that time the majority of parents reported that children were attending a structured pre-school program or had started school, and that child care was an additional, rather than their main, arrangement.

2 Percentages reported throughout this chapter are based on weighted data.

has been: “Over the past 1 month has [*child’s name*] been looked after at regular times during the week by anyone other than you (or [*partner’s name*])?” The parent is defined as either the mother and/or father with whom the child generally lives, as well as any parent living elsewhere who has ongoing contact with the study child.

Non-parental child care arrangements are categorised as formal or informal. Formal care refers to government-regulated long day care centres and family day care homes. Informal care refers to care by relatives (grandparents and other relatives) and non-relatives (a nanny or other person such as a paid babysitter, friend or neighbour), as well as “drop-in” care provided by occasional child care centres³ and unlicensed providers, such as shopping centres, fitness and leisure centres, community centres, and church groups, where the parent is expected to be on the premises. For each current care arrangement, up to a maximum of three, parents were asked to identify the number of days and hours the child attended each week, and the number of months for which the child had been attending the care setting. The total number of different arrangements received each week was also recorded.

Wave 1 and Wave 2 data were used to construct a summary of each child’s child care arrangements at age 0–1 years and at age 2–3 years. Eight care patterns were formed:

- children who attended one type of child care:⁴
 - long day care (LDC);
 - family day care (FDC);
 - drop-in centre care;
 - care provided by a relative;
 - care with a non-relative;
- children who attended a mix of different types of care:
 - mixed formal care (LDC and FDC);
 - mix of informal care (drop-in and/or relative and/or non-relative); and
 - mix of formal (LDC or FDC) and informal care (drop-in or relative or non-relative).

These categories capture the variety and complexity of individual patterns of care, and allow examination of the relationships between children’s experiences of child care and family characteristics.

6.2 How many 0–1 year olds and 2–3 year olds received child care? Why was care used or why not?

At Wave 1, 34.9% of the 5,107 0–1 year olds were receiving regular non-parental child care. Two years later, this had increased to 68.4% of the 4,606 children who participated at Wave 2.

Parents who were using regular non-parental child care were asked to give the main reason they were using care. The majority said care was needed to enable the parent to meet their work or study commitments (25.2% of the sample in Wave 1; 40.0% in Wave 2). A sizable proportion cited reasons that were for other parental needs, such as sport, shopping, taking a break or time alone (6.6% in Wave 1; 9.1% in Wave 2). Parents also reported using care for the child’s benefit (1.7% in Wave 1; 18.4% in Wave 2); that is, for social development/interaction with other children (1.0% in Wave 1; 16.7% in Wave 2), intellectual development (0.0% in Wave 1; 0.9% in Wave 2) or to establish relationships with relatives (0.7% in Wave 1; 0.8% in Wave 2).

Parents who were not using child care were also asked to give a reason for this. Most said that their child did not need it, or that a parent was available to provide care (56.5% of the sample in Wave 1; 26.1% in Wave 2); however, a number of parents gave reasons that related to the unavailability of suitable care. For example, 2.5% of parents of 0–1 year olds and 2.3% of parents of 2–3 year olds

3 Some occasional care centres are licensed by the State/Territory Government, and are subject to government regulations. In this study, however, it was not possible to ascertain the distinction between licensed occasional care centres and unlicensed gym/leisure centres. For this reason, all forms of occasional care were classified as “informal”.

4 Note that “one type of care” includes cases where the child attends more than one *provider* of these care types per week; for example, two different long day care centres or two different relatives.

said that they could not find care or meet the cost of care; and 1.9% of parents of 0–1 year olds and 1.3% of parents of 2–3 year olds expressed concerns about the quality of care or having their child cared for by strangers.

6.3 Type(s) of child care experienced by 0–1 year olds and 2–3 year olds

International research into the effects of child care has tended to compare child outcomes in relation to two broad types of settings: centre-based care and home-based care. Researchers in the US (Loeb, Fuller, Kagan, & Carroll, 2004; NICHD ECCRN, 2000) and Canada (Kohen, Hertzmann, & Willms, 2002) have reported positive associations between attendance at centre-based child care and subsequent cognitive and language development. Australian studies, on the other hand, have reported positive outcomes for all formal care settings: family day care as well as centre-based care (Harrison & Ungerer, 2000; Love et al., 2003). In the following analyses, “type of care” describes the full range of care types, including formal and informal home-based care (FDC, relatives, non-relatives), formal and informal centre-based care (LDC and drop-in care), and mixed types of care.

Patterns of child care experienced by the B cohort as 0–1 year olds and as 2–3 year olds are summarised in Table 6.1. Infants (Wave 1) were typically cared for in one type of care, with the most common being informal home-based care with a relative (15.6%). The next most common type was formal, government-regulated care, which was attended by 10.4% of 0–1 year olds (LDC = 7.8%; FDC = 2.6%). A small proportion of LSAC 0–1 year olds (5.1%) attended a mix of care types, most of whom received a combination of formal and informal care (3.5%).

The pattern of care was markedly different two years later (Wave 2). Not only had more children entered care (68.4% vs 34.9% at Wave 1), but the type(s) of care used were different. The number of children attending formal, government-regulated care had increased nearly four-fold (from 10.4% to 40.4%), with long day care (34.4%) becoming the most commonly used type of care. Home-based care with relatives was still a popular arrangement, but fewer children were in relative-only care (8.1% vs 15.6% at Wave 1) and more were receiving relative care in combination with LDC or FDC (13.1% in mixed formal and informal care vs 3.5% at Wave 1). The total proportion of children receiving a mix of care types had increased to 15.2%.

Table 6.1 Type of child care received (0–1 year olds and 2–3 year olds), B cohort, Waves 1 and 2

Type of care	Wave 1		Wave 2	
	No. of observations	%	No. of observations	%
Exclusive parental care	3,287	65.1	1,375	31.6
One care type				
Long day care only	402	7.8	1,597	34.4
Family day care only	140	2.6	278	6.0
Informal drop-in care only	62	1.2	157	3.0
Relative care only	791	15.6	371	8.1
Non-relative care only	146	2.7	88	1.7
Total	1,541	29.9	2,491	53.2
Mix of care types				
Mixed formal care	11	0.3	31	0.6
Mixed informal care	73	1.3	74	1.5
Mixed formal and informal care	195	3.5	635	13.1
Total	279	5.1	740	15.2
Total attending any care type	1,820	34.9	3,231	68.4
Total no. of observations	5,107	100.0	4,606	100.0

Note: Percentages may not total 100% due to rounding.

6.4 Quantity of child care experienced by 0–1 year olds and 2–3 year olds

Quantity of care refers to the number of hours of care received each week. Longitudinal studies conducted in the US and UK have shown a consistent association between longer hours of child care and poorer behavioural outcomes (NICHD ECCRN, 2003, 2005; Sylva et al., 2003). Australian research has shown a wider range of negative associations between quantity of care in the early years and children’s development, particularly for very long hours (more than 30 hours a week) of weekly care. These negative associations occur in terms of later academic/learning capabilities (Bowes et al., 2009; Harrison et al., 2009; Love et al., 2003); social competence (Bowes et al., 2009); and, in association with centre-based care, infant health (Harrison et al., 2009).

On average, 0–1 year olds received part-time hours of child care (mean = 17.3 hours/week), but the quantity of care varied by type of care received (as shown in Table 6.2). Infants who attended government-regulated care had the most hours per week, with means of 20.4 for LDC, 21.6 for FDC, and 23.8 and 24.4 for mixed care arrangements that included formal settings. Infants who were cared for by relatives received fewer hours per week (mean = 14.0), whether this was with relatives only or in mixed informal care arrangements. Quantity of care provided by non-relatives was mid-way between formal and relative care (mean = 19.4 hours/week). Infants attending drop-in care attended child care for the fewest hours (mean = 4.2 hours/week).

A somewhat different pattern was seen two years later (Wave 2). On average, the amount of care experienced by 2–3 year olds (mean = 20.5 hours/week) was greater than for 0–1 year olds. The longest hours were still received by children attending mixed care that included formal settings, with means of 27.1 and 28.1 hours/week. Hours in FDC (mean = 21.9) were basically the same as in Wave 1, but on average LDC was attended for fewer hours per week (mean = 18.5) than in Wave 1. LDC hours were now similar in quantity to the hours children received in non-relative care (mean = 18.6) or mixed informal care (mean = 18.4). Care provided by relatives had increased slightly from Wave 1 (mean = 15.6). Drop-in care remained the lowest at mean = 5.1.

Table 6.2 Type of child care, by weekly hours (quantity) of care (for children receiving care), B cohort, Waves 1 and 2

	Wave 1 Hours/week		Wave 2 Hours/week	
	Mean	SD	Mean	SD
Long day care only	20.4	12.8	18.5	11.8
Family day care only	21.6	13.2	21.9	12.6
Informal drop-in care only	4.2	4.9	5.1	4.8
Relative care only	14.0	13.2	15.6	14.0
Non-relative care only	19.4	17.1	18.6	16.6
Mixed formal care	23.8	10.9	27.1	10.1
Mixed informal care	14.0	11.9	18.4	13.8
Mixed formal and informal care	24.4	10.8	28.1	13.9
No. of observations	1,820		3,231	

6.5 Multiplicity of child care experienced by 0–1 year olds and 2–3 year olds

Multiplicity refers to the number of care settings attended each week or, in the case of informal care, the number of caregivers who look after the child each week. Research studies that have assessed the impact of multiple care arrangements on children’s development tend to report negative effects as the number of care arrangements increases. For example, children attending multiple child care arrangements were rated as being less pro-social with peers, having more conflicted relationships with their teachers (Bowes et al., 2009), and showing more problem behaviours (Harrison et al.,

2009). The negative effects of multiple care arrangements tend to increase over time. Love et al. (2003) noted that Australian children who had had more changes in their care arrangements from birth to age 6 were rated by their teachers as less well adjusted (i.e., showed more behaviour problems) at school.

On average, the proportions of the children attending one, two and three or more child care arrangements each week were similar at Wave 1 and Wave 2. Of the children receiving regular child care:

- 76.8% of 0–1 year olds and 74.5% of 2–3 year olds attended one care arrangement each week;
- 20.6% of 0–1 year olds and 21.8% of 2–3 year olds attended two care arrangements; and
- 2.6% of 0–1 year olds and 3.7% of 2–3 year olds attended three or more arrangements.

The number of weekly care arrangements was further examined by type of care. Figures presented in Table 6.3 show that children receiving informal care were more likely to have a mix of carers or care settings than children attending formal care settings. In Wave 1, 14.9% of 0–1 year olds receiving care by relatives and 10.8% of children receiving care by non-relatives attended more than one care arrangement each week. In contrast, only 2.4% of children attending LDC and 4.5% attending FDC attended multiple settings. In Wave 2, 15.3% receiving care by relatives and 10.6% receiving non-relative care attended multiple care arrangements compared to 1.3% of children in LDC and 5.0% of children in FDC. The association between multiple care and informal care was also suggested in the “Mixed formal and informal care” group, which had a significant proportion of 0–1 year olds (11.6%) and 2–3 year olds (16.5%) receiving three or more care arrangements each week.

Table 6.3 Type of child care, by number of weekly care arrangements (for children receiving care), B cohort, Waves 1 and 2

	Wave 1					Wave 2				
	No. of weekly care arrangements			Total	No. of obsns	No. of weekly care arrangements			Total	No. of obsns
	1	2	3+			1	2	3+		
	%			%						
Long day care only	97.6	1.1	1.3	100.0	402	98.7	1.3	–	100.0	1,597
Family day care only	95.5	3.8	0.7	100.0	140	95.0	4.8	0.2	100.0	278
Informal drop-in care only	91.0	8.3	0.7	100.0	62	96.4	3.6	–	100.0	157
Relative care only	85.1	13.9	1.0	100.0	791	84.7	14.5	0.8	100.0	371
Non-relative care only	89.2	8.4	2.4	100.0	146	89.4	10.6	–	100.0	88
Mixed formal care	–	100.0	–	100.0	11	–	94.8	5.2	100.0	31
Mixed informal care	–	87.8	12.2	100.0	73	–	80.9	19.1	100.0	74
Mixed formal and informal care	–	88.4	11.6	100.0	195	–	83.5	16.5	100.0	635

6.6 Types of child care experienced by 0–1 year olds and 2–3 year olds in different family circumstances

Recent research into the impact of child care on child development aims to take account of possible moderating factors; that is, the characteristics of the child, family or community that may be associated with developmental outcomes and also with the types and amounts of child care that are used. In essence, the model is one in which child, family, and child care factors interact or aggregate to influence development. In this section, information is provided about the relationships between child care and key characteristics of the family and household environment using the subpopulation groups introduced in Chapter 2:

- family socio-economic position;
- mothers' hours of work;
- geographic location;

- cultural background (language spoken at home); and
- number of siblings in the household.

These descriptors were chosen as factors distinguishing family and community resources, and family preferences that were likely to determine not only whether child care was used, but also the type of care that could be accessed or afforded. These subpopulation groups are examined in relation to two aspects of the child's child care experience: the type(s) of child care attended at Wave 1 and Wave 2 (based on the eight care patterns described earlier in this chapter) and the amount of care received each week. In keeping with the child care groupings used in previous studies (Bowes et al., 2009; NICHD ECCRN, 2005) and reports using data from the study (Harrison et al., 2009), quantity of care was computed for weekly hours of centre-based care (LDC) and weekly hours of home-based care (FDC/relative/non-relative).⁵

Socio-economic position

Family socio-economic position (SEP) was summarised into three groups based on quartiles:

- high SEP: top 25% of families;
- middle SEP: middle 50%; and
- low SEP: bottom 25%.

The figures in Table 6.4 present the percentage of children in each of eight types of child care for three levels of family SEP, for Wave 1 (0–1 year olds) and Wave 2 (2–3 year olds). The results suggest that although child care use was greater in families that had a higher SEP (as shown by the lower proportions of children receiving exclusive parental care), on average, children growing up in different socio-economic circumstances were more similar than different in terms of their experience of child care. For each level of SEP, the eight types of child care were used by relatively similar proportions of children. All SEP groups were represented across the eight different types of care and, in many cases, in an equivalent proportion. For example, there were similar percentages

Table 6.4 Type and quantity of child care received, by family socio-economic position (for all children), B cohort, Waves 1 and 2

Type of care	Wave 1 SEP			Wave 2 SEP		
	Low	Middle	High	Low	Middle	High
	%			%		
Exclusive parental care	76.4	63.7	53.5	42.3	28.9	21.5
Long day care only	4.9	7.6	11.9	32.3	35.5	35.4
Family day care only	1.5	3.2	2.8	6.0	6.9	4.0
Informal drop-in care only	0.6	1.3	1.6	1.6	3.0	5.0
Relative care only	13.0	16.2	17.4	7.6	8.0	9.2
Non-relative care only	1.2	2.2	5.6	0.8	1.3	3.9
Mixed formal care	0.3	0.3	0.1	0.3	0.8	0.5
Mixed informal care	0.5	1.4	2.2	0.8	1.5	2.5
Mixed formal and informal care	1.7	4.0	4.8	8.2	14.1	17.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of observations	1,273	2,546	1,273	1,150	2,302	1,150
Quantity of care	Mean			Mean		
Hours/week in LDC	16.3	18.6	19.8	16.7	17.7	18.9
No. of observations	83	271	207	478	1,127	606
Hours/week in FDC/home care	11.7 ^{a, b}	16.1 ^a	16.0 ^b	15.8	16.4	17.1
No. of observations	237	699	413	274	741	420

Notes: The "a–a" and "b–b" superscript pairs denote significant differences between means within SEP group comparisons, as determined by the non-overlap of their respective 95% confidence intervals. The "a–a" superscript pair shows that in Wave 1, the mean hours for the Low SEP group are significantly different from mean hours for the Middle SEP group. The "b–b" superscript pair shows that mean hours for the low SEP group are significantly different from mean hours for the high SEP group. Percentages may not total 100% due to rounding.

⁵ Note that these categories are not mutually exclusive; some children attended both types of care.

of 2–3 year olds attending LDC (low SEP = 32.3%, middle SEP = 35.5%, high SEP = 35.4%) and receiving care from relatives (low SEP = 7.6%, middle SEP = 8.0%, high SEP = 9.2%).

Where differences between groups were apparent, these were associated with the age of the child and high SEP families' greater needs for extended or more flexible hours of care. For example, unlike the 2–3 year olds, the proportion of 0–1 year olds attending LDC was significantly higher in the high SEP group (11.9%) than the low SEP group (4.9%). Types of care that were associated with longer weekly hours of care (mixed formal and informal care) were used by twice as many high SEP families as low SEP families: high SEP = 4.8% vs low SEP = 1.7% at Wave 1; high SEP = 17.9% vs low SEP = 8.2% at Wave 2. Similarly, care that offers more flexible hours (i.e., paid care with a nanny or other non-relative), at a cost, tended to be used by a greater number of high SEP families than low SEP families: 5.6% vs 1.2% at Wave 1 and 3.9% vs 0.8% at Wave 2.

Quantity of care for each of the three SEP levels is also presented in Table 6.4 as the mean number of hours per week in LDC and in home-based care. Where there were significant differences between mean values, these are noted by the superscript pairs "a–a" or "b–b", with the criterion for significance being the non-overlap of their respective 95% confidence intervals. Figures show that hours of care per week were similar for each of the three levels of SEP. A significant difference was noted only for the use of home-based care for 0–1 year olds, where low SEP families used less care than middle and high SEP families (see table note).

Mothers' hours of work

The percentage of children in each type of child care arrangement for three categories of mothers' work hours (full-time: 35 or more hours per week; part-time: less than 35 hours per week; not currently working) are presented in Table 6.5. Not unexpectedly, given the reasons why parents used child care, there was a strong association between mothers' hours of work and the use of child care. This was particularly evident in Wave 1, where for every type of care category apart from informal drop-in care the proportion of 0–1 year olds whose mothers worked full-time or part-time was significantly higher than the proportion of 0–1 year olds whose mothers were not currently working. The same pattern was seen two years later, albeit to a lesser degree for long day care services only, which were used by similar proportions of working and non-working mothers: full-time = 38.7%, part-time = 38.6%, not currently working = 30.6%.

In general, formal or government-regulated care was the main form of care used by mothers who worked full-time, being the experience of 39.9% of 0–1 year olds and 74.3% of 2–3 year olds (combining long day care, family day care, mixed formal care, and mixed formal and informal care). In comparison, mothers working part-time were somewhat less reliant on formal care settings, which were attended by 26.9% of 0–1 year olds and 66.1% of 2–3 year olds. In contrast, care from relatives (only) was accessed by a similar proportion of full-time and part-time employed mothers of 0–1 year olds (24.4% and 27.6%) and 2–3 year olds (12.6% and 11.0%).

Figures presented in Table 6.5 (page 64) also point to the sizable proportion of employed mothers who did not access non-parental child care. This was particularly evident when children were 0–1 year olds (Wave 1: 24.2% full-time, 36.6% part-time), but was also noted for some families in Wave 2: 7.9% full-time; 15.1% part-time. These families were able, or chose, to manage by using parent-only care (Gray, Baxter, & Alexander, 2008).

Of further note are the figures for the group of mothers who were not currently working but who used regular child care. At Wave 1, 17.7% of non-working mothers used care, most of which was with relatives (9.3%) or LDC (3.7%). By Wave 2, however, the proportion of non-working mothers using child care had increased threefold (51.4%), with the vast majority using LDC (30.6%). The increased use of centre-based child care at age 2–3 years is likely associated with changes in the reasons parents gave for using care. Recall that 16.7% of parents used care for their child's social development and interaction with other children at Wave 2, versus 1.0% at Wave 1.

Table 6.5 also presents figures for the mean number of hours per week of care. Results showed that quantity of care was strongly associated with mothers' hours of work. For 0–1 year olds, hours per week of LDC or home-based care were significantly different for each employment category (not currently working = 12.7 and 9.4 hrs/week; part-time = 16.7 and 13.7 hrs/week; full-time = 31.3 and 32.6 hrs/week). For 2–3 year olds, hours per week of LDC were also significantly different across categories (not currently working = 13.6, part-time = 17.2, full-time = 29.3); however, hours

Table 6.5 Type and quantity of child care received, by mothers' work hours (full-time, part-time, not currently working), B cohort, Waves 1 and 2

	Wave 1			Wave 2		
	Full-time (35+ hours/ week)	Part-time (< 35 hours/ week)	Not currently working	Full-time (35+ hours/ week)	Part-time (< 35 hours/ week)	Not currently working
Type of care	%			%		
Exclusive parental care	24.2	36.6	82.3	7.9	15.1	48.6
Long day care only	22.5	13.2	3.7	38.7	38.6	30.6
Family day care only	8.1	4.9	0.9	8.3	6.8	4.9
Informal drop-in care only	0.0	1.4	1.2	0.2	2.9	3.7
Relative care only	24.4	27.6	9.3	12.6	11.0	5.1
Non-relative care only	9.7	4.6	1.0	3.1	2.1	1.1
Mixed formal care	0.5	0.5	0.2	0.9	0.7	0.5
Mixed informal care	1.8	2.8	0.6	1.9	2.7	0.5
Mixed formal and informal care	8.8	8.3	0.8	26.4	20.0	5.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of observations	377	1,517	3,191	552	1,773	2,264
Quantity of care	Mean			Mean		
Hours/week in LDC	31.3 ^a	16.7 ^a	12.7 ^a	29.3 ^c	17.2 ^c	13.6 ^c
No. of observations	114	302	144	365	1,010	828
Hours/week in FDC/home care	32.6 ^b	13.7 ^b	9.4 ^b	25.6 ^{d,e}	14.5 ^d	12.6 ^e
No. of observations	199	732	418	288	754	386

Notes: The "a--a" to "e--e" superscript pairs denote significant differences between means within work hours group comparisons, as determined by the non-overlap of their respective 95% confidence intervals. For example, the "a--a" superscript pair shows that the mean hours/week in LDC in Wave 1 are significantly different for mothers who work full-time, who work part-time, and who are not currently working. The "c--c" superscript pair shows a similar pattern in Wave 2. Percentages may not total 100% due to rounding.

of home-based care were only significantly different for full-time (mean = 25.6) vs part-time (mean = 14.5) and full-time vs not working (mean = 12.6). Weekly hours of care were similar for children whose mothers worked part-time or were not currently working.

Geographic location

Families' use of child care relies on the availability of caregivers, such as relatives, and licensed services, such as LDC and FDC. In this section the type and amount of care used by families living in metropolitan areas and regional areas are compared in order to determine whether different types of care might be more or less available (as shown by usage patterns) in these locations.⁶ Findings (presented in Table 6.6) indicate that, in general, there were very few differences in children's patterns of care. Only FDC showed a consistent variation, being used more by regional families than metropolitan families (4.2% vs 1.8% for 0–1 year olds; 7.5% vs 5.1% for 2–3 year olds). This may reflect a greater availability of FDC in rural and remote areas of Australia, and less availability of LDC and other care alternatives.

Quantity of care was similar for 0–1 year olds growing up in families living in metropolitan and regional areas. Two years later, however, there were significant differences. Of children who were 2–3 years old, those living in metropolitan areas attended significantly longer hours of care (means = 17.4 and 18.7) than those in regional areas (means = 14.8 and 16.0).

Cultural background: Language spoken at home

Families' cultural values also influence whether or not non-parental child care is used, and the type of care that families prefer. LSAC findings are based on families' actual use of care, so preferences

⁶ Metropolitan areas are defined as capital city statistical divisions, while regional areas are defined as the rest of the state/territory outside the capital city statistical divisions.

Table 6.6 Type and quantity of child care received, by geographic location, B cohort, Waves 1 and 2

	Wave 1		Wave 2	
	Metropolitan	Regional	Metropolitan	Regional
Type of care	%		%	
Exclusive parental care	64.5	66.3	30.5	33.4
Long day care only	8.6	6.3	34.8	33.9
Family day care only	1.8	4.2	5.1	7.5
Informal drop-in care only	1.3	1.0	3.4	2.3
Relative care only	16.2	14.5	8.4	7.7
Non-relative care only	2.7	2.7	1.7	1.7
Mixed formal care	0.2	0.5	0.4	1.0
Mixed informal care	1.4	1.2	1.6	1.2
Mixed formal and informal care	3.5	3.5	14.1	11.3
Total	100.0	100.0	100.0	100.0
No. of observations	3,194	1,913	2,852	1,754
Quantity of care	Mean		Mean	
Hours/week in LDC	19.2	17.1	18.7 ^a	16.0 ^a
No. of observations	388	174	1,417	794
Hours/week in FDC/home care	15.8	13.9	17.4 ^b	14.8 ^b
No. of observations	839	513	895	540

Notes: The "a-a" and "b-b" superscript pairs denote significant differences between means within geographic location group comparisons, as determined by the non-overlap of their respective 95% confidence intervals. The "a-a" superscript pair shows that the mean hours/week in LDC in Wave 2 are significantly different for children living in metropolitan and regional areas. The "b-b" superscript pair shows a similar result for the mean hours/week in FDC/home care. Percentages may not total 100% due to rounding.

Table 6.7 Type and quantity of child care received, by language spoken at home, B cohort, Waves 1 and 2

	Wave 1		Wave 2	
	English only	Other language	English only	Other language
Type of care	%		%	
Exclusive parental care	64.2	71.3	29.4	47.1
Long day care only	8.2	4.8	35.6	26.3
Family day care only	2.9	0.6	6.5	2.3
Informal drop-in care only	1.2	0.8	3.3	1.0
Relative care only	15.0	19.4	7.3	13.9
Non-relative care only	2.8	1.6	1.8	0.9
Mixed formal care	0.3	0.2	0.6	0.5
Mixed informal care	1.4	0.4	1.6	0.5
Mixed formal and informal care	3.9	0.9	13.9	7.4
Total	100.0	100.0	100.0	100.0
No. of observations	4,555	552	4,150	456
Quantity of care	Mean		Mean	
Hours/week in LDC	18.4	21.9	17.5	20.1
No. of observations	531	31	2,051	160
Hours/week in FDC/home care	14.1 ^a	23.3 ^a	15.3 ^b	25.9 ^b
No. of observations	1,221	131	1,312	123

Notes: The "a-a" and "b-b" superscript pairs denote significant differences between means within language group comparisons, as determined by the non-overlap of their respective 95% confidence intervals. The "a-a" superscript pair shows that for hours/week in FDC/home care at Wave 1, there is a significant difference between English only and other language. The "b-b" superscript pair shows a similar result at Wave 2. Percentages may not total 100% due to rounding.

are surmised rather than known. Nevertheless, the figures presented in Table 6.7 suggest that children’s experiences of child care were different for those growing up in families who mainly spoke a language other than English (LOTE) at home compared to English-only speaking families. In Wave 1, not only were LOTE 0–1 year olds more likely to be receiving exclusive parental care (71.3% vs 64.2% for English-only families), but when they were in care it was more likely to be with relatives (19.4% vs 15.0%) and less likely to be in formal care settings, either in LDC or FDC only (5.4% vs 11.1%) or mixed with informal care (0.9% vs 3.9%).

A similar pattern was evident two years later. At Wave 2, 2–3 year olds growing up in LOTE families were less likely to be attending child care (52.9%) than children in English-only speaking families (70.6%), less likely to be in government-regulated care (28.6% vs 42.1%), and more likely to be in care with a relative (13.9% vs 7.3%).

Differences were also apparent for the amount of care received from relatives and other home-based care arrangements. For both 0–1 year olds and 2–3 year olds, the quantity of care received in home-based care was significantly higher for children growing up in LOTE families (means = 23.3 and 25.9 hours/week) than for children growing up in English-only speaking families (means = 14.1 and 15.3). However, there was no difference in weekly hours of LDC for LOTE and English-only families.

Number of children in the household

The presence of siblings is an important factor influencing children’s development. In this section the number of children in the household (i.e. study child plus siblings) is examined in relation to the use of non-parental child care. Figures for the proportion of children receiving exclusive parental care (Table 6.8) show that the use of child care for the study child was substantially reduced as the number of children in the household increased. Only 25.6% of 0–1 year olds who had two or more siblings (3+ children in the household) were receiving regular child care, compared to 40.3% of 0–1 year olds with no siblings. These differences were also apparent two

Table 6.8 Type and quantity of child care received, by number of children in the household, B cohort, Waves 1 and 2

	Wave 1			Wave 2		
	Children in household			Children in household		
	1	2	3+	1	2	3+
Type of care	%			%		
Exclusive parental care	59.7	64.6	74.4	23.5	27.9	41.8
Long day care only	8.3	8.9	5.4	37.7	36.5	29.5
Family day care only	2.6	3.0	1.9	4.7	6.6	5.9
Informal drop-in care only	1.3	1.0	1.3	1.5	3.3	3.4
Relative care only	20.2	14.3	10.2	9.9	8.1	7.1
Non-relative care only	2.5	2.7	2.9	2.0	1.3	2.0
Mixed formal care	0.2	0.4	0.3	0.5	0.4	1.0
Mixed informal care	1.1	1.7	1.1	1.0	1.4	1.8
Mixed formal and informal care	4.2	3.5	2.3	19.1	14.4	7.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of observations	2,019	1,876	1,212	891	2,261	1,454
Quantity of care	Mean			Mean		
Hours/week in LDC	20.5 ^a	17.5	16.4 ^a	20.9 ^{b,c}	17.1 ^b	16.2 ^c
No. of observations	250	223	89	508	1,142	561
Hours/week in FDC/home care	15.8	15.2	13.5	18.7 ^{d,e}	15.9 ^d	15.3 ^e
No. of observations	637	480	235	336	728	371

Notes: The “a–a” to “e–e” superscript pairs denote significant differences between means within number of children group comparisons, as determined by the non-overlap of their respective 95% confidence intervals. For example, the “a–a” superscript pair shows that for hours/week in LDC at Wave 1, mean hours for families with one child in the household are significantly different from mean hours for families with three or more children in the household. Percentages may not total 100% due to rounding.

years later: 58.2% of 2–3 year olds with two or more siblings were attending child care compared to 76.5% of children without siblings and 72.1% of children with one sibling.

Inspection of the distributions across the eight types of child care showed that usage was similarly reduced for the three main types of care: LDC, relative only, mixed formal and informal. Other types of care, however, showed little or no change as the number of children increased: drop-in care, non-relative care, mixed formal and mixed informal care. An interesting exception was FDC, which had less usage as household size increased in Wave 1, but more usage in Wave 2. Possible reasons for this are the lower cost of FDC (compared to LDC) and greater opportunity for siblings to be cared for together, both of which would make FDC an attractive option for families with three or more children.

The tendency to reduce the use of care as the number of children in the household increased was reflected in the amount of care received each week. Results in Table 6.8 showed that children with two or more siblings attended child care for the fewest number of hours, and children without siblings received the most hours. Significant differences were identified in three of the four comparisons: for hours of LDC received by 0–1 year olds and 2–3 year olds with none vs two or more siblings; and for hours of home-based care received by 2–3 year olds.

6.7 Summary

The findings reported in this chapter have shown that although the majority (65%) of Australian 0–1 year olds were cared for exclusively by their parents, by the time they were two to three years of age over 70% were attending some type (or types) of non-parental child care on a regular part-time basis (20–21 hours/week on average). The findings confirm earlier reports using LSAC data, which suggest that the most rapid increase in the use of care is in the year after the child turns one, when the proportion reached 65% (Australian Institute of Family Studies, 2006). During this time, families also move from a reliance on relatives as the main providers of child care for their 0–1 year olds to using long day care centres, either alone or in combination with care by relatives. The shift towards a group care experience for toddlers and 2-year-olds is explained to some extent by the change in families' reasons for using child care. In infancy, these are focused primarily on parents' employment or other needs, but by the time the children reach age 2–3, parents identify a wider range of reasons, including the child's need for social interaction with peers. As a result, one-third to one-half of all 2–3 year olds experienced centre-based child care. The early use of LDC (from age 1 year) by such a large proportion of Australian families is an important new finding, and warrants a closer examination of the quality of children's experiences across services and availability of centre-based programs across geographical locations.

On the other hand, LSAC figures show that a sizable proportion of families were not using care (65.1% in Wave 1; 31.6% in Wave 2). Most of these parents said that care was not needed; however, a small proportion said they did not use care because of problems with cost, access, quality, or unavailability of a trusted friend or family member (their preferred care arrangement). Future waves of LSAC will be able to show whether or not these problems continue as the children get older.

For the children who received regular child care, care type was aligned with quantity and multiplicity of care. For example, children who were cared for in informal home-based care typically received fewer hours per week than children who attended formal centre-based care. Also, children who attended multiple care arrangements that included the use of formal care had the highest quantity of care, but multiple care was also strongly associated with the use of informal care arrangements with relatives and non-relatives. These findings underline the difficulties researchers face in disentangling the effects (often negative in nature) of long hours and multiple arrangements on children's developmental outcomes. The approach used in the NICHD ECCRN (2005) study and in the present report, which is to compute weekly hours for the two main types of care (LDC and in-home care), provides a partial solution. However, many children will experience both types, so analysts also need to address the combined effects of these arrangements.

The final section of this chapter demonstrated that not only are type, quantity and multiplicity of care intertwined, but these care characteristics are also interrelated with characteristics of the family context. Economic (family socio-economic position, maternal work hours), cultural (languages spoken at home) and demographic (geographic location, number of children in the household)

factors were all identified as having an important influence on the type(s) of child care attended and the quantity of care received each week.

The influence of families' economic capacity on children's experiences of child care was most clearly seen in mothers' hours of work, which strongly reflected weekly hours of care. Full-time work and high family SEP were linked with types of care with extended hours (e.g., LDC, FDC, mixed formal and informal) and those that are flexible but more expensive (e.g., care with a non-relative such as a nanny). On the other hand, care with relatives was accessed equally by all families.

Families' cultural background affected child care in two ways: LOTE families were more likely to provide exclusive parental care for their children than English-only speaking families; and children of LOTE families who did use care were more likely to be cared for by relatives and to experience longer hours of care. Further investigation of the study data will be able to ascertain the reasons why LOTE families are less frequent users of formal child care services.

Geographical location had a relatively minor influence on children's experiences of child care, as measured by LSAC. Differences were seen in a lower use of LDC and a greater use of FDC by families living in regional areas, and by age 2 to 3 years a lower number of hours per week, than families in metropolitan areas. Family demographics were a significant influence on children's child care experience, with the use of care and the amount of care received each week decreasing as the number of children in the household increased. Demographic circumstances such as these have tended to receive less attention in studies of child care, but studies using the LSAC data are showing that they make a difference to children's experiences of care (Harrison et al., 2009) as well as to child outcomes (Gray et al., 2008; Harrison & McLeod, 2010; Wake et al., 2008), and therefore warrant further investigation.

6.8 Further reading

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