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There is a critical need to increase the availability of quality infant care. If parents, caregivers and policymakers are to understand standards of quality, they must first understand the development of attachment, the effects of early separations, parent

characteristics and family circumstances that may contribute to insecurity, and the potential benefits of secure attachment to a caregiver. This digest discusses infant care quality and the debate on infant attachment.

INFANT DAY CARE TODAY

In March 1970, 24% of mothers with children under 2 years old were in the labor force. By March 1984, the figure was 46.8% (U.S. Dept. of Labor, 1984). Who takes care of the babies while the mothers work? Some infants (25%) are cared for in their own homes. Others (75%) are cared for outside the home by a baby-sitter, or in family day care (group care by an individual in her home). Only 6% of infants under a year old and 12% of those under 2 are cared for in licensed center-based care (U.S. Dept. of Commerce, June 1982). Although state licensing standards apply to center-based and family day care, most family day care programs remain unlicensed. The crisis in day care is such that the choice of care is often determined by cost and availability, rather than quality.

WHAT DO WE KNOW ABOUT QUALITY?

Research on university-based day care models and a growing number of studies on community-based caregiving arrangements (baby-sitters, family day care) are identifying indices of quality care. Phillips and Howes (Phillips, 1987) organize information on infant day care quality into three categories: (1) structural features (group size, staff-child ratios, caregiver training, equipment, space); (2) dynamic aspects (experiences and interactions); and (3) contextual features (staff stability and turnover, type of setting).

STRUCTURAL FEATURES: The National Day Care Study (Roupp, Travers, Glantz and Coelen, 1979) found that for children under 2, small group size, low staff-infant ratios, and strong caregiver qualifications, predicted positive outcomes. Caregivers with larger groups spent more time in management tasks and restricting behavior, and less time in one-to-one interaction and cognitive-language stimulation. High adult-infant ratios were associated with increased apathy and distress in infants. Caregivers with little child-related formal education engaged in less frequent positive adult-infant interactions and were less likely to have a developmentally appropriate program.

The optimum standards of the Accreditation Criteria of the National Academy of Early Childhood Programs (Bredenkamp, 1984) specifies a maximum group size of 8 and a staff-child ratio of 1:4 for infants under 12 months. For infants of 1 to 2 years, maximum group size should be 12, and staff-child ratio 1:4. The lead teacher in an infant center should have a baccalaureate degree in early childhood education or child development.

DYNAMIC FEATURES: Quality and frequency of adult-child interactions are critical variables in infant care. Children under two rely on and learn from interactions with adults. Adults are the secure base from which infants explore the environment and

develop social competence with peers. Adults who talk to infants encourage language development. Adults who respond to infant signals and needs build infants' self-esteem and physical and cognitive abilities (Bredekamp, 1986).

CONTEXTUAL FEATURES: Studies contrasting types of caregiving are limited in number and report mixed results. Most confirm that staff-child ratios, group size, and caregiver stability define quality in infant care. In each type of care, there is great variability in environment and caregiver qualities. Thus child outcomes depend less on form of care than on characteristics of the setting (Phillips, 1987, Clarke-Stewart and Fein, 1984).

Caregiver stability is of concern because of the high turn-over rate: 40% in centers and 60% in family day care and out-of-home babysitting (U.S. Dept. of Labor, 1984). Low salaries and inadequate benefits make it difficult to attract and maintain qualified caregivers. Constant changes of caregiver or caregiving arrangement inhibit benefits of care (Ainslie and Anderson, 1984; Phillips and Howes, 1987).

EFFECTS OF INFANT CARE

Several studies show that day care may benefit low-income children and have benign, if not beneficial, effects on middle-class children. High quality care can prevent the drop in IQ that often occurs between 12 and 30 months in home-reared, low-income children, and enhance their language and problem-solving skills. Greater curiosity, better concentration, and improved on-task behavior have been associated with day care experience in all income groups. Day care children are also seen as being more socially competent and independent (Clarke-Stewart and Fein, 1984; Belsky and Steinberg, 1987).

Research findings on socioemotional development are not unanimous. Several recent studies suggest that development outcomes are related to the infant's experience in a particular caregiving environment (Phillips, 1987). Structural, dynamic, and contextual aspects may determine the infant's quality of life in care, and thus the effects of care. Another concern is age of entry. Some studies indicate that day care children who appear more assertive, less responsive to adults, and more avoidant in reunions with parents, frequently have begun day care before their first birthday.

INFANT CARE: THE ISSUE OF ATTACHMENT

Some researchers suggest that for infants under 1, separation from mother for over 20 hours a week may disrupt development of attachment and thus put some children at-risk for social and emotional problems. Daily separations may represent the kind of unavailability that infants experience as maternal rejection. Maternal rejection or unpredictability are associated with insecure attachment in infants. Other researchers argue that these conclusions are premature, the effects reported are weak, and the studies have serious methodological problems. Critics challenge definitions of negative

social behaviors (e.g., aggression, which may really be assertiveness) and indicators of insecurity (e.g., avoidance of mother, which may really indicate precocious independence). These positions have been presented in the special infant day care issues of the EARLY CHILDHOOD

RESEARCH QUARTERLY.

Studies comparing home versus employed mothers do not tell us what factors affect parents' ability to offer infants the kind of environment associated with secure attachment. For example, stress from balancing work and family is particularly evident in single, adolescent, and low-income families (Ainslie, 1984). In one study, families under stress reported that they spent less time researching day care options, needed longer hours, and used poorer quality care (Phillips, 1987). A satisfactory support system may be important for parents and essential to parents experiencing stress. Mothers of insecurely attached infants may have less harmonious marriages and receive less support from spouses and community. Mothers who prefer to work or to stay at home and do so may have more secure infants than those whose work status is at odds with their preference. Work preference is linked to mothers' anxiety about leaving children. Stress and parent anxiety may make separation and adjustment to care difficult. On the other hand, secure attachment to the caregiver may offset damaging effects on the infant. Quality day care can reduce stress by providing a support system for parents and allaying their concerns about their infant (Ainslie, 1984).

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