

# **The history of early years child care\***

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\*This paper focuses on the history of the care of children in the ‘early years’ - the first five years - who lived with their families, not in the social care system.

### **Executive Summary**

- Forget golden age thinking. The past generally was not a better place. Rather than assuming that all contemporary social problems are unique to the present, or the product of some collective moral decline, it is more helpful to recognise how long-established and deep-seated many of them are, and the inadequacy of simplified allocation of blame.
- It was not commonplace for children of any class to be cared for exclusively by their mothers before the Second World War.
- A historical perspective emphasises the continuing importance of grandparental care.
- Post Second World War, there was a new emphasis on full-time maternal care and the importance of fathers as role models. Failure of the two-parent family came to be seen as a cause of social problems.
- From the 1980s blame was shifted to lone-parent families.
- There has long been recognition of the importance of children's early years to future health, first physical then psychological.
- The first early years care was provided by voluntary organisations. Public provision followed their models and the two sectors collaborated.
- There was a mixed economy of welfare through the twentieth century, not ‘Big Society’ and ‘Big State’ in opposition. Most voluntary workers were supportive; not patronising ‘Ladies Bountiful’.
- There has been long-term government reluctance to provide early years education, as distinct from health and welfare provision, except when women’s work was needed in wartime.

### **Introduction**

There was never a golden age, when no, or very few, families had problems, all children lived contented lives in peaceable communities where nobody locked their doors, and young people did not cause trouble. A mode of discourse emerges in Britain whenever a social problem hits the headlines that, whatever the problem, it is a sign of decline from some past ideal state. This does not help us to understand or resolve real problems. There are changes over time, of course. Social problems rise, fall and change, though we cannot always measure change. But most serious problems have long histories. It is not comforting that, as our culture has become richer and better educated than ever before, we have not become better at solving certain problems, but it is better to be aware of how deeply socially embedded many of them are, and therefore how difficult to solve, than to live with the illusions that they are wholly due to specific, remediable, contemporary causes, or to some vague collective, moral decline - illusions that have failed us in the past.

### **Early years care in the family.**

Most children under five live with at least one parent and it has always been so. But until the Second World War most were not looked after full-time by their mothers. Throughout history, those families who could afford it had servants, and keeping at least one servant stretched surprisingly far down the social scale. Aristocratic and upper middle-class families would routinely, until the Second World War, employ a nanny specifically for childcare, and, quite commonly, the children would spend much of their time with the nanny, seeing their parents only at fixed times of day, though arrangements varied from family to family. This was despite the fact that it was socially prohibited, and rare, for the mothers in these families to be in paid work at any time before the Second World War, though they might be very active outside the home in voluntary work, political or social life.

Lower in the social scale, care might be shared between mother and servant, or with other relatives, including fathers, who were not completely absent from care, though some were wholly absent from the family. Historically, there were always large numbers of families without fathers, largely due to death. It has been calculated by Michael Anderson that the proportion of partnerships broken by death (most often of the man) in the 1820s was very similar to that due to divorce and separation in the late twentieth century. Consequently there were always many poor, single mothers of young children.

Among working class people, where it was common for the mother to be employed full or part-time, a neighbour might provide care, or a relative, often a grandmother; or older children would be kept home from school or work to care for younger siblings. There is much qualitative evidence that grandparents played a big role at all times, though we do not have statistics until very recently. Recent data from the Daycare Trust and the Equality and Human Rights Commission shows that many grandparents help younger people in employment by caring for grandchildren, sometimes retiring from paid work themselves to do so. One-in-three working mothers rely on grandparents for childcare, and one-in-four of all working families. 43 per cent of children under five whose mothers are employed are looked after by grandparents, and 42 per cent aged 5-10, after school, when sick and in school holidays. The value of this childcare contribution is estimated at £3.9 billion per year. Grandparental care is most common in poorer families but not exclusive to them. Forty percent of grandparental care is provided by grandfathers. Whether such care is more or less common than in the past we do not know because there are no reliable, long-run statistics.

But, as ever, the recent findings about grandparent care have been greeted as something new. It may be new among the middle classes, where more mothers of young children are now more likely to be in paid work than in the past. Among working class people it certainly is not new. What is new is that in recent decades more young children have grandparents because people live longer and older people are active for longer.

### **Attitudes to parenting**

The period after 1945 was historically unusual in the widespread assumption, and reality, that young children were, and should be, cared for mainly or exclusively by their mothers. Servants almost disappeared, except from the wealthiest homes, while alternative forms of care such as day nurseries remained sparse. This coincided with increasing social acceptability of employment for middle class, married women and increasing numbers of them worked. At the same time more working class mothers could stay home while their children were young, as full employment and higher male incomes raised family living standards.

In all classes in the 1950s and '60s women took time out from work while their children were young, and then, when their children were at school, often returned part-time, adjusting their work lives to the absence of servants and day-care and, in the case of many working class women, liberation from the traditional, pressing need to work. They were also responding to social expectations. Social pressures upon mothers to care for their children full-time grew to unprecedented levels, at the very time when more mothers than ever before were actually doing so. At this time concern was repeatedly expressed that if young children were not cared for primarily, indeed exclusively, by their mothers, there was a danger that they would grow up 'delinquent' (the contemporary term for youth crime). There was a succession of moral panics about 'juvenile delinquency' from 1930s-1960s, though no clear sign that there was more youth crime than before.

This emphasis on maternal care began before the Second World War and was strengthened afterwards. It owed much to the growth and the growing influence of psychology and the expansion of social research into social conditions and crime. There was a parallel, new, concern with the importance of fatherhood for the emotional development of children. Fathers were not expected to take the same caring role as mothers, but to be sources of stability and discipline within the home and, particularly, to provide their sons with role models of hard work and good behaviour. Even earlier in the century there had been concern that delinquency among boys was due to the failure of fathers to provide good role models, either because they were wholly absent from the home or too busy at work. And often over-crowded homes were not comfortable environments for family life. The absence of male role models was held to explain why boys were more prone to crime than girls. Fathers in the 1950s often said they were determined to give their children love, support and guidance because they had suffered from the lack of it when their own fathers were too exhausted by work to care for them.

By the 1950s more families were better off, had better homes and living conditions and fathers and mothers had time and space to think about their children and give them greater support than their own parents could provide. Families were also smaller and there was optimism about the future, which had been lacking in the economically depressed inter-war years. It was now assumed that children had better future prospects than their parents, in an apparently ever-expanding economy. Parenting was conducted in an atmosphere, fostered by the media, which saw the stable two-parent family as the solution to social problems such as juvenile delinquency and teenage pregnancy (another cause of moral panic at the time, though, despite contemporary claims, it was not rising any faster than the number of teenage girls in the population).

Mothers' responsibility did not end when their children went to school. Mothers of school age children were castigated if they were not at home after school and in the holidays. 'Latch-key kids' were another source of the many moral panics of the 1950s – schoolchildren who had their own door-keys because their mothers were not at home for them, and therefore got into trouble. These pressures partly explain the large numbers of women in part-time, as opposed to full-time, work at this time.

At this time, and before, it was not specifically lone mothers who were blamed for social problems, as they have been more recently, although there were plenty of them, including war widows. Rather the blame fell on two-parent families, where the mother did not devote herself to the care of her children in the early years and fathers did not shoulder their responsibilities. There is no clear sign that the changed post-war discourse of parenting led to fewer social problems.

From the 1970s, and even more the 1980s, the numbers of lone mothers rose, due to increased divorce and separation. Increasingly, and especially in the early 1990s, single mothers and absent fathers were blamed for youth crime, poor educational performance and other social

problems. The social problems identified had not changed since the nineteenth century, but the diagnosis of the causes had changed. They were still located in the family but it was now the lone-parent, not the two-parent, family at fault, though there has never been strong evidence that the children of lone parents perform significantly differently from others when socio-economic background is taken into account.

### **External support for family care: precedents for Children's Centres.**

#### **i) Voluntary Action**

There is a long history, from at least the later eighteenth century, of volunteers visiting poor families, to advise on the care of children and other aspects of family life. From the 1850s, voluntary organisations trained volunteers and also paid workers to visit mothers in poor districts to advise them on infant care, diet and cleanliness. These workers evolved into modern health visitors. From 1892 some local authorities appointed their own health visitors or subsidised those employed by voluntary agencies. Voluntary organisations also established maternity and child welfare centres, which employed health visitors and dispensed advice e.g., on breastfeeding, nutrition in pregnancy and after and providing subsidised milk, which women often could not afford and had trouble keeping fresh in the days before refrigerators were common. Some local authorities followed this model and set up similar centres, where babies were examined and weighed weekly and mothers advised. They did not generally provide day-care and focussed exclusively on poorer families, but in other respects had strong similarities with today's Sure Start Centres.

The main concern of these centres, and of the individual social work that preceded them, was to improve the *physical* health of mothers and infants in order to reduce the very high infant and maternal death rates at the time, and to improve what was perceived as the poor physical condition of the mass of working people by improving their physical fitness from the earliest stage of life. These concerns became prominent at this point partly due to growing knowledge of how physical fitness was achieved and maintained, about the relationship between diet and health, the importance of fresh air and exercise and the ill-effects of bad, polluted food and milk and a dirty environment. It was also influenced, on a political level, by concern about the effects on Britain's economic and military competitiveness of a physically unfit population in an increasingly competitive world, and concern also about the falling birth-rate.

#### **ii) Co-operation between statutory and voluntary provision for early years.**

Local authorities and voluntary organisations worked *together* in this as in other fields, not as rivals. Many voluntary organisations saw their role as identifying social problems and solutions and establishing models of services, which they then urged central and local government to imitate and extend. They knew the limits to voluntary action and that only the state had the resources to provide the range of services needed for the population at risk. Once public authorities responded, voluntary and public services often worked together, with local government subsidising voluntary organisations and voluntary organisations urging local authorities to do better, which could create tensions. This describes in microcosm the relationship between state and voluntary welfare in many fields since the later nineteenth century: complementary rather than competitive, with shifting boundaries. A mixed economy of welfare, not a simple process of the 'Big State' crowding out the 'Big Society'

There is a popular caricature of nineteenth and early twentieth century philanthropy as the condescending, patronising work of 'ladies bountiful'. It could be, but very often it was professional work by seriously well-intentioned, if unpaid, people, mainly female, which

seriously helped the recipients, as many of them testified at the time. The volunteers included working class women in the Labour Party and the large Women's Co-operative Guild. These women, like others, volunteered because they saw immediate problems to be solved, but they believed that the state should ultimately take over because only it had the resources to meet the need comprehensively and saw part of their role as bringing this about. This combination of mainly voluntary, plus increasing public, provision achieved a 33 per cent fall in infant mortality in England and Wales between 1900 and 1913.

The campaigns to improve child and maternity care continued during the First World War, fuelled further by the need to replace the generation dying on the battlefields. The government responded during the war by funding public and voluntary health and welfare clinics, child-care classes for mothers and milk supplies. The number of health visitors doubled and more health centres were established. The 1918 Maternity and Child Welfare Act introduced government subsidies for local authority welfare centres, health visitors, food for expectant and nursing mothers and children under five, crèches and day nurseries, though local authorities were not obliged to do any of these things. From 1919 there were subsidies to voluntary agencies providing similar services. Between the wars women's organisations campaigned for local authorities to take advantage of the legislation, leading to real improvements by the onset of the next war, including a further substantial decline in infant mortality. The main focus of services was on getting children safely through the dangerous first year of life, though increasingly they catered for all under-fives.

### **Early learning**

Meanwhile, early learning was not normally provided by welfare centres. In the nineteenth century, 3-5 year olds attended school alongside older children, first voluntary schools, then from the 1870s, state schools. In 1900, 43% of 3-5 year olds were in school. But it was increasingly thought that formal school education and discipline was inappropriate for such young children. From 1905, schools could exclude them and increasingly did so. Voluntary nursery schools tried to fill the gap. Limited numbers of these had been established since the early nineteenth century, as had day nurseries for younger children, mainly those of poorer working mothers.

These voluntary institutions, especially in the early twentieth century, focussed on the health as well as the education of young children as part of the wider child health movement. Pioneers, such as the Labour politician, Margaret Mcmillan, saw health and education as indissociable. In 1910, she and her sister opened a model nursery school for 3-5 year olds in impoverished Deptford, South-East London. She promoted influential theories about the development of mind and body in the early years, stressing the importance of active play, language skills, good food and cleanliness. She was influenced by similar movements in France and by the ideas of Friedrich Froebel in Germany, including that of the 'kindergarten'; Froebel believed that gardens - clear fresh air, space, greenery - were good for children's early development. His ideas were developed in the early nineteenth century and promoted very actively in Britain by the Froebel Society, founded in 1874.

There was little government action on early years education, except by a few local authorities, until the First World War, when the government funded day nurseries for under-threes and nursery schools for 3-5 year olds, run by voluntary organisations or local authorities, because women were needed in the workforce. After the war, the government promised to keep this up, but early years provision suffered in the expenditure cuts of the recessions in 1921 and 1931. Providing day-care and pre-school education was at the back of the queue for public

spending for governments throughout the twentieth century. Voluntary nurseries continued, mainly in very poor areas, but in limited numbers.

### **The Second World War and after**

The situation changed again in the Second World War when, again, women – even those with young children - were needed in the workforce. Though it had grown, provision for early years, including for health and welfare, was still ramshackle and uncoordinated by 1939. The war increased awareness of its inadequacies and stimulated improvements. Children under five were evacuated with their carer, often to places which lacked the services families were accustomed to in the cities. Gradually provision improved and became more comprehensive, especially for health care, about which government was still concerned. From 1942, the government provided a pint of milk a day cheaply, or free for those on low incomes, to children under five and expectant and nursing mothers. Later, it supplied high-vitamin food and cod-liver oil. Government funded day care, including supervision of health and welfare, expanded for all under fives.

The growth of more co-ordinated services for the early years during the war laid the foundation for permanent health and welfare services afterwards, but still not for publicly-funded day-care, or adequate numbers of nursery schools. These were cut back again when such a large female workforce was no longer deemed essential. The government was keen for younger women to stay home and increase the birth-rate which had fallen to very low levels before the war. Also their main focus was still on the health - mainly the physical health, but increasingly the psychological health - of young children, rather on than helping their mothers by providing day-care, and increasingly psychological health was defined as requiring full-time care by the mother, as we have seen.

After 1945 the state increasingly took responsibility in these areas, though doing least for day-care and nursery schooling, while the voluntary sector switched to identifying and trying to fill the considerable gaps in the welfare state. There are few signs of further state initiatives concerning the early years until the introduction of Sure Start by Labour in the 1990s.

### **Further Reading**

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