Introduction

All over the world, children typically live with and are cared for primarily by their parents but also receive care from extended family members, neighbours, friends, and paid care providers. In industrialized countries, increased reliance on paid child care, often provided by publicly subsidized child care centers, has fostered intense research over the past 40 years on the effects (both positive and negative) on children’s health, cognitive capacity, adjustment, and social relationships. Although there is consensus that parents remain the most important influences on children’s well-being and development, it is equally clear that non-parental care can also have a substantial impact. Consequently, researchers have focused on the nature of non-parental care and the ways children from different family backgrounds, with different educational, developmental, and individual needs are affected.

Problems

When students of early development began to explore the impact of non-parental care they first asked whether care by others than mothers was harmful or harmless. According to many theorists, child care may be problematic for toddlers and preschoolers. Attachment theory, for example, links successful early socio-emotional development to the development of trusting relationships (attachments) with a few reference figures, such as parents. The theory further proposed that continuous care, unbroken by separation, was essential to the development and maintenance of those primary attachments, which would also influence children’s emotional regulation and social behaviours, both contemporaneously and later in life. Because non-parental child care necessarily involves separations from primary attachment figures, attachment theorists were concerned that it might damage primary attachments and thus have adverse effects on socio-emotional development. They also argued that unrelated care providers are, on average, not as committed to their child care responsibilities as parents would be. Sociobiologists further argued that quality of care is a function of the
degree of relatedness between care providers and children,\textsuperscript{4,5} so that the poorest quality of care should be expected from unrelated care providers, including paid teachers, babysitters, and nannies. A much more positive view of child care was advanced by developmental theorists who stressed the value of well-designed stimulation and instruction on the mental and communicative development of children.\textsuperscript{6}

Research Context

Despite a voluminous body of literature on the effects of early child care, the major findings have been profoundly clarified by data obtained in multi-site studies, such as the NICHD Early Child Care Network\textsuperscript{7} or the CQOS Cost Quality and Outcome Study\textsuperscript{8} including a large number of participants.

However, researchers still need to focus, not only on children’s experiences when they are in non-parental care facilities, but also on other aspects of the broader ecology, including the intersection between parental and non-parental care. For example, children in child care have different experiences at home than do children who only experience parental care.\textsuperscript{3,15} Thus, researchers need to determine whether differences between children at home and children who also attend child care settings are attributable to their experiences in care or to their different experiences at home (or both!). Researchers must also seek to improve the clarity of their findings by conducting meta-analyses that summarize the results of multiple smaller studies.\textsuperscript{11}

Key Research Questions

Researchers have explored the effects of child care on many aspects of development, although research on cognitive and language development (especially in the context of compensatory educational programs) as well as social-emotional development and stress reactivity have been especially informative. Scholars and politicians who question the value and appropriateness of child care have been particularly concerned that children cannot maintain supportive relationships with their parents when they attend child care centers. They have also argued that experiences of non-parental care create stresses that adversely affect children’s behavioural adjustment.\textsuperscript{12,13} By contrast, those who do value child care have emphasized that children need to develop good relationships with care providers and peers in order to benefit fully from their enriching experiences in child care. They also acknowledge that stimulating care at home is influential and that it complements the effects of formal educational strategies and programs.

Recent Research Results

Whether or not children in child care develop and maintain good relationships with their parents depends upon parents’ ability to provide sensitive care at home.\textsuperscript{14} Furthermore, it is important that parents establish a balance between home and child care settings, and that they themselves continue to provide types of intimate interaction seldom available in child care centers.\textsuperscript{15,16} Long hours in child care and stressful parent-child relationships are associated with angry aggression in preschool children,\textsuperscript{17,18} whereas good relationships with care providers help minimize behaviour problems and aggression.\textsuperscript{19} The transition from home to child care is stressful for many children, so care providers need to help children manage their responses to this stress.\textsuperscript{20}

Care providers, of course, are able to develop significant relationships with children but the quality or security of those relationships depends on the care providers’ behaviour towards the group as a whole, rather than on the
quality of interactions with individual children. Indeed, the emerging relationships between care providers and children reflect the characteristics and dynamics of the group whereas infant–parent attachments seem to be influenced more directly by dyadic interactions. From age two on, children are able to interact more extensively with peers. Such encounters provide excellent opportunities for learning the rules of social interaction: how to evaluate social offers, to conduct dialogues, and most importantly, to resolve conflicts with peers constructively.

Despite contradictory earlier findings about the effects of child care on cognitive and linguistic development, more recent research has consistently documented the enduring and positive effects of high-quality child care? even on school performance. Almost all children (not only those from less stimulating home environments) can benefit cognitively, especially when they enjoy positive relationships with their care providers.

Conclusion

Do children in child care develop differently from those without child care experiences? Many scholars were initially worried that non-parental child care might be risky for children and thus sought to determine whether children in child care were as well adapted psychologically and behaviourally as children cared for exclusively at home. Later researchers began to explore the advantages of good-quality care and its potential benefits for children. In particular, they noted that child care offers opportunities for more extensive social contacts with peers and adults, and thus may open extended social worlds for children. Positive child care experiences may also enhance later educational opportunities, such that those experiencing early non-parental care are better able to benefit from education, adjust to routines, and resist conflicts. Nevertheless, home remains the emotional centre of children’s lives and it is important that supportive parent–child relationships not be harmed by child care experiences even when children spend considerable amounts of time in care.

Implications

Because children can profit from experiences in non-parental child care, child care needs to be of good quality and should provide access to a variety of positive social relationships. To ensure that care environments are developmentally appropriate, however, adult–child ratios in child care must be kept low. Group size and composition also need to be considered as mediators of the quality of individual care provider–child relationships. It is also important that regulations and informed parents ensure and demand the highest possible quality of care. Because caring for others’ children (in groups) requires different care strategies than caring for ones’ own children, care providers need to be valued by society, well compensated, and enriched by serious and careful education and/or training.

References


