

CHILD CARE - EARLY CHILDHOOD EDUCATION AND CARE

Child Care and Its Impact on Young Children

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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 provisions, has fostered intense research on the effects (both positive and negative) on children's health, cognitive capacity, adjustment, and social relationships.¹ Although there is consensus that parents remain the most important influences on children's well-being and development, it is equally clear that nonparental care can also have a substantial impact. Consequently, researchers have focused on the nature of nonparental care and the ways how children from different family backgrounds, with different educational, developmental, and individual needs are affected.

Research Context

Despite a voluminous body of literature on the effects of early child care, the major findings have been profoundly clarified by findings obtained in multi-site studies, such as the US NICHD Early Child Care Study (NICHD-SECC),² the Norwegian Mother and Child Cohort Study (MoBa),³ the British Effective Pre-School and Primary Education Study (EPPE)⁴ or the German National Study of Child Care in Early Childhood (NUBBEK)⁵ with large numbers of participants.

However, researchers still need to focus, not only on children's experiences when they are in nonparental care facilities, but also on other aspects of the broader ecology, including the intersection between parental and nonparental care. For example, children in child care have different experiences at home than do children who only experience parental care.^{6,7,8} 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!). At minimum, researchers need to control for children's home experience when they investigate the effects of children's nonparental care experiences. They must also seek to improve the clarity of the findings by conducting meta-analyses that summarize the results of multiple studies.^{9,12}

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 centres. They have also argued that experiences of nonparental care create stresses that adversely affect children need to develop good relationships with care providers and peers in order to benefit fully from their enriching experiences in nonparental 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

The transition from home to child care is stressful for many children,^{10,11} so care providers need to help children manage their responses to this stress. Children adapt to the new child care environments successfully only if the centres keep levels of stress low or moderate by ensuring that care providers establish meaningful and positive relationships with children and provide care

of high quality.12,13

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.⁹ Researchers who have studied the behaviours, childrearing beliefs, and attitudes of care providers have shown that their group-oriented behaviours affect not only the formation of care provider-child attachments¹⁴ but also classroom climates, and harmonious peer play.¹⁵ In addition, attitudes and beliefs affect care providers' behaviours, particularly when children of different cultural backgrounds are being cared for. Not sharing the care provider's ethnic heritage can make the relationship difficult.^{5,16,17}

Whether or not children in child care maintain good relationships with their parents depends upon parents' ability to provide sensitive care at home.¹⁸ 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.¹⁹ Long hours in child care and stressful parent-child relationships are associated with angry aggressive behaviour^{20,21} whereas good relationships with care providers help minimize aggression and behaviour problems.²²

From age two, children begin 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. However, children with difficult temperaments are less likely to interact positively with peers, and this is an especially difficult problem in centres of low quality.²³ Moreover, children with difficult temperaments are especially likely to be affected, positively and negatively, by variations in the quality of care.^{24,25} Experiences with peers eventually help children with difficult temperaments to develop better social skills than do counterparts who have not experienced nonparental care.^{26,27}

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 later school performance.^{2,28,29} Almost all children (not only those from less stimulating home environments) appear to benefit cognitively, with both full-

and part-time attendance having similar effects.4,30

Conclusion

Do children in child care develop differently from those without child care experiences? Many scholars were initially worried that nonparental 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 nonparental 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 nonparental 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.² 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.

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