Putting Our Kids First: The Need for Systemic Changes in American Child Care

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The COVID-19 pandemic has magnified issues with the American child care system, chiefly that children are not our central focus. This is evident by the vast disparities in child care cost, access, and quality, leading to systemic inequities with detrimental consequences for child development and beyond. While we have an abundance of research to support evidence-based interventions that promote children's development, these interventions have not been a national priority. However, child care became a clear national priority when schools across the nation transitioned to distance learning in early 2020. Caregivers who continued to work on-site or on the front lines were suddenly confronted with urgent child care needs, often at substantial unbudgeted expense. Caregivers who transitioned to work exclusively from home had to manage their own employment while caring for their children. But was the loss of child care exclusively at the detriment of caregivers and their employment? No, and more critically, it became increasingly apparent that the lack of child care and on-site schooling was a significant loss for many children who depended on these systems for reasons outside of basic supervision needs. The pandemic upheaval presents an opportunity to prioritize child development and well-being as the foundation of our child care system and rebuild a correspondingly supportive infrastructure. This article explores the historical roots of the US child care system, including the disparities engrained within it, demonstrates the importance of child care in development, and imagines a new child care system that prioritizes children.

History of Current Child Care

Historically, the US approach to child care focused on parents and the workforce, but left marginalized groups behind. The system initially relied upon women remaining home, outside of the traditional workforce, to raise children. For example, the widows' pensions of the 1930s incentivized widowed mothers to stay home with children instead of looking for work, but pensions were typically not available to women who were not White and/or were of low socioeconomic status.[1] Eventually, such incentives for child care took the form of tax credits that have historically disproportionately benefitted upper and middle class households. Child care centers were formed during World War II as a means of accommodating a rapidly growing female workforce; however, the end of the war reduced the female workforce, resulting in vast closures of child care facilities. The decades following WWII included social and economic changes that led to more women working outside of the home without a commensurate increase in federally sponsored child care programs.

In the present, issues of cost, quality, and accessibility are major obstacles to child care for many American families. Child care is expensive, with some forms costing more in one year than a year of tuition at a 4-year public college, and an estimated total of $28.9 billion in wages is put towards child care annually.[2] Due to sheer need, working families are often pushed to the limits of their financial means when paying for care. For instance, the Department of Health and Human Services recommends that 7% of a family's income should go towards child care; however, 1 in 4 families spend over 10% on child care.[3] In addition to the significant financial costs of child care, availability is a major concern. For example, before the pandemic, 42% of children aged 5 or under lived in areas without adequate child care supply to meet the demand.[4] Further complicating matters, child care industry workers are often underpaid, averaging $22,000 a year in income, thereby contributing to high turnover, limited access, and diminished quality.[1,5] In short, even without the pandemic, American families are

left to compete for a limited number of available child care spots, and lower income families are disproportionally left with few feasible options. Despite our nation's prosperity, only 0.5% of the total GDP is spent on early childhood education, about half the average spent by other industrialized countries.[6] These data suggests that child care has been greatly underprioritized.

The Role of Child Care in Development

High quality child care programs offer child development opportunities well beyond addressing supervision needs, ranging from improvements in academic performance, psychosocial behavior, and positive health outcomes. While there are numerous permutations of child care, we will focus our review on two: early child care (infant to school-aged) and afterschool programs.

Early childhood encompasses a critical developmental period. Early child care programs have the potential to have profound impact during this developmental period, particularly in fostering optimal growth and preventing poor outcomes. For example, a meta-analysis of 22 early child education (ECE) programs (which typically target cognitive and socio-emotional development) found that participation in ECE led to a significant decrease in special education placement and grade retention as well as increased rates of high school graduation.[7] Investing in ECE programs, particularly those targeting disadvantaged children, has the potential to optimize early childhood development and reduce (or even eliminate) multiple disparities, leading to impressive economic return and substantial societal growth.[8] The most effective early education programs include elements related to the quality of the provider, sufficient learning time, evidence-based curricula, individualized child assessment, and meaningful family engagement.[9]

In the United States, Head Start programs, established in 1965, are free, federally funded programs for early childhood educational intervention that integrate educational and supportive services (eg, healthcare access, service access for children with disabilities, housing stability, parental job training and education) into care for low-income families. In the 2018-2019 program year, Head Start programs served 1,047,000 children (birth to age 5) and pregnant women,[10] yet about ten-times as many children ages 5 and under are considered low income in a given year.[11] Moreover, given our now expansive understanding of the relationship between adverse childhood experiences and later detrimental outcomes,[12] involvement in a child care program can be viewed as an intervention point to mitigate the effects of prior adverse experiences and to prevent future adversity, particularly given that adverse experiences have been heightened by the pandemic.

Afterschool and other child care programs for older children can also be viewed as important opportunities for growth and the prevention of poor outcomes. Programs that incorporate active play foster physical and social development by providing children the opportunity to feel a sense of control and self-efficacy.[13,14] Afterschool programs have been shown to improve qualities of grit, self-control, growth mindset, positive social behaviors and even motivation, traits often tied to success in adulthood. Similar to early childhood programs, success of afterschool programs appears related to quality and level of participation as programming with little engagement by children garners no tangible benefits.[14,15] Engaging youth in prosocial activities that are appropriately supervised, such as afterschool programs, can also prevent poor outcomes (eg, mental health, substance use, delinquency, victimization). In one striking example, consider the following statistic: violent crimes perpetrated by juveniles most frequently occur on school days in the hours immediately following the close of school.[16] And in fact, implementation of an afterschool park-based youth mental health promotion program in Florida was associated with a significant reduction in youth arrests.[17] Such an example illustrates how access to afterschool programs can meaningfully impact an individual's trajectory as well as the community and our greater society.

Moving Forward

From financial hardship to child care center closures to balancing workload and child care at home, the pandemic has magnified the barriers to high quality child

care while centers and providers struggle with safety and service in uncharted territory. Additionally, families already facing racial and economic disparities in care are most severely impacted.[18,19] Overall, this threatens child well-being, slows development, and increases educational and health disparities. Alternatively, child care reform that prioritizes child development and well-being by including healthy parent/family involvement in child care, reducing prohibitive costs to families, and investing in quality improvement could reverse this course. Child and adolescent psychiatrists are well-positioned to provide expertise and psychoeducation about child development and evidence-based interventions. For example, child psychiatry fellowship programs can partner with child care centers to provide consultation and identify children in need of further intervention while simultaneously providing substantial experience for trainees. Such potential collaborations additionally highlight the need to adequately train child psychiatrists to effectively provide appropriate psychoeducation.

If we are to have a system that prioritizes child development, we must start from birth. Notably, the United States is the only Organisation for Economic Co-operation and Development country without paid parental leave. Currently, the United States' Family and Medical Leave Act allows for 12 weeks of unpaid parental leave, which functionally covers only 56% of American workers, many of whom do not have the financial means to take an unpaid leave.[20] Unpaid parental leave has not shown clear benefits to child health outcomes, but in studies where benefits were found, they were isolated to socioeconomically advantaged groups,[21] thus increasing the health disparities between children of differing economic backgrounds. In addition to benefits associated with early bonding and attachment, paid parental leave has clear benefits to infant mortality across several studies, with reductions in mortality of around 3%, possibly due to increased breastfeeding, safer parenting behaviors, and greater utilization of healthcare, including immunizations.[21] Thus, any significant reform with the intent to improve the health and well-being of children will make paid parental leave a priority. This is an area where child and adolescent psychiatrists can serve as adovocates such as at the legislative level or in counseling a family facing child care choices.

Fiscal recovery from this pandemic will take the work of all industries and employees, pushing many families to utilize external child care. For some, increased access to high quality child care that is attached or in close proximity to (and even subsidized by) the parent's place of employment can strengthen bonding and attachment, decrease wasted and environmentally harmful commute time, and potentially impact parent and child well-being.

For all families, high quality child care must be affordable. One step to achieve this goal is implementing a sliding scale for child care costs that amounts to a maximum of 7% of the family budget. This would serve to decrease inequities in child care access as existing subsidies currently reach only a minority of eligible children.[4,22] Although financial barriers are often cited as an obstacle to quality improvement, investing in and prioritizing high quality, affordable, and accessible child care has profound developmental and economic implications that outweigh the initial financial investment.[8]

Finally, we know that high quality care includes education as well as the supportive services outlined earlier; however, further steps are necessary to enable universal implementation of evidence-based interventions. Such steps include ensuring providers are supported, well trained, and compensated at rates that reflect their critical role in supporting child development and well-being. There is likely to be pressure during the pandemic to cut corners on quality as providers face unprecedented circumstances in providing care, but is important to be deliberate and thoughtful in providing child care that is safe while fostering child development. Child and adolescent psychiatrists can provide psychoeducation to families and guidance at a systems-level to promote the most effective and impactful interventions for children.

Conclusion

As the pandemic progresses, child care programs are opportunities to address systemic inequity, provide

screening and evidence-based interventions when warranted, and add infrastructure and support at the community level. Focusing on child development and well-being will guide our use of resources to build a better child care system. Child and adolescent psychiatrists can play a critical role in building a child care system that truly prioritizes children.

Take Home Summary

The pandemic highlights issues of quality, cost, and access in child care. Ideally, child care optimizes child development and reduces socioeconomic disparities. Child and adolescent psychiatrists should serve as advocates and experts in the opportunity to build a better system.

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