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Children's Social Development within the Socialization Context of Childcare and Early Childhood Education

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Introduction

From our point of view, children's social development can best be understood as embedded within relationships with significant adults and peers and that these social relationships are embedded within larger contexts of social setting, culture, and societal organizations (Howes, 2000a). In more particularistic terms, we argue that 3-year-old Jenna's skillful (or maladaptive) play with her peer can be interpreted and explained only when we know that she is playing with Marissa, who has been her best friend since both girls were toddler age, and that she has a secure attachment relationship with her caregiver, Renna. Jenna's play can be even better interpreted when we add the information that both she and Renna are African American, that Marissa is Latino, and that the girls are playing in the Good Start Childcare Center, a well-funded full-day program that provides services to teen moms who are in school. We also believe that to fully understand Jenna's play competence it helps to understand that Jenna, an African-American girl from a poor family, is an "other" with regard to the dominant society that accords highest status to white males from affluent families. Because of this status as an other, Jenna will need to acquire social interactive styles within her extended family of grandmother, aunts, and cousins that are distinct from patterns or styles of interaction within the dominant society, and she will need to understand social cues for when to employ the different sets of patterns (James, 2000).

Social competence

Despite this emphasis on culture and society we are not arguing for a relativistic definition of social competence. We start from the premise that children (regardless of race, class, or home language) will develop social competence, but that the display of social competence and the processes of becoming socially competent may be different. Our definition of social competence is drawn from the peer relations literature, but is extended to include adult–child interactions and relationship (Howes, 1988a). Social competence is defined as behavior that reflects successful social functioning. To be successful, children must be both effective in meeting their own social goals with others and be sensitive to social communications from others so that their partners also are effective in meeting social goals. Both social interaction skills and positive relationships are included in the definition. Social incompetence or maladaptive social development is defined by relationships that are mistrustful, and by behavior that disregards the reciprocal nature of social interaction and relationships. One maladaptive category of social behavior is aggression or bullying which may achieve the actor's social goals but not the partner's. Another type of maladaptive category of social behavior includes avoidance, withdrawal, or passive acquiescence which does not achieve the child's social goals and may (or may not) achieve the partner's.

Social interactive style

In our work we use the term social interactive style to denote patterns of interaction that are particular to individuals who share a race or ethnic identity or home language. For example, in certain communities titles are important when children address an adult. Adults are either addressed as Mr., Mrs., Miss, Auntie, Uncle, etc. followed by their family name or first name. It is not uncommon to hear a child call a caregiver by her first name, but preface it with Miss. "Miss Helen, can I play with this?" In other communities, however, it is quite appropriate for children to address an adult by her first name only. In the African-American community, tone and eye expression are especially important in understanding social interactions. Mrs. Pettaway, a favorite among her 4 year olds, is helping the children needlepoint. Deondre is clearly frustrated and communicates this with his face as he continues to work on his project. Mrs. Pettaway calls to him, but he continues to fumble with his artwork. She then says, "Boy, get over here," in a sassy, but humorous manner. Deondre immediately breaks out in a smile and approaches her. While we do not want to imply that this is typical of all African-American caregivers, the tone and language of the interaction could be misunderstood outside of the African-American community. The caregiver plays with a harsh statement, but softens it so it becomes an endearment.

Another example lies in the Latino community's use of terms of endearments. It not uncommon to hear a caregiver say to a Spanish speaking toddler, "¿Papi qué quieres?" (Little father, what do you want?) or "Mami, ven acá" (Little mother, come here). The language used in these social interactions carries with it the feeling of warmth and nurturance.

Social interactive styles can be socially competent or maladaptive. We observed Jesse taunting his peer Lucia as he attempts to take her truck. In a loud assertive voice, Lucia

says, "No Jesse!" instead of hitting him. Lucia, in a "use-your-words" childcare program, is exhibiting socially competent behavior. Now, if Jesse were her caregiver and Lucia was supposed to have put the truck away 5 minutes ago, Lucia's loud voice would be socially maladaptive. Or if Jesse was teen parent Lucia's one-year-old child, Lucia's loud voice would be extreme and would be considered inappropriate. The interpretation of all these interactions depends on the context. As stated above, children must learn when and where to employ one style over another. The same behavior can be considered socially competent in one context and socially maladaptive in another. When Deondre rolls his eyes in an attempt to ignore his playmate's verbal directive, we rate Deondre as socially competent. If Deondre were to roll his eyes at Mrs. Pettaway, an adult, in an attempt to disobey her instructions, we would rate his behavior maladaptive.

Development and social competence

Because we are developmental psychologists we are interested in the development of social competence across time as well as context. Therefore, we assume that as children develop, their capacities for communication, cognition, and memory, social interaction patterns become more complex. Over time, children come to behave as if each participant is a social actor and that social actions between partners can be coordinated and communicated. With further development, children incorporate symbols and shared meanings into the interaction patterns(Howes, 1983, 1985, 1988, 1996; Howes & Tonyan, 1999; Howes, Unger, & Seidner, 1989).

 As much of our work is rooted in attachment theory (Bowlby, 1969), we also assume that over time children develop internal working models of their significant relationships with adults and with peers. To reach this understanding, we construe Bowlby's attachment theory as applicable to other-than-child–mother attachment relationships (Howes, 1996, 1999). According to this reinterpretation of attachment theory, relationships, whether attachment or playmate relationships, develop through multiple and recursive interactive experiences. Recursive interactions are well-scripted social exchanges which are repeated many times with only slight variation (Bretherton, 1985). Examples include child–adult interaction around naptime or repeated toddler-age peer run-and-chase games. From these recursive interactions, the infant or young child internalizes a set of fundamental social expectations about the behavioral dispositions of the partner (Bowlby, 1969). These expectations form the basis for an internal working model of a particular relationship. Therefore, through repeated experiences of social and social pretend play with a significant adult or peer partner, a child forms an internal representation of an attachment or a playmate or friendship relationship. It is important to note that both the structure and content of experiences interacting with a partner are part of the child's representation of the partner. Children who engage in more complex interactions are more likely to recognize the partner as a social other and construct a relationship. Furthermore, the content and context of the interaction is likely to influence the quality of the resulting relationship.

Childcare

In this chapter we apply this framework of social development embedded within relationships which are located within social settings, culture, and societal organizations to the social setting of childcare and early childhood education. Childcare and early childhood education is an awkward term which we will shorten to childcare. By this term we mean any regular arrangement of care provided for children by adults other than parent figures. The functions of these care arrangements always includes keeping children safe from physical harm and optimally includes providing a context for enhancing social and/or cognitive development. The adults who provide care in these settings may be grandmothers, neighbors, nannies, or teachers. Because the parents directly or indirectly communicate to their children that these other-than-mother adults are to keep them safe, these adults function (well or not so well) as attachment figures (Howes, 1999). Most, but not all, of the children in childcare are cared for in the presence of peers. In some settings, peers tend to be same-age nonrelatives, in other less formal arrangements, peers may be mixed-age and may be siblings or cousins. Thus, in terms of opportunities for experiences with adults and peers, childcare can be considered a socialization context for social development.

Childcare settings, according to our framework, are embedded within culture and societal organizations and, therefore, we begin a review of research examining this embeddedness. We will address the following questions: How do family markers of race, class, and home language influence the selection of childcare, the experiences within childcare of children and the continuity and discontinuities with home? How does the placement of the childcare setting within race, class, and home language culture and societal organizations influence process and interactions within childcare? And how does gender organize childcare experiences?

In the subsequent section we will examine the empirical basis for childcare as a socialization context for social development. We will briefly touch on the debate around childcare as a risk for the development of social incompetence, or as an opportunity or an intervention to enhance social competence. We will then move inside and past this debate to examine structural variations within childcare settings and issues of stability and change in childcare arrangements as influential to the development of social competence.

The final section of the chapter will focus on understanding the within-childcare socialization context. We propose a model that incorporates key dimensions for understanding processes of socialization within childcare: the peer group; caregiver–child relationships; children's dispositions and relationship history; and classroom climate.

Childcare, Culture, and Society

Within this section we will explore relations among childcare, culture, and society. The first issues to be explored are class (measured by family income), race, and ethnicity of children. The class, race, and ethnicity of children's families influence the selection of childcare settings for children. As a result most, but not all, childcare settings are homoge-

neous in class, race, and ethnicity of children and staff. What does this mean for the socialization experiences of children within the settings? And are there continuities or discontinuities between socialization experiences rooted in class, race, and ethnicity at childcare and at home? We then turn to the issue of gender and explore how children's experiences in childcare are organized by gender.

Class, race, and ethnicity

Selection of childcare.   Our expanded definition of childcare, care by someone other than parents, means that in the United States the majority of preschool children are experiencing childcare. In 1995 approximately 43% of 3-year-old and 70% of 4-year old children in the United States were enrolled in a center-based or formal childcare arrangement (Statistics, 1996). Estimates of the proportion of children enrolled in informal, unregulated childcare arrangements are more difficult to obtain. Census data from the early 1990s suggest that at least 20–30% of preschool children were cared for in informal or unregulated childcare – approximately 25% by a nonparent relative in or out of the child's home; 5% by a nonrelative in the child's home and 20% by an unrelated provider not in the child's home (Lamb, 1998). Two events in the mid-1990s influenced childcare usage. The passage of new welfare legislation means that more parents are required to transition off welfare into the workforce. Early reports suggest that most of the children affected by this legislation are enrolled in informal, unregulated care (National Center for Children in Poverty, 2000). As well, many states have passed initiatives to offer preschool services to 4-year-old children in the year before they enter kindergarten (Clifford & Early, 1999).

The particular care arrangements of children are influenced by parental employment patterns as well as family income and race and by the availability of care (Fuller, Halloway, & Liang, 1996; Holloway, Rambaud, Fuller, & Eggers-Pierola, 1995; Lamb, 1998; Phillips, Voran, Kister, Howes, & Whitebook , 1994; Singer, Fuller, Keiley, & Wolf, 1998). Children of higher income parents and children of very low income parents are most likely to be in formal center-based care. Lower income working parents are more likely to use informal care because they are less likely to be income eligible for subsidized center-based care and cannot afford to pay for unsubsidized care and/or they work swing or night shifts so that one parent is always home. High income families with unemployed mothers have traditionally used part time center-based care for preschool-age children. Low income families with unemployed parents before welfare reform typically used Head Start and other income-eligibility-based center care. As much of this care has been part time, many of income-eligible children are now either unable to use this care as their parents transition off welfare or they are enrolled in a patchwork of childcare arrangements to cover the hours of parental work.

Many studies find patterns of childcare usage linked to racial, ethnic, and home language characteristics of families. For example, Latino families, especially families in which Spanish is spoken in the home, are under-enrolled in formal care even when the mother is working (Fuller et al., 1996). While factors such as family choices or language issues may explain this pattern, when researchers map organized childcare availability onto family ethnicity, it appears that some of this variability in ethnicity is due to variability in supply of formal childcare (Singer et al., 1998).

Class, race, and ethnic socialization within childcare

Between 1988 and the present, four large-scale observational studies have been or are being conducted on representative samples of childcare in the United States. The Childcare Staffing Study (Whitebook, Howes, & Phillips, 1990) and the Cost Quality and Outcome Study (Helburn, 1995) focused on center care.. The Family and Relative Care Study (Kontos, Howes, Shinn, & Galinsky, 1995) observed in regulated family childcare homes and unregulated relative and nonrelative home-based childcare. The NICHD Early Childhood Research Network (NICHD, 1996) observed in a variety of childcare settings. From these studies a picture of a race, class, and ethnically segregated childcare system in the United States emerges. Most (but not all) children attend childcare in settings that are homogeneous in terms of children's family income level, race, and ethnic backgrounds. This means that to the extent that social interaction styles are rooted in class, race, and ethnicity (Coll et al., 1996; Coll & Magnuson, 1999), children do not experience discontinuity between home and childcare peer group social interaction styles.

It also means that we might expect children's experiences of interactions with peers within or between childcare to vary by the class, race, and ethnicity of the enrolled children. That is, for example, we might expect children in Head Start programs to have different patterns of social interactive styles than, for example, children in half-day preschool programs in affluent suburbs. Vaughn and colleagues (Bost, Vaughn, Washington, Cielinski, & Bradbard, 1998; Vaughn et al., 2000) in a series of carefully constructed studies have been testing this hypothesis. They report that despite differences in interactive styles, social competency as indexed by sociometric status, socially skilled interactions, social dominance, and reciprocated friendship are similarly interrelated constructs for children enrolled in predominantly African-American Head Start programs and for children from the dominant culture. This brings us back to the critical distinction between social interaction style and social competence discussed in the introduction: socially competent children vary in social interactive style.

What about the race, ethnicity and class of caregivers?   Adult caregivers in childcare vary in their own class and/or race and ethnicity, and therefore in their social interaction style. Exploration of the four large childcare databases described above suggests that most children are similar to their caregivers as well as peers in childcare in terms of race and ethnicity. While childcare caregivers generally are better educated than other women workers, they are paid far less than similarly educated workers which makes childcare workers' class position ambiguous (Whitebook, 1999). One line of research suggests that to the extent that adult caregivers in childcare settings are exposed to formal education and training in early childhood education, they may adopt values and/or social interactive styles that are associated with White middle-class interactive styles (Lubeck, 1985, 1996). If so, discontinuities between home and school social interactive styles may make it difficult for children (and their parents) (Baker, Terry, Bridger, & Winsor, 1997; Wang & Gordon, 1994). Instead of feeling safe, children may feel out of place, unwanted, or not sure about how to behave and whom to trust.

As part of a larger project that explores race, ethnicity, and childcare quality we have

conducted case studies on 12 center-based childcare programs that are respected in their communities for providing services to families and children who are low income and predominantly children of color. We were interested in examining the very specific ways that children spend their time during the day, and the interactions they had with adults and peers. We wanted to know who the staff was that was working with the children specifically, what motivated them to become caregivers, and what were their attitudes toward working with families. We wanted to look at the mission and focus of each center. In line with the need to capture content inside of context, we incorporated a mixed-method approach by interviewing staff and observing and participating in the classrooms of these centers.

Seventy staff members (66 women; 59 teaching staff) participated in this study. 40% of the program directors were African American, 30% Latino, and 30% White. 55% of the teaching staff were Latino, 26% African American. The others were White, Asian or biracial. All of the teaching staff was highly educated in child development: 83% of the directors had MA or Ph.D. degrees; 55% of the head caregivers had BA degrees; and 79% of the assistants had AA degrees.

From our ethnographic work seven different categories of program philosophy emerged, ranging from providing a safe environment and positive trusting social relationships, through helping young children understand and appreciate differences based on race, gender, or disability, to providing academic preparation for school. We created, based on staff interviews, categories of caregivers' motivation to teach. Caregivers who report being motivated for the community see themselves as self-consciously involving themselves in their work in order to transform their own community into a community of which they wish to be a part. In contrast, caregivers that are motivated for the children gain little for themselves because their efforts are always for the children, children not necessarily from the caregiver's "heritage" community, but children from all communities. Caregivers of every ethnic, racial, and educational background subscribed to each of the program philosophies and motivations to teach.

Using our observational data, we examined differences in caregivers' behaviors with the children based on caregiver ethnicity, educational background, motivation to teach, and program mission (Howes & Ritchie, in preparation). We found that while an association between ethnicity and educational background existed, teaching motivation and program missions better explained the differences in behaviors.

These findings suggest that while socialization for social development within childcare is embedded within race and ethnicity, individual variations in motivation to teach and to provide services for children are equally important to consider. Having said this there were again subtle stylistic differences particular to race and ethnicity. For example, African-American caregivers invoked the construct of other-mothers, the notion that women who are not children's biological parents are responsible for the well-being of children who are not otherwise receiving adequate care and attention. While Latino caregivers talked about creating an extended family that took care of women and the children associated with them.

Gender

Childcare settings, of course, include both girls and boys at a period in development important for the acquisition of gendered behavior styles. Adult caregivers in childcare settings vary in their use of gender as an organizing category within the program. In two of our case study programs children as young as 2 years old must form lines based on gender, and be careful not to use the bathroom of the opposite sex. In one of these programs, girls and boys wear different uniforms, and the girls are in skirts or jumpers. And in another the roles in a preliteracy activity involving acting out fairy tales are carefully assigned to the appropriate gender children. This is in dramatic contrast to another program that has fully implemented the National Association for the Education of Young Children's Anti-Bias Curriculum (Derman-Sparks, 1989) and actively corrects children and adults who consciously or inadvertently attempt to impose traditional sex role behaviors on children as well as highlights when children or adults behave outside of predetermined roles. Yet another program delights in its well-equipped dramatic play area and energetically encourages girls to pretend to be plumbers and boys to take care of the babies.

Maccoby (1998) argues that the peer group has a more powerful socializing effect on gender than adults, either parents or caregivers. She analyzes large bodies of biological, psychological, anthropological, and sociological evidence to conclude that children, by age 3, separate into gender-segregated peer groups. Within these peer groups children develop the social behaviors and interaction styles specific to their gender. This suggests that children's experiences in childcare are gender specific, that because children are spending their childcare daytime hours in childcare they have multiple opportunities for socialization by same-gender peers in gender-segregated groups.

Gender segregation appears to influence the style rather than the competence of peer play. There are well-established differences in the content of the play of boys and girls (Maccoby, 1984). However, consistent with the lack of racial and ethnic differences in the competence of peer play, there appear to be few gender differences in the competence of children's peer play (Howes, 1980, 1988; Howes & Matheson, 1992). Girls and boys of the same age engage in structurally similar play, although the social interaction style and content may differ. For example, both a game of mother, sister, and baby among girls, and a game of the day the tigers ate the village among boys are very likely to be rated as competent social pretend play.

Gender socialization within segregated peer groups does not entirely negate the role of the adult values in the organization of experiences in childcare. If the adults in the childcare setting encourage the girls to use the tool bench, make airplanes, and run frantically around the yard being women pilots, they are acknowledging that girls are active, powerful, and able to do anything. If instead, caregivers ignore or covertly encourage the boys to rule the play yard and block corner, the girls' group will have a different repertoire of self-images. Thus caregivers can support or actively disconfirm traditional gender socialization.

In this section of the chapter we have argued that because childcare is embedded within a larger society which is organized by class, race, ethnicity, and gender, children's experiences in childcare are as well. Because childcare programs tend to be economically and racially segregated, children in childcare will acquire social interactive styles specific to

these segregated environments. We have further argued that these differences in social interactive style are not associated with social competence.

Childcare as a Particularly Efficacious or Detrimental Context for Social Development

The social institution of childcare as we have defined it is rooted in two somewhat contradictory traditions. Prior to the dramatic increase in workforce participation of middle and upper income women in the 1970s, preschools and nursery schools were considered educational experiences. Half-day programs either served as intervention programs for children of lower income families or enrichment social experiences for children of affluent families. Daycare was a social service for the children of women who had to work. Full-day center-based programs and informal care by relatives and neighbors provided primarily custodial care. Beginning in the 1970s these two functions began to merge so that childcare provided both a caregiving and an educational function. Research on the social experiences of children in childcare and the influence of these experiences on children's social competence also began to flourish in the 1970s (Rubenstein & Howes, 1979; Ruopp et al., 1979). By the end of the decade an important review article concluded that although the full range of childcare setting had not been studied, preschool-age childcare did not appear to be detrimental to children's social development (Belsky & Steinberg, 1978).

This researchers' consensus began to break down beginning in 1986 with a series of reports in the popular media and research literature suggesting that childcare might adversely affect infant–parent attachment and related aspects of social development (Belsky, 1988). There were at least two parts to this argument. One part suggested that the experience of being enrolled in childcare as infants would interfere with the construction of secure parent–child attachment relationships. The theoretical and methodological explanations necessary for the full discussion of this issue are beyond the scope of this chapter. For a full review see Lamb (1998). The conclusion of Lamb's review and the large NICHD childcare study (NICHD, 1997) is that most infant–mother attachments are not adversely affected by childcare enrollment.

The second part of Belsky's argument is that the experience of childcare will negatively influence the development of significant dimensions of social competence: compliance with parents and childcare providers; relations with peers; and behavior problems (Bates et al., 1994). These issues are germane to this chapter and will be reviewed in some detail. Again there are both theoretical and methodological issues within this argument. Belsky (1988) grounded his argument within attachment theory. Children with insecure child–mother attachments are expected to be less socially competent as older children than children with secure child–mother attachments. But more recent evidence suggests the strength of this relation is more modest than previously assumed (Thompson, 1999). Furthermore, there is increasing evidence that children's attachment relationships with someone other than the mother, most notably in children attending childcare their relationship with the childcare provider, shape children's social competence (Howes, 1999; Lamb, 1998; Thompson, 1999).

Some of the methodological issues inherent in this controversy lead us back to issues of social competence versus social style. For example, how do we understand and measure compliance? When is compliance autonomy and when is it defiance? What are the most important outcomes to measure in the area of peer relations – cooperation and friendship or aggression – and how should they be measured?

However, the most substantive methodological issue concerns the mediating variables of family environment and childcare quality. When family environment is considered, the simple main effect of childcare is not influential in understanding the development of children's social competence (Lamb, 1998; NICHD, 1998). That is, childcare enrollment appears to have little or no direct effect on the development of children's social competence when the influences of family are taken into consideration. However, when childcare quality is used as a mediator it does appear to have an effect, although not as large an effect as that of family influences (McCartney & Rosenthal, 2000).

Defining childcare quality

There is general agreement among researchers that childcare quality can be defined and reliably measured (Abbott-Shim, Lambert, & McCarty, 2000; Kontos et al., 1995; Lamb, 1998; NICHD, 1996). Whether parents agree with researchers' definition of childcare quality is a matter of some debate. See reviews by Lamb (1998) and by Dahlberg et al. (1999). However, parents and researchers agree that good childcare provides children with warm and positive relationships with childcare providers, a safe and healthy environment, and opportunities for children to learn (Hofferth, Shauman, Henke, & West, 1998; Kontos et al., 1995). As discussed in the introduction, childcare can take many forms. However, the markers of quality remain stable across these forms, except for informal or unregulated care which is generally lower in quality than regulated or formal care (Hofferth et al., 1998; Kontos et al., 1995).

Researchers have identified two dimensions of childcare quality: process and structure. Process quality captures the day-to-day experiences of children in childcare. The cornerstone of process quality is the relationship between the provider and children. Children whose childcare providers give them ample verbal and cognitive stimulation and generous amounts of individualized attention perform better on a wide range of assessments of social development (Howes, 1999; Peisner-Feinberg et al., in press). Stable providers are essential for development of these trusting and positive provider–child relationships. More stable providers engage in more appropriate, attentive, and engaged interactions with the children in their care (Raikes, 1993; Whitebook et al., 1990). Children who do not have stability and consistency in regards to their providers are more aggressive and less skilled with peers (Howes & Hamilton, 1993).

Structural dimensions of childcare are features that predict warm, sensitive, and stimulating adult–child interactions (Phillipsen, Burchinal, Howes, & Cryer, 1997; NICHD, 1996). Across all of the comprehensive research linking structural dimensions of childcare to childcare quality and to children's optimal outcomes, three dimensions emerge as most predictive: childcare providers' compensation, education and specialized training, and adult:child ratio (Abbott-Shim, Lambert, & McCarty, 2000; Helburn,1995; Kontos et al.,

1995; NICHD, 1996; Phillips, Mekos, Scarr, McCartney, & Abbott-Shim, in press; Ruopp et al., 1979; Whitebook et al., 1990). Childcare adults with higher levels of compensation, with more advanced education and specialized training in child development, who work with smaller groups of children are most often found in settings with higher quality ratings, are more effective with children, and are associated with more optimal child development outcomes in children.

Influences of childcare quality on social development

The positive effects of childcare quality on virtually every facet of children's development are one of the most consistent findings in developmental science. The effects of childcare quality on children's development are only about half as large as those associated with family environments, but emerge repeatedly in study after study and are consistent across children of every ethnicity and every language group. Some (but not all) research suggests that high quality care, especially center-based care, is particularly beneficial for low-income families (Burchinal, Ramey, Reid, & Jaccard, 1995; Caughty, DiPetro, & Strobine, 1994; Hart et al., 1998). All of the research that we report has controlled for family background effects. This means that researchers first accounted for family influences and then looked at the influences of childcare. The findings are consistent across all forms of childcare, but it is extremely important to understand that the positive influences of childcare on children's development are only found when the childcare is high quality.

Children enrolled in high quality childcare are more likely as toddlers and preschoolers to cooperate and comply with their mothers and childcare providers (Field, Masi, Holdstein, Perry, & Park, 1988; Howes & Olenick, 1986; NICHD, 1998; Phillips, McCartney, & Scarr, 1987). Children enrolled in high quality childcare as infants and toddlers are more likely as older children to cooperate with caregivers, and in the eyes of caregivers and parents, to have fewer behavior problems. In the longest-studied children, these findings persist into adolescence (Andersson, 1989, 1992; Field, 1991; Howes, 1988b, 1990; Howes, Hamilton, & Phillipsen, 1998).

Children enrolled in high quality childcare as toddlers and preschoolers are more socially competent with peers and less likely to be aggressive or withdrawn from peers as young children (Deater-Deckard, Pinkerton, & Scarr, 1996; Harper & Huie, 1985; Holloway & Reichert-Erickson, 1989; Howes, 1990; Howes, Matheson, & Hamilton, 1994; Howes, Phillips, & Whitebook, 1992; Kontos, Hsu, & Dunn, 1994; Lamb et al., 1988; NICHD Early Childcare Network, in press; Phillips et al., 1987). Children enrolled in high quality childcare as toddlers and preschoolers are more socially competent with peers and less likely to be aggressive or withdrawn from peers into adolescence (oldest children studied) (Andersson, 1989, 1992; Howes, 2000b; Pianta & Nimetz, 1991).
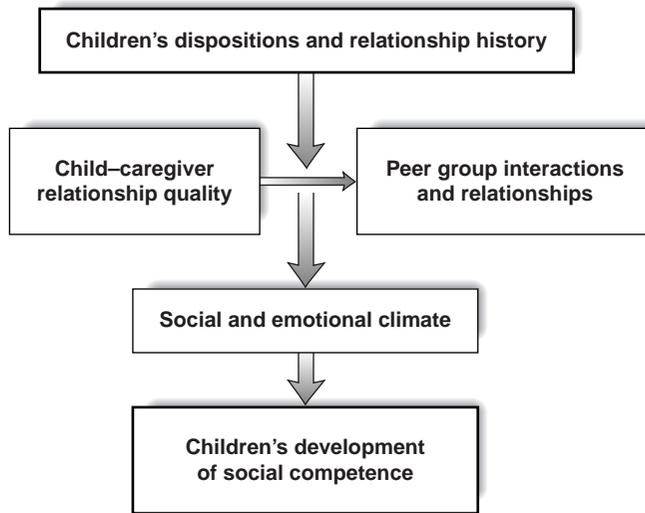
Figure 8.1   A model for understanding processes of socialization within childcare.

Process Model for Understanding the Within-Childcare Socialization Context

In the most comprehensive and recent review of the influences of childcare on children's development, Lamb (1998, p. 116) concludes that " . . . the global indices of quality that have served a generation of researchers and regulators so well must now yield center stage to a generation of more refined measures and concepts that allow practitioners to determine whether and how specific practices have the desired effects on children's learning and development." In the final section of this chapter we contribute to this effort by proposing a model that incorporates key dimensions for understanding processes of socialization within childcare: the peer group; caregiver–child relationships; children's dispositions and relationship history; and social and emotional climate.) The conceptual pathways between these dimensions are in Figure 8.1.

Children's dispositions and relationship history

We make two assumptions in the first section of this model. The first assumption is that children enter childcare with a relationship history and dispositions that are consistent (or inconsistent) with positive social interactions and relationships. The second assumption is that both dispositions and relationship history will contribute to the construction of positive child–caregiver relationships and to positive peer-group interactions and relationships. The specific dispositions that we are interested in are dispositions towards regulation of

emotions and impulses. Children who are able to strike a balance between their own desires and interests and those of the other children and caregivers are the children who are able to regulate and control their emotions and impulses (Eisenberg et al., 1997; Fabes et al., 1999; Rothbart, Ahadi, & Hershey, 1994). If children have these dispositions or are helped to develop them within childcare they are more likely to engage in harmonious interactions with others and to develop positive relationships with others (Howes & Ritchie, in press).

Attachment theory suggests that children come to childcare with an attachment organization that functions as a working model of adult–child relationships (Bowlby, 1969). Children use their working model as a map or blueprint for ways to engage with new caregivers. Therefore, when children encounter a new caregiver, they tend to act towards this new adult in ways that are consistent with their prior relationship history, their working model. This means that children will act towards a new teacher in ways that may have been adaptive in the past, but will not, particularly in the childcare environment, lead to a positive relationship (Sroufe, 1983). Children with maladaptive prior attachment histories may "set the caregiver up" for replicating distrustful, insecure relationships. These models for relationships may come from home or from prior childcare experiences (Howes & Ritchie, in press).

Child–caregiver relationship quality

There is now a large body of evidence on the validity of assessing attachment relationships between children and teachers, identifying and examining antecedents of different qualities of relationships between children and their teachers and examining the concurrent and long-term correlates of different relationship qualities and children's social competence. In brief, the findings of these studies suggest that child–caregiver attachment relationship quality can be reliably and validly assessed, that similar processes are implicated in the formation of child–alternative caregiver attachment and child–mother attachment relationships of different qualities, and that child–alternative caregiver attachment security predicts social competence in the long and short term (Howes, 1999). Children with more positive child–caregiver relationships appear more able to make use of the learning opportunities available in childcare (Howes & Smith, 1995), and construct more positive peer relationships in childcare and as older children (Howes et al., 1994, 1998; Howes & Tonyan, 2000).

Peer group interactions and relationships

The development of children's peer relations may be semi-independent of their relationships with adults (Hay, 1985). This argument is based in part on the premise that the construction of social interaction with a peer is different than with an adult. Peers, unlike adults, are not particularly more knowledgeable or skillful in social interaction than the infant or toddler. But, to their advantage, peers share interests in activities that adults generally do not. Most adults quickly tire of games like run-chase or jumping off a step.

There is evidence that with more time in a particular peer group children do become more socially skillful at interactions and friendships (Howes, 1988a).

The perspective that peer relations are primarily constructed within peer groups is not necessarily at odds with an attachment theory perspective. It is possible that early adult–child attachment relationships serve to orient children towards or away from the peer group. Children with secure adult–child attachment relationships would perceive peers as potentially fun and interesting social partners, enter into peer play, and with experience become socially skilled. Children with insecure adult–child attachments would perceive peers as hostile or threatening and withdraw from or aggress towards peers. Once a child has withdrawn from peers or has constructed antagonistic patterns of interaction and relationships, it may be especially difficult to develop alternative behaviors with peers (Howes & Phillipsen, 1998). Unlike some sensitive adults who can understand that what appear to be maladaptive behaviors are instead based on mistrust; peers may perceive the potential peer partner as unpleasant and to be avoided. A skillful adult can work to disconfirm a child's hostile or withdrawing behavior. A peer is more likely to react in ways that maintain the maladaptive sequences.

Social and emotional climate

The positive or mistrustful nature of child–caregiver relationships and interactions and the positive or maladaptive nature of peer interactions and relationships contribute to the social and emotional climate of the childcare setting. Imagine a childcare setting in which most of the interactions were harmonious and respectful, in which children and adults worked together on projects, in which a child who was distressed or frustrated was comforted and helped, and in which laughter and other expressions of positive affect predominated. Contrast this with a childcare setting in which children were ridiculed for being different, talked to and touched in a harsh rejecting manner, competed rather than helped each other, and the general tone included mistrust and anger. The development of social competence would be to take different paths in these two extremes. Because childcare is ultimately an experience of "living" within a group, it is insufficient to understand the development of a child's social competence as isolated from the group. One piece of evidence that supports the importance of the social and emotional climate of childcare is an analysis of the Cost Quality and Outcome database that finds that climate in preschool childcare centers in addition to child–caregiver relationship quality and children's dispositions predicted peer relations in second grade (Howes, 2000b).

Closing Thoughts

It remains for future researchers to continue the program of studies that would confirm (or disconfirm) this or other models of socialization within childcare. In this chapter we have argued that socialization for the development of social competence (or maladaption) in childcare occurs within a society organized by class, race, ethnicity, and gender. Therefore

childcare as a setting for socialization cannot be disentangled from these organizers and children are socialized into social interaction styles that are embedded within class, race, ethnicity, and gender. We have further argued that childcare per se cannot be considered an environment that is either detrimental to or enhancing of social development. We presented evidence that childcare quality does influence social development (although not independently of the influences of family environments). And finally we proposed that future research on socialization within childcare attend to multiple dimensions of variation within childcare.

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