Correlates of Family Routines in Head Start Families

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Abstract

The popular parenting literature places great importance on the role of routines in children's lives. Empirical research on family routines, however, is limited. This study examined correlates of family routines in a Head Start population in order to better understand their significance in the lives of families. Weak correlations were found between family demographic characteristics and the number of established routines in the home. No correlations were found between family routines and teacher and observer ratings of child outcomes and standardized test scores for the full sample. Mothers' reports of their depression levels and their children's behavior problems were correlated with the number of routines in the home. Interesting sex differences emerged, in that teachers' and observers' ratings of girls' outcomes and mothers' ratings of girls' behavior were related to the number of family routines, but boys' behavior was not.

Introduction

As families cope with the joys and difficulties of raising young children, they look for strategies that can simplify their lives and help their children succeed in an increasingly complex world. Today's low-income families are often faced with the necessity of juggling work (possibly two jobs), child care, and multiple children in the family. The popular parenting literature recommends that routines be established for children (and the family) in order to help children cope with multiple transitions during their day (Beam, 2000; Beck, 2002; Bell, 2001; Bempechat, 2000; Kennedy, 2001). Teachers are taught how to establish routines within the classroom (Butterfield, 2002), and they often counsel parents about the importance of routines in the home. The parenting literature and developmentally appropriate guidelines (Bredekamp & Rosegrant, 1992) both suggest that routines are very important, especially for young children (Rogoff, 1990). The empirical research on family routines, however, is limited. The existing research does conclude that routines are positive for children and their families, yet we must have sufficient empirical support in order to continue this "common-sense" strategy of parents and teachers.

Family routines are defined as the predictable, repetitive patternings that characterize day-to-day, week-to-week existence within a family unit (Boyce, Jensen, James, & Peacock, 1983). Routines are made up of several components including the regularity of an activity, who is responsible for planning and carrying out the activity, and what roles are assigned (Fiese & Wamboldt, 2000). Fiese (2002) distinguishes between routines and rituals. Rituals involve symbolic communication conveying what it means to be part of a relationship, while routines involve instrumental communication conveying what needs to be done. This distinction is relatively new to the research on family routines; therefore, older instruments and research do not distinguish between the two. This study uses the former definition of Boyce, Jensen, James, and Peacock (1983).

Family routine practices are not static but follow a developmental course; they change as children grow (Fiese & Wamboldt, 2000). Routines appropriate for toddlers may no longer be developmentally appropriate for children in elementary school. Although most early childhood classrooms incorporate routines, families vary dramatically in how routinized their daily lives are. Families with more risk factors are assumed to have lower levels of routinization in their homes, although some recent research shows that low-income families show variability in their number of routines and many have moderate amounts of routines (Fiese, 2002; Kubicek, 2002).

The predictability associated with routinization in the family provides children and parents a stable influence in an otherwise unpredictable world. Routines within the family are postulated to foster a sense of stability, cohesion, and overall satisfaction with family life (Jensen, James, Boyce, & Hartnett, 1983). They allow children opportunities to develop a sense of connection and belonging to the group, and they provide a sense of comfort and security (Brody & Flor, 1997; Fiese & Wamboldt, 2000). Routines have been examined by several researchers as a possible buffer to adverse life events and as a predictor of family satisfaction, cohesion, and child social competence (Boyce, Jensen, James, & Peacock, 1983; Jensen, James, Boyce, & Hartnett, 1983; Keltner, 1990; Sprunger, Boyce, & Gaines, 1985). Routines within the family have been related to characteristics of the mother such as depression and personality (Churchill, Stoneman, & Brody, 1996) and to the mother's sense of competence as a parent (Sprunger, Boyce, & Gaines, 1985). Routines can serve as a buffer and assist in adjustment for families with a chronically ill member (Fiese & Wamboldt, 2000; Markson & Fiese, 2000). Most of the research on routines was conducted in the 1980s, yet recent research by Fiese (2002) verifies the early links between routines and children's academic performance and social competence. Further research is needed, however, on how variation in routines is related to various child outcomes (Kubicek, 2002). The type and extent of routines vary dramatically across cultures, and information on these aspects is needed for appropriate programming for families and caregivers (Kubicek, 2002). This literature provides a reasonable background to further explore the relationship between family routines and characteristics of the family and outcomes for the child.

The limited research on family routines along with the theoretical background behind these studies suggest that routinization within the family can buffer a child from adverse circumstances, thereby fostering more positive child outcomes. Routines can provide a general framework for children to organize and recall (Hudson & Shapiro, 1991), fostering improved cognitive recall and storytelling. This study examines correlates with routinization in Head Start families. Head Start is a population uniquely suited to this type of study; families are considered to be at risk in part because of the multiple stressors in their lives. Routines could also be used as an ideal point of intervention for these families. The narrow population for this study limits generalizations but allows an examination of the importance of routines within a particular high-risk population.

Several areas of potential correlates are examined in the following review. These areas were chosen based upon the existing literature and theory about routines. Because of the limited research in this area, we chose to include many potential variables. We did choose variables with hypotheses in mind and feel justified with the inclusion of many variables because of the relative lack of empirical research in this area. Individual characteristics of the child, the mother, and various child social-emotional and cognitive outcomes were studied.

Temperament is considered to be an individual difference among children (Lerner & Lerner, 1983) and is most often used to refer to behaviors that show consistency over time and context (Rothbart & Bates, 1998). Researchers have concluded that several temperament characteristics are at least partly genetically determined (Buss & Plomin, 1984; Buss, Plomin, & Willerman, 1973; Kagan, 1998; Rothbart & Bates, 1998). Its predictive utility for cognitive outcomes (Barclay, 1987; Keogh, 1982; Martin, 1983; Martin, Drew, Gaddis, & Moseley, 1988; Schoen & Nagle, 1994) and social outcomes (Billman & McDevitt, 1980; Brody, Stoneman, & Burke, 1988; Carson, Wagner, & Schultz, 1987; Klein, 1982; Korn & Gannon, 1983; Pfeffer & Martin, 1983; Rende & Plomin, 1992; Wallander, Hubert, & Varni, 1988) has been assessed by many researchers over the past several decades. Indeed, some temperament measures include routinization or stability as a child temperament characteristic (Rothbart & Bates, 1998). We hypothesized that families with children who were rated as more active and emotional would have fewer routines, while those families with children rated higher on manageability would have more routines. A child's temperamental style can affect the parent's ability to establish routines within the home. Highly active and emotional children may be more resistant to the

establishment of routines.

Mother's depression was used in this study as a measure of the mother's psychological health. A mother's depression has been found to affect many aspects of the family's life and the child's well-being (Briggs-Gowan, Carter, & Schwab-Stone, 1996; Brody & Forehand, 1986; Radloff, 1977; Stoneman, Brody, & Burke, 1989). We hypothesized that lower levels of mothers' reported depression would be correlated with higher levels of routines—hypothesizing that adults in the household establish routines, and their mental health will affect the establishment and maintenance of the routines.

The limited research on routines suggests that children's behavior problems could be related to family routinization. Because family routines may act as a buffer to stress for the entire family, we propose that children in highly routinized families will show more positive cognitive and social outcomes. This study chose to measure several cognitive and social-emotional outcomes under the assumption that both cognitive and social-emotional outcomes must be included in order to gain an understanding of the child's overall development. Children's behavior problems, as reported by their mothers, were hypothesized to be related to family routines. Higher levels of routines were hypothesized to be correlated with fewer behavior problems and better social skills (as reported by teachers and rated by observers). Children's cognitive outcomes were measured via a standardized test, teacher ratings, and observer ratings. It was hypothesized that higher levels of routines would be correlated with higher cognitive outcomes.

Method

Sample

The sample consisted of 147 Head Start families. The families were recruited over a 3-year period in northeast Georgia as part of a larger study. The mean age of the children was 50.5 months (range of 32 to 67), and 55.6% of the mothers were African American. Because data were missing on some variables, the sample size for these analyses was 125 (62 boys and 63 girls). Mothers' average income was $1,214 per month, and mothers' average age was 28.5 (range of 21-55; one respondent was a grandmother). The majority of mothers were not employed outside the home (64.1%), and 62.7% had at least a high school diploma or GED.

Procedure

All of the mothers were interviewed in their homes, where they answered the *Family Routines Inventory*(Jensen, James, Boyce, & Hartnett, 1983), the CES-D (Radloff, 1977), and the *Child Behavior Checklist*(Achenbach, 1994), and the children were tested by trained researchers who administered subscales of the*Woodcock-Johnson Tests of Achievement* (Woodcock & Johnson, 1990). Permission was obtained from the mothers to collect information from the children's teachers, who were delivered questionnaire packets and asked to mail them to the researchers. The teachers rated the child's temperament using the *Temperament Assessment Battery* (Martin, 1984) and the child's cognitive abilities using the *Harter Scales of Perceived Social and Cognitive Competence, PK* (Harter & Pike, 1984). The children were also observed in their Head Start classrooms with the *MAPS Developmental Observational Scales* (Bergan, Feld, Reddy, Li, Schwarz, & Cheng, 1992). Descriptive statistics and reliability estimates can be found in Table 1. These scales were chosen as representative of an individual child difference (temperament), a mother characteristic (depression), and child cognitive and social-emotional outcomes. Family demographic information was also collected from the mothers.

Table 1
Descriptive Statistics and Reliability

				Cronbach's

Variable	Mean	SD	Range	alpha
Family routines	28.76	5.6	12-41	.64
Child's temperament				
Manageability, teacher	30.83	4.8	14-40	.82
Emotionality, teacher	13.95	4.1	7-26	.67
Activity level, teacher	20.24	6.8	8-37	.88
Manageability, mother	30.83	5.8	14-40	.67
Emotionality, mother	13.95	4.1	7-26	.63
Activity level, mother	20.24	6.8	8-37	.66
Mother's depression				
Depressed affect				.85
Happy				.70
Child social-emotional and cognitive outcomes				
Harter, peer	19.11	4.2	7-24	.92
Harter, cognitive	10.10	3.4	6-24	.79
Conduct disorders	28.76	5.6	12-41	.74
Anxiety/withdrawal	6.35	3.6	0-18	.92
Woodcock-Johnson, skills	79.61	22.1	0-127	
Woodcock-Johnson, math	88.70	19.8	0-127	
MAPS, social	509.34	48.79	394-18	
MAPS, emerging math	541.47	41.8	416-631	
MAPS, science	517.63	45.2	419-608	
MAPS, literacy	493.40	32.1	399-573	

The *Family Routines Inventory* (Boyce, Jensen, James, & Peacock, 1983; Jensen, James, Boyce, & Hartnett, 1983) is a 4-point Likert-type scale in which mothers were asked to rate how often a routine was performed in their family (e.g., family eats dinner at the same time each night, children go to bed at the same time each day). Mothers were asked to rate how many times a week each routine occurred. The total score represents the family's amount of routinization (the higher the number, the more the routinization). Only 14 items from the original scale were used. Based on previous work, some of the items were found to be not applicable or inappropriate for this sample (see Brody & Flor, 1997).

Mothers completed the CES-D (Radloff, 1977) as administered by trained interviewers in their home. The scale contains 20 items rated 0 to 3: rarely or none of the time to most or all of the time. The scale was divided into two subscales: depressed affect and happy. Higher scores indicate higher levels of the trait.

The *Temperament Assessment Battery* (Martin, 1984) is a 5-point Likert-type scale in which teachers and mothers rate child characteristics. The items were combined into subscales designated emotionality, manageability, and activity level. Higher scores on the subscales reflect higher values of a trait.

The *Harter Scale of Perceived Social and Academic Competence, PK* (Harter & Pike, 1984) was completed by Head Start teachers. This form asks teachers to rate children's abilities on various cognitive and social skills. Only two of the subscales, cognitive and peer, were used for these analyses because of low reliabilities on the other subscales. The higher the score on the subscale, the higher the perceived ability of the child.

Three subscales—letter-word identification, dictation, and applied problems—of the *Woodcock-Johnson Tests of Achievement* (Woodcock & Johnson, 1990) were administered to the children in their homes by trained interviewers. The letter-word identification and dictation subscales were combined and standardized, resulting in a skills score. The applied problems subscale was standardized and is referred to in the tables as math. Reliability estimates for these scales are based on those reported in the test manual. The higher the score on a scale, the higher the achievement of the child.

The *MAPS Developmental Observational Scales* (Bergan, Feld, Reddy, Li, Schwarz, & Cheng, 1992) is an activity-based developmentally appropriate approach to the assessment of young children's abilities. This instrument was developed specifically to avoid norm-referenced and criterion-referenced techniques. It uses a path-referenced assessment that specifies ability by referencing performance to a position on a path of development (Bergan, 1981, 1988). Emphasis is placed on problem solving and higher-order thinking rather than rote facts. *MAPS* consists of four paths: (1) early math, (2) emerging literacy, (3) nature and science discovery, and (4) social development. Assessment with *MAPS* occurs in the context of daily routines and activities taking place in the children's natural environment. Higher scores indicate a higher progression along the developmental path.

A reduced version of the *Child Behavior Checklist (CBC)* was used to measure child social outcomes. The *CBC*was developed by Achenbach (1994) to assess problems and competencies in children through the ratings of various informants. Informants are asked to rate each item as 0 = not true of their child; 1 = somewhat or sometimes true; or 2 = very true or often true of their child's behavior in the past 6 months. For this study, two subscales were used: conduct disorders and anxiety/withdrawal.

Results

Demographic characteristics of the families were examined for relationships to family routine levels. The number of family routines was not correlated with income, mother's education, or number of children in the home. Routines were related to employment status of the mother (F = 4.47, r^2 = .03, $p < .05$) and presence of a partner in the house (F = 4.01, r^2 = .03, $p < .05$). Non-employed mothers, those with more education, and those with a partner in the house had higher numbers of routines in the family. The variance explained by these variables, however, is very small. There were no differences by gender of the child.

Correlation analyses were used to examine relationships between number of routines and the dependent variables (see Table 2). Standardized tests and observations by outside observers (*Woodcock-Johnson* and*MAPS*) did not reveal any significant correlations. Temperament ratings of the child by the teacher also did not reveal any significant correlations. Temperament ratings by the mother, however, showed strong correlations with the number of routines; highly manageable and low-emotional children had more routines in their home. Mothers' ratings of behavior problems were also correlated with routines. Mothers who reported higher levels of routines reported fewer externalizing behaviors (conduct disorders) in their children. Mothers' depression was significantly correlated with the number of routines in the home; more depressed mothers reported lower levels of routines.

Table 2
Correlations with Level of Family Routines

	Routines		
	Total Sample	**Boys**	**Girls**
Manageability, teacher	.03	-.01	.08
Emotionality, teacher	-.07	.02	-.18
Activity level, teacher	.02	-.08	.09

Manageability, mother	.28**	.18	.39**
Emotionality, mother	-.37**	-.26*	.47**
Activity level, mother	-.17	.02	-.37**
Depressed affect (mother)	-.42**	-.43**	-.42**
Happy (mother)	.40**	.43**	.39**
Harter, peer	-.02	-.02	.35**
Harter, cognitive	.19	.19	.06
Woodcock-Johnson, skills	.14	.08	.22
Woodcock-Johnson, math	.11	.09	.15
MAPS, social	.14	.14	.19
MAPS, emerging math	-.01	-.01	.39**
MAPS, science	-.08	-.08	.25
MAPS, literacy	.05	.05	.23
Conduct disorders	-.26**	-.16	-.39**
Anxiety/withdrawal	-.14	-.10	-.18

*$p < .05$.

**$p < .01$.

When the sample was divided by gender of the target child, a few interesting relationships appeared. Teachers' ratings of the girls' peer competence was strongly correlated with routines, and the observers' ratings of the girls' emerging math skills were also related to the number of routines in the home. The mothers' ratings of conduct disorders were related to routines for girls, but not for boys. The relationship of mothers' depression levels to family routines was the same for boys and girls. The mothers' ratings of temperament were more strongly correlated for girls than for boys.

For those child outcomes that showed correlations with family routines within each gender, regression analyses were conducted with family routines and mother's depression as the independent variables. The results for the significant models can be seen in Table 3. These regression analyses help to interpret the influence of routines within the context of mother's depression. Because depression and routines were correlated, the regression equations help to interpret their influence on child outcomes.

Table 3

Significant Regression Analyses for Child Outcomes by Gender: Boys

Variables Entered	*B*	*SE B*	ß	r^2
Harter, peer				.183
Routines	-.14	.12	-.17	
Depressed affect	-.53**	.16	-.49	
Happy	-.18	.26	-.10	
Math				.194
Routines	-2.21*	1.03	-.30	
Depressed affect	-3.37*	1.49	-.33	
Happy	4.51	2.46	.264	

*$p < .05$.

**$p < .01$.

Two variables had significant models for boys: teachers' ratings of peer interaction and emerging math (see Table 4). For peer relationships, the only significant ß value was mothers' depressed affect. For emerging math, both routines and depressed affect had significant ß values. The regression equations for girls resulted in three significant models: conduct disorders, peer relationships, and emerging math. For both conduct disorders and emerging math, the routines variable was the only significant ß value.

Table 4

Significant Regression Analyses for Child Outcomes by Gender: Girls

Variables Entered	*B*	*SE B*	ß	r^2
Conduct disorders				.163
Routines	-.51**	.19	-.35	
Depressed affect	.36	.35	.15	
Happy	.23	.43	.08	
Harter, peer				.202
Routines	.16*	.09	.22	
Depressed affect	-.16	.18	-.14	
Happy	.32	.23	.21	
Math				.200
Routines	3.18*	.96	.43	
Depressed affect	-1.36	1.75	-.12	
Happy	-3.94	2.17	-.27	

*$p < .05$.

**$p < .01$.

In order to further explore our hypotheses, the sample was divided into those with high (≥ 32, $n = 39$) and low (≤25, $n = 32$) numbers of routines. The high and low values were chosen to approximate the first and fourth quartiles while still retaining a suitable sample size. There were no gender differences between the high and low groups (X^2, 1, $p = .48$). T-tests between these two groups revealed that families with higher routines also had children with fewer conduct disorders and happier, less-depressed mothers (see Table 5). Temperament ratings by teachers showed no differences between the groups, but temperament ratings by mothers showed that families with higher routines had lower emotionality and higher manageability traits in the child.

Table 5

T-Tests between High and Low Routine Groups

Variable	High Group Mean	Low Group Mean	*t*
Harter, peer	19.31	1.38	.776
Conduct disorders	12.10	17.72	-2.825**
Anxiety/withdrawal	6.05	6.97	-1.018
Depressed affect	2.92	7.00	-4.834
Happy	10.44	7.28	5.504**
Emerging math	553.33	532.19	1.996*
Activity level, teacher	19.29	20.62	-.714
Emotionality, teacher	13.57	13.88	-.272
Manageability, teacher	30.63	30.42	.126

Activity level, mother	14.85	16.6	-1.59
Emotionality, mother	10.15	14.63	-3.94**
Manageability, mother	21.59	17.84	3.24**

*$p < .05$.

**$p < .01$.

Discussion

This study examined correlates of family routines, specifically family characteristics and child social and cognitive outcomes, in order to determine the efficacy of routines as a potential intervention point or indicator of family and child well-being. Demographic characteristics of the family were related to number of routines in the home, albeit weakly. Mothers' depression was negatively correlated with family routines and mothers' reports of children's conduct disorders. Teachers' ratings of child temperament and peer and cognitive ratings were not related to levels of family routines. Observers' ratings of cognitive and social outcomes and standardized test scores were not related to levels of routines in the home.

Sex differences in these results, however, are striking. Teachers' ratings of peer competence and observers' ratings of emerging math skills were positively correlated to the level of family routines for girls. Mothers' ratings of conduct disorders were negatively correlated for girls, but not for boys. The mothers' depression ratings were correlated similarly for both boys and girls. The regression equations also demonstrated that routines are more important when explaining girls' outcomes than when explaining boys' outcomes. The number of routines in the home seems to have a greater relationship to girls' outcomes than boys'.

Our first hypothesis, that families with more active and more emotional children would have fewer routines, was partially supported. Mothers' ratings of temperament showed the hypothesized pattern, but teachers' ratings did not. The second hypothesis, that mothers' depression would be negatively related to the number of routines, was supported. The final hypotheses concerned the number of routines and their relationship to social and cognitive outcomes. Some relationships between routines and child outcomes were found, but they varied by gender and the outcome of interest. Routines appear to be weakly related to some child social and cognitive outcomes.

The correlation of family routines for girls' outcomes but not for boys' has little precedent in the literature. There is some indication, however, that girls may be more sensitive to qualitative aspects of the family environment (Block, 1983; Stoneman, Brody, & Burke, 1989), which is consistent with the findings of the current study. It is possible that girls may benefit more than boys from a range of family characteristics, such as family routines, that buffer the effects of stress. From the current study, however, it is not possible to know whether this pattern generalizes beyond family routines. Because girls are more typically involved in activities close to the home, specifically family routines such as preparing for dinner and cleaning up, the importance of these routines may be stronger for girls. Boys are often not as involved in family routines, perhaps limiting their impact (although no differences in the levels of routines for families of boys and girls were found in this sample).

Other research suggests that routines vary according to family characteristics (such as income and work level), yet this study found very limited correlations of family demographic characteristics and the number of routines. A limited range was not responsible—the descriptive statistics on the family routines scale indicate a wide range within this sample for the number of routines. This finding suggests that routines vary within families based on more complicated variables—such as individual characteristics of the mother (e.g., personality and depression). This sample consists entirely of a low-income, high-risk sample, preventing any conclusions about how routines may differ across a broader sample of families. Within this sample, however,

demographic characteristics clearly have a limited relationship to the number of routines within the home.

The mother's level of depression and the number of routines were negatively correlated, indicating that more depressed mothers report fewer routines. The direction of effects, however, cannot be determined in this study. Depression may contribute to the lack of establishment of routines, but the lack of routines in the home could also contribute to the mother's feelings of helplessness and depression. The highest correlations overall in this study were found between the depression subscales and level of routines, but some method variance is also included in the correlation because both routine levels and depression levels were mothers' self-report. Mothers' ratings of child temperament were also correlated with the number of family routines. Although one must keep in mind the method variance, these results suggest that mothers' perceptions (both of their own mental health and their children's temperament) is strongly related to how they can establish routines within the home.

The limited correlations with cognitive and peer outcomes (especially as rated by members outside the home and standardized tests) suggest that routines are a limited point of intervention for families. Simply helping families to establish routines is unlikely to lead to more positive cognitive and social-emotional outcomes for children. The level of routines in the home also cannot be used as an indicator of how positive (or negative) the home environment is for young children. The existing literature on family routines suggests that routines act as a buffer against stress, especially for children with disabilities or chronic health problems. Yet this study suggests that there are limited relationships between routines and various indicators of child social and cognitive development. This study did not, however, examine child mental health components that could be affected by family routines (especially for children with chronic disease). This study does not suggest that routines are not positive for families and children, but it does suggest that their intervention potential is limited and must be understood within the context of the mother's perceptions of her own mental health and her child.

This study does have several limitations and must be considered a preliminary examination of routines. The sample was restricted to Head Start families in one state, and many other variables of importance to children and families could also be examined for their relationship to family routines. Previous literature has found that routines do have a positive impact in families with children with chronic disease and disability, and this study did not examine any of those extenuating factors.

In summary, the number of family routines did not have the power and significance in this study often attributed to them in the popular parenting literature. This study does not indicate that routines are not important in the home, but it does indicate that their importance is not tied closely to child cognitive and social outcomes. The differences in gender found in this study seem to reemphasize that girls are more likely to be involved in routines within the home, and the presence or absence of these routines may contribute to girls' overall development. The establishment of family routines is an easy intervention point for early childhood educators, yet their impact on the child's social and cognitive outcomes may be limited to very specific variables and to girls.

Family routines, however, may contribute to the mother's overall well-being. Given the correlations between mothers' depression and children's temperament with routines, this finding suggests that establishing routines could influence the mother's perception and her mental health. Mothers' mental health can then lead to a larger impact on children's development. Although we do not know the direction of effect between routines and mothers' depression, helping a depressed mother to establish routines within the home is likely to help alleviate some of the helplessness feelings associated with depression. Family routines will continue to be an important intervention point for early childhood educators and will continue to be discussed in the popular parenting literature because of their malleability and relation to developmentally appropriate practices.

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Acknowledgments

Parts of this manuscript were presented at the 1997 Biennial Meeting of the Society for Research in Child Development. This study was supported by a grant to Zolinda Stoneman from the Administration on Children and Families (90CD0968).

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