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Continuity of childrearing models across childcare settings

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Introduction

Childrearing encompasses a number of different aspects including beliefs, values, goals and behaviours. Each of these dimensions can both influence and be influenced by child characteristics, and are affected by situations such as war, political climate and multiculturalism (Rosenthal, 2000). Models of childrearing are also influenced by the physical and social context, childrearing customs and the psychological characteristics of adults (Boushel, 2000; Rosenthal & Roer-Strier, 2001).

Childrearing beliefs are generally thought to influence the way in which adults interact with children, although specific adult behaviours toward children are also likely to be influenced by factors such as parental stress and frustration (Peters & Kontos, 1987). Gable and Cole (2000) have also found that parental childrearing beliefs may influence childcare decisions, or the type, quality, amount of childcare, and the age when children first experience childcare.

Childrearing models have been found to vary across cultures and Harkness and Super (1992) developed the term 'parental ethnotheories' to help explain these differences. Ethnotheories are mutual beliefs held by a cultural group about children's development, behaviour and the influences on this. Parental ethnotheories are seen to be "embedded in the experience of daily life that parents have with their children at particular ages, as well as being derived from the accumulated cultural experience of the community or reference group" (Harkness & Super, 1992, p. 374). Parental ethnotheories are often implicit and reflect cultural beliefs about children's development and models of child rearing valued by the society in which the child is being raised (Harkness & Super, 1992; Rosenthal & Roer-Strier, 2001). Childrearing practices, such as feeding schedules and sleeping routines, are influenced by parental ethnotheories.

Although complete continuity between parents and care providers is near impossible, due to the different roles and experiences of parents and care providers, research investigating continuity across care settings is important. Levels of continuity or discontinuity across care settings influence the experience of the child in care, and are increasingly being recognised as an important dimension of good quality childcare. Continuity is also thought to be optimal for children's development. Research into the effects of continuity on children's development has been unequivocal, however Gonzalez-Mena (2000) suggests that increased discontinuity may be experienced by children from minority cultural groups.

Research to date has found varying levels of continuity between home and care settings. There has, however, been some suggestion that continuity is greater between parents and care providers in family day care settings, as compared to parents and care providers in long day care settings (Powell & Bollin, 1992).

Research into continuity across care settings is important given the research that suggests that discontinuity may not be optimal for children. In addition, parents, particularly those from minority cultural groups, may prefer to place children in a care setting that has similar childrearing models.

This paper aims to assess the levels of continuity between parents and care providers on childrearing models. In addition, the paper aims to assess whether levels of continuity differ across cultures and to determine if there is greater continuity in family day care settings compared to long day care settings. It is hypothesised that greater continuity will be present between parents and care providers of the same cultural background, and that greater continuity will also be present in family day care settings.

Method

Data from the Australian Institute's '*Childcare in Cultural Context*' study were used. This study has collected data on Anglo, Somali and Vietnamese children. Data of matched cases only (parent and care provider data available) were used in the current paper. Therefore, the sample included a total of 234 children. Their cultural backgrounds and care settings are shown in Table 1.

Table 1
Cultural backgrounds and care settings of the sample

Culture		Care type	
Anglo/other	103	Long day care	134
Vietnamese	66	Family day care	90
Somali	65	Informal care	10

As this paper was also interested in levels of continuity when parent and care providers were of different cultural backgrounds, culturally matched and non-culturally matched groups were also looked at within cultures. All Anglo and 'other' children were cared for by Anglo or 'other' care providers; 27 Vietnamese children were cared for by a Vietnamese care provider and 39 were cared for by a care provider from a different cultural background; and 43 Somali children were cared for by a Somali care provider and 22 were cared for by a care provider from another cultural background.

The '*Childcare in Cultural Context*' study measured a number of aspects of childrearing. First, respondents were asked about their beliefs in the effectiveness of discipline techniques. This measure formed two factors, one measuring beliefs about the effectiveness of power assertion and the other measuring beliefs about the effectiveness of inductive reasoning. Second, expectations for the achievement of developmental milestones were measured in five areas: motor development, language development, independence, cognitive development and obedience/self-regulation. Third, respondents were asked to rate the importance of children achieving socialisation goals. This measure formed three factors: self-direction socialisation goals, compliance socialisation goals and social skills socialisation goals. Finally, parenting practice were assessed using a measure that formed three factors. These factors were warm parenting behaviours, punishing parenting behaviour and inductive reasoning parenting behaviours.

Parents and care providers were compared using paired t-tests. Initially, each cultural group was examined as a whole. Subsequently, cultural groups were divided into two groups - those where parents and care providers were from the same cultural background (termed culturally matched) and those where parents and care providers were from different cultural backgrounds (termed non-culturally matched). Paired t-tests were also used to assess continuity in family day care and long day care settings.

Results

Cultural comparisons

The results of paired t-tests examining attunement between parents and care providers by cultural groups are shown in Table 2. A tick indicates a significant difference between parents and care

providers, while the P or C indicates that parents or care providers respectively rated the aspect of childrearing as higher, later or more important.

For beliefs about the effectiveness of discipline techniques, there was a general pattern suggesting that parents believe in the effectiveness of power assertion more so than care providers and care providers believe in the effectiveness of inductive reasoning more so than parents. However, both parents and care providers believe in the effectiveness of inductive reasoning more than that of power assertion. In comparisons of culturally matched and non-culturally matched groups, continuity across care settings was not found to be greater in culturally matched groups, excepting inductive reasoning beliefs among Vietnamese.

For expectations of developmental milestones, considerable discontinuity was found between parents and care providers. Aside from the Vietnamese sample (for whom there were few differences) care providers held later expectations than parents in the culturally matched group. In contrast, parents held later expectations than parents in the non-culturally matched group. In general, greater continuity across settings was found among non-culturally matched groups.

For socialisation goals, the most differences were found in compliance socialisation goals. These differences were present regardless of cultural matching for the Vietnamese sample and only in the non-culturally matched Somali group. Again, culturally matched groups generally did not show greater levels of continuity with the exception of self-direction goals in the Vietnamese group and compliance goals in the Somali group.

For the final cultural comparisons, parenting practices were compared. The most differences were found in the use of punishing behaviours, with parents reporting greater use than care providers. However, warmth was reported to be used most by parents and care providers, followed by inductive reasoning and then punishment. In comparisons of culturally matched and non-culturally matched, with the exception of the Vietnamese group (where discontinuity was present in the non-culturally matched group), discontinuity was found largely among culturally matched groups.

Table 2
Continuity between parents and care providers by culture.

	Total subsample	Culturally matched	Non-culturally matched
Beliefs about the effectiveness of power assertion – Anglo/other	✓P	✓P	N/A
Beliefs about the effectiveness of power assertion – Vietnamese	✓P	✓P	✓P
Beliefs about the effectiveness of power assertion – Somali	✗	✓P	✓C
Beliefs about the effectiveness of inductive reasoning – Anglo/other	✓C	✓C	N/A
Beliefs about the effectiveness of inductive reasoning – Vietnamese	✓C	✗	✓C
Beliefs about the effectiveness of inductive reasoning – Somali	✓P	✓P	✗
Expectations for motor development milestones – Anglo/other	✓C	✓C	N/A
Expectations for motor development milestones – Vietnamese	✗	✓C	✗
Expectations for motor development milestones – Somali	✓C	✗	✓C
Expectations for language development milestones – Anglo/other	✓C	✓C	N/A
Expectations for language development milestones – Vietnamese	✗	✗	✓P
Expectations for language development milestones – Somali	✗	✓C	✓P
Expectations for becoming independent – Anglo/other	✓C	✓C	N/A
Expectations for becoming independent – Vietnamese	✗	✗	✗
Expectations for becoming independent – Somali	✓C	✓C	✗
Expectations for cognitive development milestones – Anglo/other	✓C	✓C	N/A
Expectations for cognitive development milestones – Vietnamese	✗	✗	✗
Expectations for cognitive development milestones – Somali	✓C	✓C	✗
Expectations for obedience and self-regulation – Anglo/other	✓C	✓C	N/A

Expectations for obedience and self-regulation – Vietnamese	✗	✗	✗
Expectations for obedience and self-regulation – Somali	✗	✓C	✓P
Self-direction socialisation goals – Anglo/other	✗	✗	N/A
Self-direction socialisation goals – Vietnamese	✓C	✗	✓C
Self-direction socialisation goals – Somali	✗	✗	✗
Compliance socialisation goals – Anglo/other	✓P	✓P	N/A
Compliance socialisation goals – Vietnamese	✓P	✓P	✓P
Compliance socialisation goals – Somali	✓P	✗	✓P
Social skills socialisation goals – Anglo/other	✓P	✓P	N/A
Social skills socialisation goals – Vietnamese	✗	✗	✗
Social skills socialisation goals – Somali	✗	✗	✗
Warm parenting behaviours – Anglo/other	✗	✗	N/A
Warm parenting behaviours – Vietnamese	✗	✓P	✓C
Warm parenting behaviours – Somali	✗	✗	✗
Punishing parenting behaviours – Anglo/other	✓P	✓P	N/A
Punishing parenting behaviours – Vietnamese	✓P	✓P	✓P
Punishing parenting behaviours – Somali	✓P	✓P	✗
Inductive reasoning parenting behaviours – Anglo/other	✓C	✓C	N/A
Inductive reasoning parenting behaviours – Vietnamese	✓C	✗	✓C
Inductive reasoning parenting behaviours – Somali	✓P	✗	✗

Care type comparisons

The results of paired t-tests comparing parents and care providers in different care settings are shown in Table 3. Again, a tick indicates a significant difference between parents and care providers, while the P or C indicates that parents or care providers respectively rated the aspect of childrearing as higher, later or more important.

In beliefs about the effectiveness of discipline techniques, differences were found in power assertion, with parents believing power assertion to be more effective than care providers. This was true for both the LDC and the FDC groups.

For expectations of developmental milestones, carers in the FDC sample largely held later expectations than parents. Fewer differences were found between parents and care providers in the long day care sample.

Discontinuities were present among the LDC sample for all three socialisation goals, with care providers placing more importance on self-direction socialisation goals than parents and parents placing more importance on compliance and social skills socialisation goals than care providers. No discontinuities were found in the FDC group.

Finally, discontinuities were present in both the FDC and the LDC groups on the use of punishing parenting behaviours and inductive reasoning parenting behaviours. Parents reported greater use of punishing parenting behaviours than care providers, while care providers reported greater use of inductive reasoning techniques than parents. However, it is important to note that both parents and care providers in both setting used warm parenting behaviours the most, followed by inductive reasoning techniques and then punishing parenting techniques.

Table 3
Continuity between parents and care providers by care type.

	LDC subsample	FDC subsample
Beliefs about the effectiveness of power assertion	✓P	✓P

Beliefs about the effectiveness of inductive reasoning	✘	✘
Expectations for motor development milestones	✓C	✓C
Expectations for language development milestones	✘	✓C
Expectations for becoming independent	✘	✓C
Expectations for cognitive development milestones	✓C	✘
Expectations for obedience and self-regulation	✘	✓P
Self-direction socialisation goals	✓C	✘
Compliance socialisation goals	✓P	✘
Social skills socialisation goals	✓P	✘
Warm parenting behaviours	✘	✘
Punishing parenting	✓P	✓P
Inductive reasoning parenting behaviours	✓C	✓C

Conclusions

This paper explored the levels of continuity between parents and care providers. More specifically, the paper explored continuity across care settings in different cultural groups and different care types. It was found that discontinuity between parents and care providers existed on a number of aspects relating to childrearing models. In contrast to hypotheses, continuity was not found to be more prevalent among culturally matched groups. In fact continuity was found to be more prevalent in non-culturally matched groups on some aspects of childrearing. In relation to care type, continuity was more prevalent in the FDC group for socialisation goals only and more prevalent in the LDC group for developmental milestones only. The findings suggest that the children in the study are experiencing some degree of discontinuity across care settings. It is possible that this may cause them some confusion and may impact on child outcomes, particularly those of minority cultural groups. This suggests the need for increased care-provider – parent communication.