RESEARCH ARTICLE

Strategies to Support Parent Engagement during Home Visits in Early Head Start and Head Start

Lisa L. Knoche

Nebraska Center for Research on Children, Youth, Families and Schools; University of Nebraska-Lincoln

Christine A. Marvin

University of Nebraska-Lincoln

Susan M. Sheridan

Nebraska Center for Research on Children, Youth, Families and Schools; University of Nebraska-Lincoln

This study explores strategies used by early childhood professionals (ECPs) involved in a school readiness intervention to support parent engagement in young children's learning. Thirty-two ECPs were recorded during home visits with young children and their families who were enrolled in Early Head Start and Head Start programming. Frequency of strategy use is reported, and strategy use is significantly correlated with rates of parent-ECP interactions during visits but not to parent-child interaction rates nor with overall quality ratings of parent-child engagement. ECPs' overall success in promoting parent engagement was positively and significantly correlated with ECPs' efforts to *elicit parent observations and ideas* in both programs, but also with *affirming parent competence* in Early Head Start and with *brainstorming* and *discussing future plans* in Head Start. Findings have implications for the implementation of the Head Start Parent, Family and Community Engagement (PFCE) Framework, and the professional development of early childhood professionals.

Keywords: home visiting, parent engagement, Head Start, Early Head Start

Home visiting has been used for decades in early prevention and intervention programs (Berhman, 1993). Recent state and federal initiatives have resulted in an increase in and the promotion of more home visiting services for families of young children (Adirim & Supplee, 2013; Astuto & Allen, 2009; Health Resources and Services Administration, 2010). Often programs using a home visit model target families with key risk factors for poor child development outcomes including young first-time parents, parents with children who display delays or challenging behaviors, low income households, low family education levels, and/or isolated geographic locations with limited access to social, health or educational supports. It has been estimated that between 400,000 and 500,000 families each year in the United States receive some form of home visitation services; this includes 3% of all families who have children under the age of 6 in the home (Davis, James & Stewart, 2009). In 2013-14, nearly 65,000 children and families participated in Early Head Start and Head Start programs that offered home visiting as a primary service delivery approach (Office of Head Start, 2014). In addition, 87.3% of the 333,000 children under age 3 and their families receiving services associated with the Individuals with Disabilities Education Act, Part C in 2012 were supported primarily through home visits (U.S. Department of Education, 2014).

In Early Head Start (EHS) programs, home visits are utilized to help advance parenting skills and guide parents in maximizing children's learning in the everyday activities of the home environment (ACF, 2002, 2008; McBride & Peterson, 1997; Raikes & Love, 2002). EHS home visiting is an evidence-based program (Avellar, Paulsell, Sama-Miller, & Del Grosso, 2013) and has been proven effective at promoting child outcomes (Avellar & Supplee, 2013). Home visits to parents in EHS programs are judged most effective when visitors engage the parents and children together (Raikes et al. 2006; Roggman et al., 2012).

Head Start (HS) programs for children three to five years of age are designed to address children's school readiness in the context of family strengths and needs; this can be done via a home- or center-based model. Center-based teachers or family service workers are required to make periodic visits to family homes to educate parents about child development and inform them of the children's progress in an effort to engage parents in their children's learning. Children in center-based HS programs make more gains in cognitive and socio-emotional development when individualized home visiting sessions with parents are a part of the program compared to group-based, parent-education sessions alone (Warr-Leper, 2001).

Support of parent and family engagement is a key tenet of both EHS and HS. In 2011, the Office of Head Start introduced the Head Start Parent, Family and Community Engagement (PFCE) Framework. The Framework provides EHS and HS programs with a guide for implementing Head Start Performance Standards related to parent and family engagement (ACF, 2011). The PFCE Framework includes foundational elements such as program leadership, continuous improvement and professional development. It also includes impact areas such as family partnerships, teaching and learning, and program environment. All of these are intended to be implemented in support of positive family engagement (e.g., parent-child relationships) and child outcomes. Head Start and Early Head Start programs can benefit from strategies to help effectively execute this Framework.

Promoting Parent Engagement

Parent engagement, defined as parent partnerships with professionals as well as parent relationships with children (Sheridan, Marvin, Knoche, & EdwardsAuthors, 2008), is an important component of home visiting. Positive engagement between parents and professionals are considered primary protective factors (Christenson & Sheridan, 2001Authors, 2001; Weissberg & Greenberg, 1998) or safety nets (Christenson, 2000) for young children. Partnerships between parents and professionals act as safeguards and are particularly important during the infant, toddler and preschool years (Raffaele & Knoff, 1999) when parents construct their preferred or perceived role in their children's education. Although much has been written about parent behaviors that contribute to positive outcomes for children, less is known about the professional behaviors that can assure parent-professional partnerships and subsequent quality parent-child relationships.

Relationships between parents and caring early childhood professionals (ECPs) can be responsible for the children's learning and development if they provide experiences that are consistent, coherent, and coordinated across the various home and community (school) settings within which children reside (Early, Pianta, Taylor, & Cox, 2001; Eayrs & Jones, 1992; Ramey, 1999). Collaborative parent-professional partnerships often correlate with positive social-emotional and behavioral outcomes for children and families, and can promote intervention effectiveness and efficiency (Grolnick & Slowiaczek, 1994; Knoche, Cline & Marvin,Authors, 2012; Trivette, Dunst, & Hamby, 2010). However, partnership must extend beyond parental involvement in professionally-designed plans and activities to be effective (Haynes et al., 1989). Rather, parent-professional partnerships that link important learning contexts for children, generally strengthen learning and development in the home, and result in positive parental feelings of control and responsibility for children's learning (Christenson & Sheridan, 2001Authors, 2001; Koren, Paulson, Kinney, Yatchmonoff, Gordon, & DeChillo, 1997; Thompson, Lobb, Elling, Herman, Jurkidwewicz, & Helluza, 1997).

Professionals who strive to promote family competence and confidence in advancing their children's learning and development at home generally enable family members to eventually establish their own goals, independently meet their own needs and those of their children over time, and advocate for their children when they enter formal schooling (McBride, 1999; Wilson & Dunst, 2004). Parent-professional partnerships that focus on parents' engagement in planning for, making decisions about, and interacting with their developing children relate to a host of positive developmental outcomes (Henderson & Berla, 1994; Knoche, Sheridan, Edwards, & OsbornAuthors, 2010; Raikes et al., 2006; Roggman et al., 2001; Sheridan, Eagle, Cowan, & MichelsonAuthors, 2001). The specific qualities that define parent-provider interactions during home visits have received initial examination (Friedman, Woods & Salisbury, 2012; Knoche, Sheridan, Edwards & OsbornAuthors, 2010; McBride & Peterson, 1997; Paulsell, Boller, Hallgren & Esposito, 2010; Roggman, 2008); additional investigation in this important area is warranted.

Home Visits and Parent-Child Relationships

Studies of home visiting practices have acknowledged their benefits, and more specifically, their effects at engaging parents during the visit, focusing attention on children's developmental

abilities and needs (i.e., cognitive, language or social behaviors) and establishing positive relationships with parents (Raikes et al., 2006; Sweet & Applebaum, 2004). Direct facilitation of parenting skills is beneficial for promoting positive change in parent behaviors. In a review of 51 home visiting programs that targeted infants/toddlers or preschool age children, 25 programs were found to have positive impacts, and those focused on teaching parenting skills showed positive growth in parents' abilities to effectively parent their young children (Kahn & Moore, 2010). Boyce et al. (2010) found positive changes in mothers' language-supporting behaviors and the quality of home literacy experiences for young children in a Migrant Head Start program, compared to mothers and children in a control group, when the home visitors promoted shared book-making and story reading between children and their parents. The PALS curriculum (Landry, 2006) also resulted in positive changes in parent behaviors following a series of home-based sessions in which parents were coached and supported in learning how to attend constructively to their infant/toddlers' communicative signals, interests in toys and play activities and provide encouragement or cooperative interactions during daily routines of dressing, eating, and bathing. Additionally, children showed positive gains in communication, social interaction and play skills following completion of the PALS program.

Furthermore, a specific focus on the parent-child relationship during home visits has also proven to support engagement. Peterson, Luze, Eshbaugh, Jeaon, and Kantz (2007) found that when home visitors in an EHS program focused on facilitating parent-child interactions, mothers were more likely to stay highly engaged in these type of activities. Higher engagement was observed in mothers when the home visitor discussed child development or family issues and less engaged when the topics were community resources. Similarly, Roggman, Boyce, Cook and Jump (2001) found that the EHS visitor's ability to encourage parent-child interactions was a factor in positive outcomes based on ratings of parent satisfaction and improvements, as well as visitor reports of "partnerships." Subsequent evaluations revealed that home visits that engaged the parent and focused their attention on children's development, and their reported concerns or needs, significantly reduced the drop-out rates of parents enrolled in EHS programs (Roggman, Cook, Peterson, & Raikes, 2008). Finally, Raikes, Green, Atwater, Kisker, Constantine and Chazan-Cohen (2006) reported that the proportion of time the EHS home visitors spent in parent-child focused activities with families predicted both children's developmental outcomes when children were 3 years of age and parents' support for children's language learning.

Home visitors do not always spend sufficient time facilitating a focus on parent-child interactions, however (McBride & Peterson, 1997). Peterson et al. (2007) reported that less than 3% of any home visit by a Part C or EHS home visitor was spent with parents interacting with their children; ECP-Child and ECP-Parent interactions dominated visit time with EHS teachers spending 45% of the visits discussing children's development. Only 19% of any visit was spent modeling or coaching parent-child interactions. Determining strategies to facilitate home visitors' support of the parent-child interaction is needed.

Getting Ready Intervention

The *Getting Ready* intervention for early childhood programs (Knoche, Cline & Marvin, 2012; Knoche et al., 2010; Sheridan, Knoche, Edwards, Bovaird, & Kupzyk, 2010; Sheridan, Marvin, Knoche, & Edwards, 2008Authors, 2012; Authors, 2010; Authors, 2010; Authors, 2008) was designed to provide an integrated, ecological approach to early intervention and school readiness

programs that is research-based, family-centered and collaborative in nature. It integrates the principles of triadic (parent-child-professional) intervention (McCollum & Yates, 1994) and collaborative (conjoint) consultation models (Sheridan & Kratochwill, 1992, 2008; Sheridan, Kratochwill & Elliott, 1990Authors, 1992, 2008; Authors, 1990) in ways that focus early intervention on shared problem solving; it aims to advance the school readiness of young children and their families via enhanced relationships and interactions. In this model, professionals provide early intervention through a prevention lens that focuses on parents' abilities to (a) engage in warm and responsive interactions with their child, (b) support their children's autonomy, and (c) participate in children's learning. The focus on parent-professional relationships and parent-child interactions is believed to enhance not only children's developmental readiness for school but parents' readiness to act as advocates and support their children's learning across ecological and temporal contexts (i.e., in preschool, elementary school, and beyond).

A primary focus of the *Getting Ready* project was the ECPs' use of 11 *Getting Ready* strategies to advance their relationship with parents (one strategy) and indirectly encourage (four strategies) or directly prompt (six strategies) parents' quality interactions with their children in everyday routines and activities (see Table 1). Indirect *Getting Ready* strategies include the ECPs' efforts to encourage parent to interact with their children during visits, focus the parents' attention on children's strengths, affirm parents' actions as supportive of children's learning, and provide developmental information that educates parents about what to expect and aim for in their interactions with their children. Direct *Getting Ready* strategies include the ECPs' efforts to elicit parents' reports of observations of their children, discuss concerns and prioritize what parents consider most important for their children, brainstorm ideas for what might help advance their children's development, suggest specific strategies to try in the visit, model and have parents practice new strategies or styles of interaction with their child, and discuss specific plans for what the parents can do to advance children's development between visits with the ECPs. Table 1 provides definitions of the *Getting Ready* strategies.

The strategies that constitute *Getting Ready* are directly aligned with the Head Start PFCE Framework (ACF, 2011). The *Getting Ready* strategies contribute to a program environment that encourages relationships with families, and provides a focus for professional development with staff. Furthermore it is directly designed to support family engagement outcomes, including parent-child relationships, as well as child outcomes. Results of studies investigating the efficacy of the *Getting Ready* intervention to-date (cf. Knoche et al., 2012; Sheridan et al., 2010; 2011; 2014Authors, 2012; Authors, 2010; 2011; 2014) highlighted these associations.

Significant changes in parent behavior and child behavior have been reported for families involved in the *Getting Ready* project. Parents in the EHS programs who experienced the *Getting Ready* intervention were significantly more warm and sensitive in interactions with their children, supportive of their children's autonomy and offered more developmentally-appropriate guidance, directives and learning supports as compared to parents in the "business as usual" control group (Knoche et al., 2012Authors, 2012). Additionally, preschool children involved in the *Getting Ready* intervention consistently showed significantly greater positive effects in social emotional functioning, including a reduction in observed activity level over time than children in comparison classrooms (Sheridan et al., 2010; Sheridan et al., 2014Authors, 2010; Authors, 2014). Similarly, these children showed advances in language skills at rates better than children

whose parents did not experience *Getting Ready* supports (Sheridan, Knoche, Kupzyk, & Edwards, 2011Authors, 2011).

TABLE 1

Getting Ready Strategies and Home Visit Coding Guide

Getting Ready Strategies	Definition and instruction
Establish/re-establish relationship with parent	Meaningful interaction and conversation exchange between the Early Childhood Professional (ECP) and parent that convey support, caring, or interest in family activities and well-being on the part of the facilitator. Exchanges personal information, acknowledges parent's response, discusses topics outside the bounds of the home visit; "small talk." Coded for the duration of the conversation/topic by either the ECP or parent.

Indirect Strategies: Encouraging Parent Engagement

Establish dyadic context	Elements of the environment are intentionally and actively arranged or rearranged to increase probability of developmentally matched, mutually enjoyable parent-child interaction; makes efforts (irrelevant to success) to provide activities that support dyadic/parent-child interaction either directly through parent or indirectly through child.
Focus parent's attention on child strengths	Verbal statements are used to comment upon child's strengths and to draw parent's attention to particular competencies or actions within child. These comments may be in retrospect or occurring during the home visit.
Affirm parents' competence	Developmentally supportive interactions are warmly recognized and expanded upon, as are characteristics of child competence.
Provide developmental information	Verbally labels or interprets child's emotional, cognitive, language, and/or motor abilities within context of play and interaction. ECP provides parents with education around developmental milestones and why or how to engage child in an activity.

Direct Strategies: Inviting Parent Engagement with Child

Elicit parent observations	Through questions or supportive statements, invites parents' input regarding child's development, likes/dislikes, and supportive strategies. Focus is on observations parent makes about the child.

Discuss/Prioritize concerns	This will typically occur during agenda setting or planning for next visit. Discusses concerns for child as seen by ECP and parent. Collaborates with parent to select concerns to focus on. Engages parent in conversation about priorities and desires; might ask about concerns. This is a support for discussion; parent might not have any concerns.
Brainstorm	This process is collaborative, a back and forth between ECP and parent. Invites parent to brainstorm/select strategies that fit into their home and daily routine.
Suggest/ Provide directives	This process is directive. The ECP makes explicit statements to parent about behaviors to support the target child's development and /or parent-child interaction. This is typically not done as part of a collaborative conversation with parent.
Model/Promote practice and interaction	Dyadic interaction roles are momentarily taken on by ECP to enhance parent's repertoire of developmentally appropriate strategies for interacting with child. Whether prompted directly or indirectly, parent responds by trying out the modeled behavior; it is promoting practice and modeling only if ECP demonstrates and turns it back to parent to practice.
Discuss future plans and goals, directions	Discussion of strategies that will be used at home and/or in classroom to support child's development and how those strategies will be carried out. Keeping track of progress and activities for next contact/visit may also be discussed.

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An analyses of the *Getting Ready* strategies used by ECPs in EHS and HS programs (Knoche, Sheridan, Edwards & Osborn, 2010Authors, 2010) revealed a positive relationship between the frequency of total strategy use and rate of interactions between parents and ECPs during home visits. Associations of individual strategies to outcomes were not investigated. Overall, ECPs in the treatment group used the *Getting Ready* strategies significantly more often than those in the control group, and total strategy use was significantly related to effectiveness of implementation in both groups. Effectiveness was rated by considering the ECPs' ability to offer parents opportunities to collaborate, initiate discussions with the parent, and focus the parent on the parent-child relationship. ECPs in the HS group were significantly more effective than the ECPs from the EHS group. Furthermore, correlations between total strategy use and parent-ECP engagement, as well as effectiveness of implementation, were significantly different for the EHS and HS groups. Stronger associations between parent engagement and total strategy use were observed in HS than in the EHS program.

What remains to be understood is the individual *Getting Ready* strategies that contributed to these outcomes. With such an understanding, researchers and facilitators of professional development programs that serve HS and HS might be able to better anticipate which home visit strategies contribute to family engagement outcomes, including parent-child relationships. By

understanding these associations, programs can shape training activities to support meaningful family partnerships, including meaningful parent-child interactions.

Purpose of Study and Research Questions

The purpose of this study was to explore how specific individual *Getting Ready* intervention strategies demonstrated by ECPs related to ratings of parents' engagement during home visits, including the frequency with which parents engaged with the ECPs and their children. The behaviors of ECPs and families from EHS and HS form the basis for this exploration; however, we do not intend to pursue statistical comparisons between the programs.

Specifically we asked:
1. What is the rate with which ECPs use each of the *Getting Ready* strategies to facilitate parent engagement during home visits?
2. How does the use of specific individual *Getting Ready* strategies by ECPs relate to the *frequency* of interaction between (a) parents and early childhood professionals; and (b) parents and children in each program?
3. How does the use of specific individual *Getting Ready* strategies by ECPs relate to the overall *quality* of the parents' engagement during home visits with (a) early childhood professionals and (b) their children in each program?
4. How are the specific individual *Getting Ready* strategies related to ECPs overall success in conducting home visits to facilitate parent engagement?

METHODS

Participants in this study were 32 ECPs involved in the *Getting Ready* project, a large, federally-funded longitudinal research study investigating the effects of a parent engagement intervention on school readiness. The present study summarizes the findings related to the strategy use of 18 Early Head Start and 14 Head Start ECP participants in the treatment groups of the larger study.

The EHS programs serving families with children ages birth to 3 years were located within three community service agencies in rural counties in a Midwestern state; each agency employed between five and 21 ECPs. In the EHS agencies, ECPs provided services through weekly home visits scheduled to last up to 90 minutes and 2-hour monthly family group activities (socializations) held at the community agency. The average size of an ECP caseload in these EHS programs was 10 families.

The HS classrooms were housed within various elementary schools in one school district in a midsized, Midwestern community. These center-based HS services were provided to children ages 3 to 5 years, 5 days per week for half-day (4 hour) programming. In addition to center-based services, the ECPs visited families' homes five times per academic year, with visits lasting up to 60 minutes. In addition, parent-child group socializations were held at the school three to four times per academic year. The average classroom/caseload size for each ECP was 18 children and families in these HS programs.

Table 2 presents demographic information for participating ECPs, including age, level of education, years of experience and race/ethnicity data. On average, EHS professionals had

approximately 7 years of early childhood experience. The ECPs in the HS programs averaged 12 years of early childhood experience. Most demographic characteristics for the two groups of ECPs were not statistically different. Analyses indicated that educational level, however, was statistically higher for the HS group, who were required by the public school employer to have bachelor's degrees and state teacher certification in early childhood education.

TABLE 2
Demographic Information of Early Head Start (EHS) and Head Start (HS) Early Childhood Professionals

	Early Head Start (n = 18)	Head Start (n = 14)	Overall (N = 32)
Mean Age (SD)	32.61 (10.08)	38.62 (45.57)	35.62 (10.34)
Mean Length of Employment (in months)	37.58 (60.66)	45.57 (47.15)	41.72 (53.17)
Mean Early Childhood Setting Experience (in months)	85.11 (74.67)	145.35 (109.49)	116.35 (97.51)
Mean Home Visiting Services Experience (in months)	33.50 (51.76)	64.36 (83.73)	49.50 (70.63)
Mean Length of Time in Getting Ready Intervention (in days)***	349.28 (292.34)	824.21 (420.84)	557.06(422.42)
Gender: Female	100%	100%	100%
Race/Ethnicity***			
White/Caucasian	30.8%	92.9%	63.3%
Hispanic/Latino	61.5%	7.1%	33.3%
Other	7.7%	-	3.7%
Level of Education***			
High School Diploma	7.7%	-	3.7%
Some Training beyond High School; no degree	15.4%	-	7.4%
One-Year Vocational Training Certificate	7.7%	-	3.7%
Two-Year College Degree	38.5%	-	18.5%
Four-Year College Degree	30.8%	35.7%	33.3%
Some Graduate College Coursework	-	42.9%	22.2%
Graduate Degree	-	21.4%	11.1%
Child Development Related Degree***	50%	100%	76.9%
Early Childhood Teaching Endorsement/Certificate***	15.4%	100%	59.3%
Another Type of Endorsement or Certification	50%	75%	66.7%
Child Development Associate Credential	30.8%	16.7%	24%

***$p < .001$. Chi-square analyses reveal statistically significant demographic differences between EHS and HS groups

Professional Development: Training and Coaching

The purpose of professional development in the *Getting Ready* project was to support ECPs' in developing competence and confidence in their interactions with parents, so as to support the parents' own competence and confidence in their interactions with their children. The model of professional development was also relationship-based. The primary components of professional development in the *Getting Ready* project were a training institute, individual coaching, and group coaching.

Prior to beginning to deliver the *Getting Ready* intervention, all EHS and HS ECPs assigned to the treatment groups were introduced to the *Getting Ready* strategies via a two-day training institute. The content of training was focused on helping ECPs understand the 11 *Getting Ready* strategies, their use during home visits, socializations, and other interaction opportunities with families and children, and their ability to integrate important family-centered practices into home visits. Key personnel from the *Getting Ready* research team led the training sessions. One-day "booster sessions" were held for all ECPs after one year of participation and for any new ECP who began employment after the study began.

Once trained, ECPs received coaching twice per month from a *Getting Ready* coach to support their use of the strategies. The purpose of *Getting Ready* coaching was to support the initial training and move practitioners towards use of the *Getting Ready* strategies in their practice with families. One session each month was individualized and one took place in a group format with three to five ECPs from the same program. Individual sessions were one hour in length; group sessions were 90 minutes to 2 hours. *Getting Ready* coaching involved video-mediated feedback and reflection on a recent home visit with a family. Coaching sessions followed a format promoted by Hanft, Rush and Shelden (2004) that involved an opening/initiation, shared observations, reflection, and evaluation. In each coaching session, the *Getting Ready* coach focused on one or more specific *Getting Ready* strategies, asked reflective questions, highlighted professional strengths, and helped ECPs set goals for strategy use in their visits with families between coaching sessions. Coaches were three females with Master's degrees in a human services field, and extensive experience in parent consultation and early childhood intervention and education.

Data Collection

At the beginning of their participation in the *Getting Ready* study, each ECP completed a demographic survey (Sheridan, Edwards, & Knoche, 2003Authors, 2003). On these surveys, ECPs documented their own educational background, professional experiences, certifications, gender, and ethnicity/race.

Home visits completed by ECPs were video-recorded. The ECPs selected the family from their caseload to participate in recording; the family provided consent. To control for familiarity between the ECP and parent, the family had to have been assigned to the ECP for at least four months. Recorded visits ranged from 20 to 90 minutes in length; children were present and healthy for all visits, as were at least one parent.

Recordings were collected by members of the research team at least twice per year (approximately every six months), over a two-year period of family participation. Between one and six home visits were recorded for each of the 32 ECPs in this study; more recordings were

collected from ECPs who were in the study for a longer period of time. Sixteen ECPs had one recording; four had two recordings; two had three recordings; none had four recordings; five ECPs had five recordings and five ECPs had six recordings. A total of 85 video-records were used for the current analyses, representing 30 ECP visits in EHS programs and 55 ECP visits in the HS programs. For analyses, one average rating for each of the 32 ECPs was computed (described below).

Measurement of Study Variables

The key variables in this investigation are derived from the *Getting Ready Home Visit Coding Guide* used to code the 85 home visit videotapes. Specifically, the *Home Visit Coding Guide* measures (a) ECPs' rate of use of individual *Getting Ready* strategies (i.e., rate per minute defined as total strategy frequency/total minutes of visit), (b) rate of interaction between parents and ECPs and rate of interaction between parents and children (frequency of one-minute intervals with an observed interaction/total minutes of visit), (c) engagement quality between parents and ECPs (rated from 1 [low] to 4 [high] on a Likert scale), and (d) ECPs' overall success at initiating parental engagement and focus on the parent-child relationship (rated on a four-point Likert scale from 1 [low] to 4 [high]) during the visit. After coding all 85 home visit videotapes, a single value for each ECP was computed by averaging values across all of their respective (recorded) home visits. This resulted in 32 values for the analyses (one for each ECP).

The *Getting Ready Home Visit Coding Guide* was adapted from the Home Visit Observation Form (HVOF; McBride & Peterson, 1997). The HVOF was based on a family-centered approach to home visiting in early intervention programs with a coding scheme that quantitatively describes ECP practices within the home visit. Modifications to the HVOF allowed for the assessment of *Getting Ready* strategies and important parent-child/parent-professional interactions and overall ECP success and parent responsiveness in the EHS and HS programs. The face and content validity of the adapted form was established by having two expert authorities review the definitions and provide suggestions for adjustment of the coding form prior to its use.

The final version of the *Getting Ready Home Visit Coding Guide* specifies a partial-interval recording system. For each video-recorded home visit, one-minute partial interval recording procedures were used wherein *Getting Ready* strategy use was coded if it was observed to occur at all during a one-minute interval. During these same intervals, the frequency of interaction contacts between parents and ECPs, parents and children, and ECPs and children in the home visit were also coded. These procedures were used for the duration of each video-recorded home visit. Coders were six independent research assistants, trained in the *Getting Ready* Home Visit Coding Guide.

At the end of each 10-minute segment of a home visit, general levels of parent engagement and ECP success were assessed. Coders assigned a score, from 1 (low) to 4 (high) to rate *parental level of interest and engagement with the ECP,* as evidenced by parent engagement in bidirectional discussions, initiations and elaborations on meaningful issues for the child and family, and demonstrations of active participation in activities presented by the ECP. The ECP was then rated once for *overall success* based on her provision of ample opportunities for collaboration, meaningful conversations and discussions with the parent, and a focus on the parent-child relationship and parent-child interactions.

Coding Procedures

The six independent coders were trained to accurately and reliably code ECP use of *Getting Ready* strategies during their interactions with families in each home visit recorded. Coders viewed sample videos that demonstrated ECPs using the various *Getting Ready* strategies, practiced coding these behaviors in pairs, and then independently coded a minimum of three sample videos. All coders were required to independently obtain an inter-rater reliability of 85% before proceeding to independent coding of the videos for this study.

During the ongoing coding process, reliability checks were completed for approximately one-third of the videotapes to assess inter-rater reliability; an 85% cut-off was considered an acceptable level for this type of behavioral data (Suen & Ary, 1989). In cases where reliability rates decreased below 85%, coders were provided a refresher course in coding. Inter-rater agreement for all *Getting Ready* strategies ranged from 91.6% to 99.6%. In addition, the Cohen's kappa statistic, an estimate of inter-rater reliability for exact agreement and controlling for chance, was at .80; values higher than .60 are considered substantial (Landis & Koch, 1977).

For the two Likert-type scales of parent engagement and ECP success at promoting engagement, inter-rater agreement for rating within one point ranged from 93.5% to 97.3%; exact rating agreements ranged from 68.4% to 80.6%. Intra-class correlations (ICCs) were computed for exact agreements. The average ICC for parent engagement with the ECP was .81 with a range of .63 to .92; the ICC for ECP success at promoting parental engagement was .69, with a range of .62 to .85 (Knoche et al., 2010Authors, 2010).

RESULTS

Getting Ready Strategy Use

The 11 *Getting Ready* strategies were used by ECPs in both EHS and HS programs, however the full set of strategies was not necessarily used by each individual ECP. Results are reported in mean rate per minute, per *Getting Ready* strategy (see Table 3). The differences in program contexts (e.g., teacher education, frequency of visits, age of children served) prompted the reporting of results for EHS and HS programs independently, although no statistical comparisons were pursued.

The ECPs in the EHS programs averaged .60 strategies per minute or during about 36 minutes of a 60-minute home visit. About one-fifth of these strategies were focused on establishing/reestablishing the parent-professional relationship. These ECPs used indirect and direct strategies at comparable rates ($M =.24$/minute), meaning that they were each used during approximately 24% of a 60-minute home visit. The average use per minute was greater for the four *indirect* strategies ($M = .06$/minute) than the six *direct* strategies ($M = .04$/minute). The ECPs' most frequent indirect efforts to encourage the parents to engage with their children included providing developmental information and focusing the parent's attention on children's strengths (.08/minute each; almost 5 minutes in a 60-minute home visit). Nearly as often, the ECPs affirmed the parents' competence; the least used indirect strategy was prompting parents to consider positioning themselves for (dyadic) interactions with their children.

The most frequent direct strategy used by ECPs in EHS was eliciting parents' observations and ideas about their children's development or interests; this was used almost 8 minutes during a 60-minute home visit. About half as frequently, the ECPs made suggestions for how parents might interact with a child, and modeled and promoted practice in the visit. The ECPs did not appear to use many direct strategies to discuss concerns, plan goals and future actions, or brainstorm ideas for what might work at home with their children.

The ECPs in the HS programs averaged .56 *Getting Ready* strategies per minute, or use of strategies during approximately 34 minutes of a 60-minute home visit. About one-fourth of these observed strategies were focused on establishing or re-establishing the relationship with the parent. ECPs in HS relied on direct strategies more frequently than indirect strategies; the cumulative indirect strategy use was .20/min (12 minutes out of 60-minute home visit) and direct strategy use was .24/min (14 minutes out of 60-minute visit). Indirect efforts to have parents engage in interactions with their children included prompts to encourage dyadic interactions (M = .05/minute), focusing the parents' attention on children's strengths (M = .07/minute) and affirming the parents' competence in supporting their children's learning (M = .06/minute). Direct strategies were most often prompts to elicit the parents' observation of their children, (M = .07/minute), suggesting how the parent might interact in the visit (.08/minute), and discussing goals and plans for the future (.06/minute). Discussing concerns, brainstorming and modeling were used less than .01/minute by the ECPs in HS programs.

TABLE 3
Mean Ratings for Frequency of Strategy Use, Interaction Rates and Overall Quality
Ratings of ECP Effectiveness and Parent Engagement

	Early Head Start ECPs n = 18	Head Start ECPs n = 14
	M (SD)	*M (SD)*
Getting Ready Strategies		
Establish/Re-establish relationship with parent	0.12/min. (0.09)	0.15/min. (0.08)
Indirect Strategies		
Establish dyadic context	0.03 (0.03)	0.05 (0.02)
Focus parents' attention on child strengths	0.08 (0.06)	0.07 (0.06)
Affirm parent's competence	0.05 (0.05)	0.06 (0.05)
Provide developmental information	0.08 (0.06)	0.02 (0.02)
Direct Strategies		
Elicit parent observations and ideas	0.13 (0.07)	0.07 (0.04)
Discuss and prioritize concerns	0.01 (0.01)	0.01 (0.02)
Brainstorm	0.002 (0.01)	0.01 (0.01)
Suggest/Provide directives	0.07 (0.05)	0.08 (0.04)
Model/Promote practice/interaction	0.005 (0.01)	0.01 (0.09)
Discuss future plans and goals	0.02 (0.03)	0.06 (0.03)
Interaction Rates (per minute)		
Parent-ECP rate of interaction	0.82 (0.10)	0.71 (0.16)
Parent-child rate of interaction	0.70 (0.17)	0.66 (0.11)
ECP-child rate of interaction	0.57 (0.18)	0.72 (0.11)
Overall Quality Ratings[a]		
Parent engagement with ECP	2.99 (0.63)	3.02 (0.46)
Parent engagement with child	2.95 (0.95)	2.95 (0.29)
ECP success at promoting engagement	2.49 (0.80)	2.94 (0.41)

[a]Rating scales 1 (low) to 4 (high)

Relationship between Strategy Use and Frequency of Interactions during Visit

Table 3 provides a summary of the interaction rates for ECPs in the EHS and HS programs. These are also reflected in Figure 1 in terms of minutes of interaction during a 60-minute home visit. The ECPs in the EHS program interacted with parents during visits at a rate of .82 interactions per minute. This included question-answer exchanges, directing information or explanations to the parent and prompting or encouraging parents' interactions with the children using the *Getting Ready* strategies. Less frequently, at a rate of .57/minute, these ECPs engaged with the children during their visits. This ECP-child interaction rate was less frequent than the parent-child interactions rate ($M = .70$/minute).
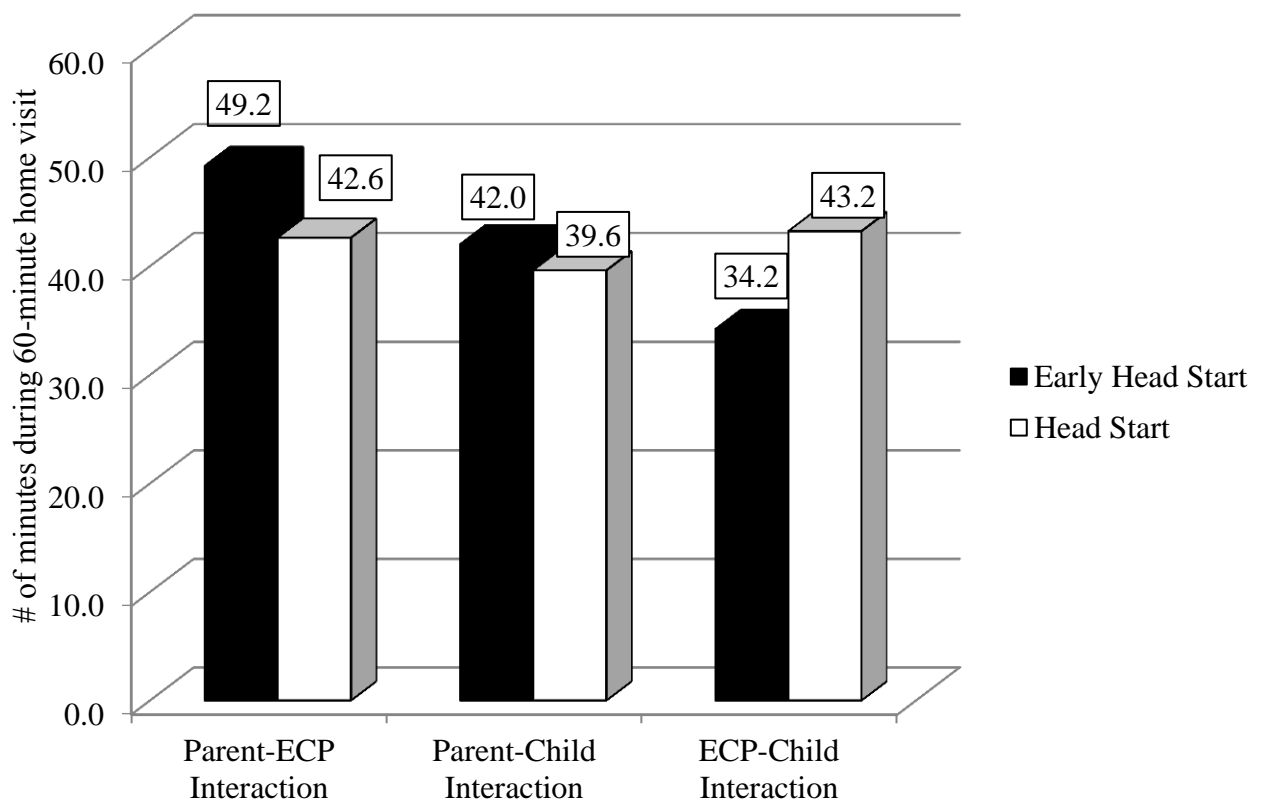

Figure 1.
Interaction Duration in EHS and HS

Next, we explored whether strategy use by ECPs in EHS programs was related to interaction rates. There were three *Getting Ready* strategies that significantly correlated with the rate of parent-ECP interactions in the EHS program (see Table 4). For these ECPs, *focusing attention on the child's strengths* and *offering suggestions* ($r = .55$, $p < .05$; $r = .54$, $p < .05$, respectively) were significantly and moderately related to the rate of parent-ECP interactions. A significant but negative correlation was noted for ECPs' efforts to *help the parent discuss their concerns* and their rate of interaction with parents ($r = -.53$, $p < .05$).

The ECPs in the HS program interacted with the parents (*M* =.71/minute) about as frequently as they interacted directly with the children (*M* = .72/minute). Parent-child interaction rates during these visits and socializations (*M* =.66/minute) were nearly as frequent as those enjoyed by the ECP with the children. ECPs' efforts to *establish a relationship with the parent* and indirectly *provide developmental information* had significant and moderately positive associations with the rate with which ECPs interacted with parents in the HS program (*r* =.69, *p* < .01; *r* = .54, *p* < .05, respectively). No other *Getting Ready* strategies were significantly correlated with parent-ECP interaction rates for the ECPs in HS programs.

Relationship between Strategy Use and Quality of Parent Engagement with ECP and Child

Overall quality ratings were reported for the parents' engagement with the ECPs, and with their children, as well as the ECPs' success in promoting parents' engagement in the visits. Table 3 provides a summary of those findings in mean ratings on a scale of 1 (low) to 4 (high). Next, we explored whether *Getting Ready* strategy use by ECPs in the two programs was related to the quality ratings of overall parent engagement using correlation analyses. Correlations are presented in Table 4.

The ECPs in the EHS program received mean ratings in the higher than midpoint range on the 4-point scale for all three items. Parents were rated at 2.99 and 2.95 respectively for the quality of their engagement with the ECP and with their children. ECPs received a mean rating of 2.49 on the 4-point scale for the quality with which they promoted parent engagement in the home visits. In the EHS programs, no significant relationships were identified between individual *Getting Ready* strategies and parents' engagement with their children or with the ECPs.

Overall mean ratings for the quality of parents' engagement with ECPs in HS programs and with their children were on the higher than midpoint range with mean ratings of 3.02 and 2.95, respectively. Similarly, the quality of these ECPs' effectiveness in engaging the parents during visits was rated higher than midway along the 4-point scale, with a mean rating of 2.94. A higher quality of parent engagement with ECP was related to the ECPs' use of the following strategies: *brainstorming* (*r* = .55; *p* < .05), *elicit parent observations and ideas* (*r* = .59; *p* < .05), *provide developmental information* (*r* = .55; *p* < .05), and *discuss future plans and goals* (*r* = .60; *p* < .05). There were no significant correlations noted for individual *Getting Ready* strategies and the quality of parent engagement with their children.

TABLE 4
Correlations between ECP Use of Getting Ready Strategies in Home Visits and Parent Interaction Rates and Quality of Parent Engagement and ECP Effectiveness Promoting Engagement with Child

Getting Ready Strategies	Parent-Child Rate of Interaction		Parent-ECP Rate of Interaction		Quality of Parent Engagement with ECP		Quality of Parent Engagement with Child		ECP's Overall Success	
	EHS	HS	EHS	HS	EHS	HS	EHS	HS	EHS	HS
Establish relationship with parent	-0.26	-0.42	-0.34	0.69**	0.01	0.47+	-0.46	-0.30	-0.11	0.36
Indirect Strategies										
Establish dyadic context	0.56	-0.20	0.29	0.000	-0.17	0.11	-0.21	-0.04	0.23	0.24
Focus attention on child's strengths	0.13	-0.27	0.55*	0.07	0.05	0.32	0.11	0.18	0.41+	0.48
Affirm parent's competence	0.39	0.08	0.18	0.43	-0.25	0.10	0.22	-0.35	0.57*	0.23
Provide developmental information	0.13	-0.37	0.14	0.54*	-0.28	0.55*	-0.03	-0.10	0.38	0.25
Direct Strategies										
Elicit parent observations and ideas	0.24	-0.03	0.24	0.31	0.001	0.59*	-0.03	-0.07	0.51*	0.56*
Discuss/Prioritize concerns	0.07	0.16	-0.53*	-0.38	0.23	-0.31	0.31	0.42	0.30	-0.41
Brainstorm	0.14	-0.06	0.21	0.09	0.34	0.55*	0.16	0.19	0.24	0.60*
Suggest/Provide directives	-0.16	0.003	0.54*	0.15	0.16	0.34	-0.14	0.35	0.17	0.39
Model/Promote practice and interaction	0.20	0.27	0.09	0.001	0.30	0.28	0.28	0.09	0.47	0.41
Discuss future plans and goals	-0.18	-0.03	-0.16	0.22	0.30	0.60*	0.10	0.12	0.20	0.68**

$+p < .10.$ $*p < .05.$ $**p < .01$

Relationship between Strategy Use and ECP Success in Visits

Finally, we were concerned with whether *Getting Ready* strategy use was related to the ECPs' overall success at supporting parent engagement during home visits. Bivariate correlations were computed to explore this possibility (see Table 4). The ECPs' overall success in engaging the parents in the EHS visits was significantly related to the ECPs' use of two indirect and one direct strategy. These indirect strategies were *affirming parent's competence* ($r = .57$; $p < .05$) and the ECPs' efforts to *focus the parents' attention on children's strengths* ($r = .41$; $p < .10$). The direct strategy of *eliciting parent observations and ideas* was also correlated significantly with the ECPs' overall success in engaging parents during home visits ($r = .51$; $p < .05$).

Alternatively, three direct strategies were significantly and moderately related to the ECPs' effectiveness to engage parents during visits and socializations in the HS programs. These were the ECPs' efforts to *elicit parent observations and ideas* ($r = .56$; $p < .05$), *brainstorming* ($r = .60$; $p < .05$), and *discussion of future plans and goals* ($r = .68$; $p < .01$).

Summary of Results

Collectively, the ECPs in the EHS and HS programs used an average of one *Getting Ready* strategy every two minutes during visits with families. ECPs in EHS used indirect strategies more than direct; the opposite was true of HS providers. Overall, both groups of ECPs were observed *establishing (or re-establishing) their relationship with parents* repeatedly in their visits ($M = .12$ to $.15$ per minute). Nearly as often, ECPs in both programs indirectly encouraged parent engagement by *focusing parents' attention on children's strengths* ($M = .07$ to $.08$ per minute), *affirming parents' competence* ($M = .05$ to $.06$ per minute) and *establishing the context for parent-child interactions* ($M = .03$ to $.05$ per minute). The ECPs directly prompted parent engagement by *eliciting parental observations and ideas* ($M = .07$ to $.13$ per minute) and *suggesting* specific actions with the children in the visit ($M = .07$ to $.08$ per minute). These *Getting Ready* strategies were used at noticeably higher rates in both programs than *brainstorming*, *modeling* and *discussing concerns*. Differences were noted between the rate with which ECPs in Early Head Start and Head Start indirectly encouraged parent engagement by *providing developmental information* and how often they directly prompted parent engagement with *modeling* and *discussing future plans and goals*. Positive correlations were found for ECPs' overall success in engaging the parent and their efforts to elicit parent observations and ideas. There were no significant correlations for individual strategies and the quality of the parents' engagement with their children and only the ECPs in HS showed a strong correlation between their use of specific (direct) strategies and the quality of the parents' engagement with the ECP during visits. Interaction rates between parents and children were comparable across programs. However ECPs in EHS interacted with parents at a slightly higher rate than HS providers; alternatively, ECPs in HS interacted with children with more frequency than their EHS colleagues.

DISCUSSION

The current study explored how *Getting Ready* intervention strategies were used during EHS and HS home visits, and investigated whether specific individual strategies differentially related to the ECP's overall success in promoting parent engagement in home visits. This makes a contribution towards "unpacking the box" of early childhood home visits (Peterson et al., 2007). It adds to a limited knowledge base on the specific qualities that define quality parent-provider interactions during home visits, and defines qualities that can promote parent-child interactions. Furthermore, it is timely because it informs the efforts of EHS and HS programs that are accountable for implementing Head Start Performance Standards related to parent and family engagement via the Head Start Parent, Family and Community Engagement (PFCE) Framework (ACF, 2011).

The study suggests that the *Getting Ready* strategies are perhaps one means of achieving the outcomes or activating the impact areas of the PFCE Framework (ACF, 2011). The *Getting Ready* approach, with its focus on child and parent school readiness outcomes and parent-professional and parent-child relationships, is directly aligned with the desired outcomes and approach associated with the PFCE. The PFCE approach is intended to be individualized and flexible to meet the needs and priorities of many different families. Consequently, ECPs in EHS and HS programs need to be able to comfortably engage parents in ways that are appropriate to the strengths and needs of the family and children. Data indicate that the *Getting Ready* strategies can be individualized and used to meet the needs of a range of program and population contexts, including those that vary by geography (suburban versus rural), program structure (center-based versus home-based), population served (infants and toddlers versus preschool aged children), and with professionals of varying education and early childhood experience.

Additionally, findings from the present study can be used to inform professional development and training efforts for home visiting professionals. The study highlights specific ECP behaviors that did and did not occur during EHS and HS home visits with families. Understanding current practices in these two sample programs may help us identify PFCE indicators commonly in place and the training needs of ECPs to promote less evident indicators. Targeted professional development activities, including intentional mentoring and supervision of early intervention personnel, could be supported to enhance services for children and families at risk. Such a model of support is currently being used in the *Getting Ready* project, as previously described. Descriptions of specific behaviors that reflect PFCE Framework (ACF, 2011) allow program directors and professional development trainers to design activities for observation and practice of skills for engaging parents in their children's learning and development and a way for directors to evaluate providers' efforts with parents over time. Providers want and need specific examples for interacting with parents in ways that will foster productive engagement with the ECP and the children. The *Getting Ready* strategies reflect the PFCE Framework and complement the findings of previous studies describing coaching strategies used by early intervention providers (Friedman et al., 2012). The strategies offer both direct and indirect ways for providers to engage parents as learners, and as life-long educators of their children through positive parent-child interactions, and meaningful parent-professional partnerships.

The results of the present study suggest that professional development efforts at the pre-service or in-service levels may be well advised to include practice in the use and application of a wide range of parent engagement approaches such as the *Getting Ready* direct and indirect strategies, since family factors, program schedules and ECPs' own self-efficacy due to

experience or lack thereof, can influence their interactions with parents. The *Getting Ready* strategies include behaviors all ECPs can use if they are working with infants, toddlers or preschool children and their families, whether in home-based only programs or center-based programs that complement their efforts with parent conferences and home visits. ECPs should feel that in every interaction with parents they have a collection of strategies that they can use to establish a healthy working relationship with parents and match their current understanding of the parents' wishes and needs, as well as their own comfort in effectively helping the parents move to new levels of engagement with their children.

Limitations

This study is among only a few that looks at specific strategies used by ECPs in home visits with families of young children to facilitate parent engagement (parent-child relationships and parent-child partnerships) in children's learning. Despite important practices that were uncovered, certain limitations are noteworthy. First, the purpose of the study was to provide an analysis of one type of parent engagement intervention – *Getting Ready*. As such, we did not compare different intervention packages that are designed to encourage parent participation. Findings can only be generalized to the *Getting Ready* project. Second, the families involved in the recorded home visits were selected by their respective home visitors. This could confound the findings in that ECPs might have differentially selected families with whom they had greater rapport. Third, the sample sizes of participating ECPs and recorded home visits were relatively small, preventing the use of advanced statistical analyses. Approaches such as multi-level modeling would be most appropriate for questions involve child and family behaviors. Fourth, the averaging of scores across multiple home visits for professionals precludes us from investigating specific family characteristics that might also contribute to intervention implementation; family characteristics could influence the strategies used by ECPs. Additionally, the mean values are more robust for ECPs for whom we had multiple recordings. Finally, since random assignment to specific strategies was not possible in this study, we are unable to establish a causal connection between the strategies used within the home visits and the observed outcomes. Confirming a link from strategies to child and family outcomes is an important next step in this work.

Conclusions

Collectively, the *Getting Ready* strategies appear to offer both EHS and HS   programs an approach compatible with their target populations and program structures to positively influence the school readiness and developmental outcomes for young children (Sheridan et al., 2010; Sheridan et al., 2011; 2014Authors, 2010; Authors, 2011; 2014). ECPs aim to engage each parent in seeing their child in new ways, which can foster confidence and subsequent feelings of warmth and sensitivity toward their developing child. The *Getting Ready* project appears to have a positive effect on what the ECPs are doing with parents during their visits, reflecting that a combination of strategies are used to enhance parent-ECP and parent-child relationships. Further studies are needed, however, to explore step-wise influences of strategy combinations as well as parent behaviors that may prompt ECP strategy use and can elicit parent-ECP and parent-child

engagement during visits and positively affect parent-child interaction rates and quality over time.

Research on home visitation interventions are sorely needed to understand what structure and approach works for certain samples of high risk families, across geographically diverse settings, for a variety of outcomes and goals particularly in light of increasing federal dollars to support home visitation efforts. Future research should test these effects more systematically than we are able to do given the design and limitations of the present study. Furthermore, replication of the study with participants from other program sites and program models (i.e. IDEA Part C services) would allow for analyses of consistency of strategy use within each program model and/or populations of children (Peterson et al., 2007; Trivette, Dunst & Hamby, 2010). Differentiation of approaches that support parent engagement in their children's early learning and development are important.

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