# RESEARCH ARTICLE

# Increasing Parent-Teacher Communication in Private Preschools Serving Low Income Families

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Parent-teacher communication is a first step in increasing family engagement. Private childcare centers have been found to report less frequent parent-child communication than publicly funded early childhood education programs such as Head Start. Using a matched comparison group design, we tested the impact of a two-pronged intervention, the Family Map Inventory for Early Childhood (Family Map; family assessment) and Teaching Important Parenting Skills (TIPS; brief parenting interventions on broad array of topics), on parent-teacher communication in private childcare centers serving low-income families. The intervention included a 4-hour Family Map training and a 6-hour TIPS training aimed at improving parent-teacher communication. Trained teachers conducted Family Map interviews and implemented TIPS for four months. Results indicated: (1) teachers were willing to implement the Family Map/ TIPS intervention in private child care settings; and (2) the parents and teachers in the intervention group reported higher levels of parent-teacher communication than those in the comparison group.

*Keywords:* parent education; family engagement; early education; parent-teacher communication; parent-teacher relationship

Substantial research provides support for the idea that early care and education providers' meaningful engagement with families results in better long-term outcomes for children's social-emotional, behavioral and academic development (Bouffard & Weiss, 2008). Specifically, the degree to which early educators and families maintain positive relationships and promote consistency with each other contributes to children's positive outcomes (Epstein, 2001; McWayne, Fantuzzo, & McDermott, 2004) even after controlling for family and child characteristics (Berthelsen & Walker, 2008). Bromer and colleagues (2011) proposed an expanded model of early childhood education quality that includes family-sensitive care that may indirectly benefit children through improving the psychological well-being of parents, reducing their isolation, or enhancing their parenting skills. This may be particularly effective when care is appropriate to the needs of individual families.

This hypothesis and posited pathways of influence are as yet untested and require empirical validation.  The early childhood education field lacks research on components of family-sensitive care (i.e., attitudes, knowledge and practices), its measurement and its impact on children and families.  Most importantly, we have only limited evidence that childcare providers can serve as sources of family support (Bromer et al, 2011).

Quality standards defined by the major early childhood professional organizations address family engagement/involvement and strong parent-provider relationships (Administration for Children, Youth, and Families, 2006; National Association for Family Child Care, 2009; National Association for the Education of Young Children, 2007).  Only Head Start standards include assessment of families' needs.  Many state early childhood quality improvement efforts and professional development systems have incorporated these standards.  The current challenge is to design and research new strategies and approaches that support family-sensitive attitudes, knowledge and practices.

One way to enhance family-sensitive care is to train teachers to have consistent and positive interactions with parents and to be accessible and useful to parents (Swick, 2004).  Effective parent-teacher partnerships are characterized as having reciprocal, on-going, balanced and high quality communication (Bronfenbrenner & Morris, 2006).  This exchange of knowledge should be bi-directional – family members have unique knowledge of the child's life and teachers have access to resources less available to parents.  Past models of family engagement view this partnership as primarily parent-initiated.  Many experts now recognize the role of early care and education programs in engaging and involving parents in partnerships (Duran, Foster, & National Family, School, and Community Engagement Working Group, 2010).However, early care educators have little preparation and tools to establish partnerships with parents that facilitate opportunities to engage in productive discussions designed to impact parenting practices, the home environment, and children's outcomes in meaningful ways (Harvard Family Research Project, 2006; Lightfoot, 2003).

## Parent-Teacher Communication

Parent-teacher communication is an essential element of quality early education programs and critical to building the supportive connections between home and school that will have a strong impact on children's development (Bronfenbrenner & Morris, 2006; Lasky, 2000).  The aim of addressing parent-teacher communication is to build relationships that can support strong home-school partnerships (Sheridan, Marvin, Knoche, & Edwards, 2008; Sheridan, Edwards, Marvin, & Knoche, 2009; Shivers, Howes, Wishard, & Ritchie, 2004).  Suggestions to increase parent-teacher communication have primarily involved establishing formal communication opportunities.  These include providing activities for teachers to share with parents to do at home, arranging for specific times for parents and teachers to meet and discuss expectations and needs (e.g., home visits, parent-teacher conferences), arranging events (e.g., programs, parent meetings), and purposefully placing siblings with the same teacher over time.  However, most preschool parent-teacher communication occurs during informal pick-up and drop-off times and consists of brief, polite 'small talk' with a narrow content (Shpancer, 2002).  Parents report they most often communicate with teachers to share information about child behavior problems and with administrators to discuss problems which may or may not be child related (Bridgemohan, van Wyk, & van Staden, 2005).  Overall, little evidence exist that parents and teachers actually partner to promote children's health, well-being and school readiness (McGrath, 2007).

Parent-teacher communication is challenging.  Reedy and McGrath (2010) examined childcare directors' and teachers' beliefs about communication with parents and identified barriers to both written and verbal communications. The authors found directors and teachers believed written communications are ineffective because parents were too busy to read the information, lose papers, or have language and reading barriers.  Barriers to verbal communication were intensity of parents' emotions, presence of children, and lack of time and privacy.  Teachers also reported they resented extended time away from the classroom for conferences with parents.

Other potential sources of parent-teacher conflict that may interfere with effective communication include cultural beliefs and inequities in authority and education (Coleman & Karraker, 1998; Galinsky, 1990; Joshi, Eberly, & Konzal, 2005).  A perceived power differential may prevent parents from expressing concerns to teachers.  Differences in languages may challenge clear communication.  When educators are also parents, differing childrearing practices may provide a unique barrier to open communication.  Interventions to enhance parent-teacher communication must consider these barriers of teachers' time, beliefs and attitudes toward working with parents, differences in parenting beliefs and practices, and inequities in authority.

Parent-teacher communication in most childcare situations tends to be infrequent, brief, and not substantive (Clarke-Stewart, 1991; Perlman & Fletcher, 2012).  Teachers typically avoid discussing controversial child-rearing practices (Fagan, 1994).  Parents typically do not share family information with childcare workers (Shpancer, 2002) nor do they view childcare workers as a resource for child-rearing information (Kontos & Dunn, 1989).  Conversely, educators are unlikely to offer parenting help, encouragement, or information (Shpancer, 2002). Research consistently documents teachers' ambivalence and negative evaluations of parents' competence (Galinsky, 1990; McGrath, 2007; Phillips, 1991), particularly for single mothers with more traditional child-rearing values (Kontos & Dunn, 1989). In a study comparing parent-caregiver communication in subsidized (i.e., operate with federal or state monies) versus nonsubsidized (i.e., operate with parent tuition) childcare settings, nonsubsidized private centers reported less frequent parent-caregiver communication (Ghazvini & Readdick, 1994).  Thus, parent-teacher communication may vary by child-care type with the lowest levels present in private, nonsubsidized centers. Those child care settings serving low-income families may be particularly challenged.

The bulk of research on professional development has been conducted in subsidized programs, including Head Start and state-funded preschools.  However, such early childhood education programs constitute only one-fourth of the early care workforce (Neuman & Cunningham, 2009).  Private childcare centers are defined as those facilities that provide a safe setting that meet basic needs of children of working parents and depend on parent tuition rather than state or federal funding (Bellm & Whitebook, 2006).  In comparison with publicly subsidized early education settings, private childcare settings tend to have caregivers with lower levels of education, higher staff to child ratios, larger group sizes, lower wages, higher turnover and less time available for professional development (Zaslow & Martinez-Beck, 2005).  This population of teachers is the hardest to engage in professional development because they operate year-round (e.g., 250 days per year), 12 hours per day and with continuous enrollment.  Time available for professional development is limited to evenings or Saturdays.  Research is needed in the area of professional development for private childcare sector.

Experts in early childhood education have recognized the need for training targeting the development of relationships with parents that will yield positive outcomes for children (Bromer et al., 2011; Dunst & Trivette, 2009; Dunst & Dempsey, 2007; Knopf & Swick, 2007; Knopf & Swick, 2008; Reedy & McGrath, 2010).  However, research focused on early childhood professional development aimed at improving parent-teacher relationships is limited (Bowman, Donovan, Burns, & Committee on Early Childhood Pedagogy of the National Research Council, 2000).  In a study of 25 volunteer teachers of preschool through third grade in one school district, teachers identified parent-teacher communication as important but were unclear as to specific strategies they could employ to communicate with parents (Joshi et al., 2005).  Similarly, based on their findings from a mixed methods study, Reedy and McGrath (2010) concluded that teachers need support and training in parent relations and communicating with parents.

Few empirical studies have been conducted to assess the efficacy of training to improve meaningful parent-teacher communication in early childhood programs (McGrath, 2007; Olson & Fuller, 2003).  McNaughton and colleagues (2007) examined the effectiveness of teaching active listening skills to a small sample of preservice education students (five intervention and five control participants) in a pre/post control design that included parent ratings of students' skills.  Intervention participants received 120 minutes of direct instruction on active listening and participated in 30-minute practice sessions.  Parents did perceive differences in the intervention teachers' communication skills in videotaped pretest and posttest role plays (McNaughton, Hamlin, McCarthy, Head-Reeves, & Schreiner, 2007).  Dunst, Trivette and Deal (2011) studied the effectiveness of three types of in-service training designed to improve early intervention practitioners' ability to use family-systems intervention practices.  Participants (N=473) attended either conference presentations or half day/full day or multi-day workshop, or received one of two types of on-site, field-based training (basic and enhanced).  Teachers' self-ratings at one and six months post training indicated both types of on-site, field-based training were associated with greater benefits (i.e., usefulness of the training content and extent to which the trainings improved their abilities to work with families) compared to the other types of training.  No parent ratings of parent-teacher relations were obtained. Overall, the research literature on professional development interventions to improve family-sensitive care and parent-teacher communication is limited.

## STUDY RATIONALE AND OVERVIEW

We sought to add to the knowledge base of the efficacy of training to improve parent-teacher communication as assessed by both parents and teachers. The quasi-experimental study of a specialized training intervention was designed to improve parent-caregiver communication as perceived by both parents and caregivers in private childcare centers serving primarily low-income families.  The intervention was designed to prepare childcare workers to conduct family assessments, share parenting information and make referrals to community resources, tasks not typically performed by private childcare providers. We examined the feasibility of implementing the intervention in the private sector by assessing the teachers' acceptance of the intervention activities and the impact of the intervention on parent-teacher communication.

The intervention consisted of two components: (1) the *Family Map Inventory for Early Childhood* (Whiteside-Mansell, Bradley, Conners, & Bokony, 2007), a family assessment tool to identify family strengths and risks; and (2) *Teaching Important Parenting Skills: TIPS for Great*

*Kids* (TIPS; Bokony, Butler, & Shaw-Bailey, 2011), a parenting education program.  Together, TIPS implemented with the Family Map is designed to increase communication and continuity between home and childcare, improve parents' perception of teachers as a resource for child development and childrearing information, and increase parents' access to timely and research-based information and referrals.   In this preliminary study, we examined parent-teacher communication, theorized as the mechanism to enhance parenting practices and the home environment.

We addressed two research questions: (1) Can the TIPS/Family Map intervention be implemented in community-based, private childcare centers (i.e., feasibility and acceptability)? (2) Did the TIPS/Family Map training increase the level of parent-teacher communication?  We hypothesized that teachers (i.e., caregivers in the classroom) and parents in the intervention group would demonstrate greater, positive changes in parent-teacher communication than teachers and parents in a matched comparison group.

# METHOD

We used a quasi-experimental design with matched centers randomly assigned to either the intervention or comparison group. The randomized sample was intentionally weighted in favor of the intervention group to maximize the cost effectiveness and number of centers that could benefit as well as to reduce the number of comparison centers burdened by data collection.  The intervention group received the intervention training and materials.   The comparison group conducted "business as usual" and were given the opportunity to receive the intervention when data collection was completed.

## Sampling Procedures

*Recruitment.*        All childcare centers serving low-income families (i.e., eligible to receive state childcare vouchers for assistance to low-income families) within a 50-mile radius of an urban area in a Southern state.  Based on a state list of 45 childcare providers meeting the inclusion criteria, were contacted in person and by phone over several weeks in September 2009. Inclusion criteria were licensed, private, childcare centers including those with some (i.e., 1-2 classrooms) state funding.  Exclusion criteria were school-based, state-funded programs and Head Start programs.

Centers were recruited in two cohorts so that intervention training could begin with the first cohort while recruitment continued.  As groups of centers were identified into the pool of centers, they were matched by location and size and randomized into an intervention or comparison group.  In Cohort 1, the first 8 centers that agreed to participate were matched and randomly assigned.  Cohort 2, consisting of 13 centers, was recruited within a month of Cohort 1.  Of these, groups of two or three centers were matched and one was randomly assigned to the comparison group (n = 5).  At the time of pre-test, two comparison and two treatment centers declined to participate.  This resulted in 11 intervention centers with 27 classrooms and 7 comparison centers with 18 classrooms.

All parents who had the opportunity to interact with center staff were targeted for the study.  Parents of children who were transported from early-care or to after-care were excluded because they would not have an opportunity to benefit from the intervention (i.e., had no daily

contact with teachers).  Parents were also excluded if they could not speak English well enough to participate in the survey.

*Retention.*    Classrooms that reached recruitment goals of 80% of families for pre-and post-tests were provided with classroom educational toys.  Teachers that continued participation for the duration of the school year received classroom supplies as incentive.  Parents received a one-dollar coin for completion of the survey at pre- and post- assessment points.  Between May 3 and May 28, all centers were contacted to schedule posttest surveys with teachers and parents. Three centers did not complete post-test assessments.  One intervention center closed and two comparison centers refused.

## Intervention Procedures

*Teaching Important Parenting Skills: TIPS for Great Kids! (TIPS).*    TIPS is based on a brief parenting intervention (BPI) model in which teachers, who have routine contact with families, are provided materials and training to share parenting information and referrals over the course of the school year. The BPI model emphasizes flexibility to tailor a series of individualized brief lessons on a wide array of topics to meet the unique needs of individual families.  The topics discussed should respond to parents' immediate concerns (e.g. daytime toileting accidents, anxiety, tantrums) or provide anticipatory guidance (e.g., reading aloud, oral health care).  The BPI model is premised on the notion that if one, limited intervention is perceived to *work*, families are more likely to request or take advantage of a second, third, etc. focused conversations during the course of the child's time in the classroom.

TIPS is designed as an alternative to formal, structured parenting classes which have not been successful at engaging high risk families, especially poor and single-parent families (Gardner, Burton, & Klimes, 2006; Garvey, Julion, Fogg, Kratovil, & Gross, 2006; Huebner, 2002).  TIPS is based on a developmental ecological perspective that identifies the family and childcare workers as the most influential and proximal systems for impacting children's early learning and well-being (Bronfenbrenner & Morris, 2006).  Key elements of the TIPS training are guided by theories of empowerment (Rappaport, 1981), family strengths (Saleebey, 2006; Stinnett & DeFrain, 1985), social support (Gottlieb, 1994), stages of change (Norcross, Krebs, & Prochaska, 2011; Prochaska & Norcross, 2001), motivating change (Miller & Rollinick, 2002), family-centered practice (McWilliam, Snyder, Harbin, Porter, & Munn, 2000; Zhang & Bennett, 2003), family-identified needs (Garbarino, 1982) and the family systems model (Dunst & Dempsey, 2007).  Drawing from these theories, TIPS aims to increase teachers' capacity to: (1) strengthen their relationships with parents as the primary means for increasing the use of positive parenting practices; (2) serve as a resource for families to access research-based parenting and child development information and resources; (3) model behaviors and practices the program wishes to foster; and (4) tailor content of communications to empower families to address their self-identified concerns and interests.

The TIPS training introduces participants to the key elements of the BPI model, reviews the impact of risk and protective factors on children and families, offers strategies for positive parent-teacher dialog, and teaches use of TIPS materials.  Targeted skills include listening for and responding to parents' self-identified interest and concerns, assessing parent's readiness for anticipatory guidance,  recognizing parent's current level of knowledge and skills as the starting point for conversations,  and motivating change. Teachers are encouraged to adjust their

schedules to allow for morning or end of day interactions with families, use strategies to reduce conflict, and promote mutual goals for children.  The intent is to build a communication process that is ongoing, bi-directional, purposeful, and supportive of child and family resiliency.

The TIPS materials are organized into a toolkit.  The components of the TIPS Toolkit are: (1) *What the Experts Say* manual(a synthesis of the research literature on parenting topics across 12 domains research has shown to be important to children's wellbeing and aligned with the Family Map); (2) *Quick Reference* cards (main parent message and relevant parenting skills) for each parenting tip*;* (3) parent tip cards (brief parenting message on a 4" x 6" card, 150 words or less, 6th grade or below reading level, English/Spanish); and (4)  *Parents' Guide to Community Resources*(indexed guide to resources in English and Spanish).

The format of the TIPS training draws on self-efficacy and adult learning theories.  Self-efficacy is the belief in one's ability to successfully perform a particular behavior (Bandura, 1977).  For teachers to feel efficacious in interacting with families, they must possess knowledge of child development and parenting, have confidence in their own abilities to engage families and share information, believe parents will respond contingently, and that others (e.g., administrators and peers) will be supportive of their efforts.  Second, professional development for teachers is increasingly conceptualized as grounded in the theory and practice of adult learning (Beavers, 2009; Knowles, Holton III, & Swanson, 2005).  Adult learning theory posits that adult learners draw on their own experiences, are self-directed and internally motivated, and learn best when they have a need to know or a problem to solve (Bryan, Kreuter, & Brownson, 2009; Lawler, 2003; Trotter, 2006).

The TIPS training utilizes professional development approaches consistently linked with sustainability of new skills: specific goals and objectives aligned with standards for practice, collective participation of staff from same classrooms and centers, provision of resources, ongoing training and technical assistance(Institute of Medicine and National Research Council, 2012; Zaslow, Tout, Halle, Whittaker, & Lavelle, 2010). The 6-hour TIPS Basic Training is conducted on-site by TIPS certified trainers. Training materials include PowerPoint presentation, handouts that encourage reflection and application, a participant manual, and a TIPS Toolkit.  Training activities include lecture, discussion, interactive small and large group activities and behavior rehearsal to teach the content and practice skills.  Centers can elect to receive additional 1-hour training sessions on specific TIPS topics customized to fit the families they serve.  Follow-up technical assistance consists of in-person and telephone contact.

*The Family Map.*    The Family Map provides a basis for the teacher to discuss the home environment with the parent.  The semi-structured interview assesses key aspects of the family and home environment associated with well-being in 3- to 5-year old children (Whiteside-Mansell et al., 2007).  The Family Map systematically identifies risk and protective factors to enable early childhood educators to tailor interventions to reduce risk conditions (e.g., food insecurity, insufficient sleep, harsh discipline, maternal depression or family conflict) or enhance protective factors associated with healthy development and school readiness (e.g., monitoring and supervision, consistent morning and bedtime routines, learning activities, or enriching out of home experiences).  The measure was designed to be used during home visits with Head Start families but has been used in classroom parent teacher conferences (Bokony, McKelvery, & Swindle, 2010).  The Family Map includes survey and observation items organized into 12 modules that generally correspond to those in the TIPS program.  The specific items in each module were developed from tools used in national studies of low-income families (i.e., incomes

under 100% of the Federal Poverty Level) as well as tools with published reliability and validity. Training prepares teachers to conduct the interview, record parents' responses and respond with appropriate parenting tips or resources.

## Data Collection Procedures

Surveys were collected from teachers and parents at all centers in the fall (pre-test) and again in the spring (post-test) by trained data collectors. Data collectors were available at the center at least one morning and two evenings during data collection with repeat visits until the childcare staff indicated we had exhausted the pool of families that typically dropped off or picked up their children. Data collectors were trained in study procedures and the data collection team consisted of a lead researcher that monitored data collection protocol.

At pre-test (prior to training), it was unclear which adults in the centers would have interactions with parents and children. That is, centers had different structures. For example, at some small centers the director acts as both classroom teacher and director; at larger centers directors are not in the classrooms. In other centers, part-time staff moved from classroom to classroom. Therefore, all likely adults were interviewed at pre-test. At post-test, adults (e.g., teachers, aides, directors) were asked if they routinely saw parents before the surveys were administered. Only adults that responded yes were surveyed. As a result, the post-test survey efforts focused on those who had received TIPS training, mostly classroom teachers.

## Training

Once recruitment ended, training was implemented in Fall 2009. Training times and location were tailored to meet individual centers' needs (e.g., Saturdays and evenings). All intervention sites participated in a 6-hour TIPS Basic Training and 4-hour Family Map Training. Key elements of the TIPS training overlap with the typical 6-hour Family Map training; therefore, when TIPS and Family Map training is combined the Family Map training is typically shortened to 4-hours. Additional brief trainings on specific parenting topics were provided by TIPS staff or directors for some centers as requested. All training sessions were entered into the state professional development registry for childcare workers and CEUs were made available. One TIPS Toolkit was provided per classroom.

## Measures - Teachers

*TIPS Training Evaluation.* To assess perceptions of the training, teachers rated their degree of agreement to positive statements about TIPS training on a 1 (Not at all) to 5 (Very Much) scale at four months post training. Teachers rated the benefit of the training, usefulness of TIPS materials, perception of benefit of TIPS to parents, and the need for additional training. A mean was calculated across items to indicate an overall perception of the training.

*TIPS Program Survey.* Teachers provided ratings on eight positively worded statements about the program to assess their overall reactions to TIPS at four months post

training. Reponses ranged from 1 (Not at all) to 5 (Very Much) including their fondness, understanding, comfort, use, perception of parent's implementation and comfort with providing TIPS.

*Family Map Evaluation.*    After Family Map assessments were completed, teachers reported how many families they had interviewed, their perception of how well it was received by families, how long it took to conduct the interview, their comfort with the interview, and the degree to which the interview revealed new information about the child and family.

*Teacher-Parent Communication.*    Teachers reported on the frequency of 20 items occurring over the last month to indicate the level of teacher-parent communication.  Of these, four items were related to how many parents in their classroom initiated contact with the teacher regarding the child, the family, and parenting (1= none, 2 = a few, 3 = some, and 4 = most; Scale = *Parent Communication*, α = .81).  An additional seven items reflected teacher effort to engage parents on various topics (*Teacher Help*, α = .78) and nine items were directly related to the frequency of teachers' answering of parent questions about child development issues (1 = never, 2 = rarely, 3 = sometimes, 4 = often; Scale =*Teacher Answer*, α = .93).

## Measures - Parents

*Parent-Teacher Relationship.*    To assess the degree to which the teacher and parent communicated enough to build a trusting relationship regarding the care and needs of the child, eight questions were asked of parents.  These questions include assessments of the intent (e.g., seek information), the content (e.g., child's behavior), and the frequency (e.g., rarely) of the parent-teacher communication.  These questions were modified from the *Parent-Caregiver Communication Checklist* (PCCC; Endsley & Minish, 1991).  Two subscales were derived from these questions. *Help Received*  (seven items, α = 0.84) reflects parents' report of information or help that was received from the teacher, and *Help Asked* (two items, α = 0.59) reflects parents' reported likelihood to engage the teacher for help and information.  Items were rated on a 1 (Never) to 4 (Often) scale. These reports were based on the person at the center with whom they spoke the most often.

## RESULTS

## Demographics - Teachers

A total of 106 surveys were collected from staff in centers at the pre-test (66 intervention and 40 comparison), and 74 were collected at post-test (50 intervention and 24 comparison).  Table 1 provides demographic comparisons between intervention and comparison teachers at pre-test and post-test**.**  Parenting status was included as a variable because differences in child-rearing have been found to cause parent-teacher disagreements(Endsley & Minish, 1991; Shpancer, 1998; Van Ijzendoorn, Tavecchio, Stams, Verhoeven, & Reiling, 1998).Parenting experiences may influence teachers' attitudes, beliefs and knowledge relative to parenting practices and their comfort in sharing parenting information. At pretest, the intervention and comparison group were

similar with the exception of teacher race and teacher parenthood.  In the comparison group, significantly more teachers were white ($p$ =.042) and significantly fewer were parents ($p$ = .001).

TABLE 1
Teacher Demographics by Intervention Status and Time Point

|  | Intervention Group | | Comparison Group | |
|  |  |  | Pre-test |  |
|  | Pre-test[a] | Post-test[a] | (n = | Post-test |
|  | (n = 66) | (n=50) | 40) | (n = 24) |
|---|---|---|---|---|
| Teacher Ethnicity |  |  |  |  |
| White | 34.80% | 34.00% | 55.00% | 25.00% |
| African American | 60.60% | 62.00% | 45.00% | 75.00% |
| Other | 0.60% | 4.00% | - | - |
| 3 + years Experience | 46.00% | 50.00% | 48.70% | 47.90% |
| High School Degree or Less | 54.80% | 42.50% | 48.90% | 57.10% |
| Teaching Certificate or CDA Complete | 34.40% | 42.00% | 35.10% | 25.10% |
| Teaching Certificate or CDA Enrolled | 27.90% | 26.60% | 34.20% | 45.90% |
| Teacher is Parent | 88.90% | 73.50% | 52.60% | 58.30% |

[a] We over-enrolled at pretest to capture all adults who might participate in the intervention; post-test we included only those who participated in the TIPS training.

From pre-test to post-test, 59% of teachers were retained.  No significant demographic differences were observed between teachers retained and those not assessed at post-test. However, three significant differences were noted.  For teachers that participated at both the pre- and post- tests (versus those that only participated at the pre-test), more were from programs with some state-funded classrooms ($p$ =.005).  Second, compared to those that only participated at the pre-test, fewer respondents at the post-test were directors or "other" staff at the center (25 at pre-test vs. 18 at post-test).  Finally, marginally more teachers retained at posttest had an Associate degree or continuing education compared to dropouts ($p$ = .07).  Thus, while not statistically significant, this finding suggests that teachers that were retained may have been more educated than those that were lost from the sample.

## Demographics - Parents

At the pre-test, surveys were collected from 421 parents (273 intervention and 148 comparison). Post-test surveys were collected from 335 parents (233 intervention and 102 comparison). Parents provided demographic information on their children and themselves at both pre- and post-test (See Table 2).  Children at intervention and comparison centers were demographically similar at pretest in all of areas except ethnicity.  Significantly more white children were in the comparison group than in the intervention group ($p$ = .01).

At pre-test, intervention and comparison parents exhibited two demographic differences. Significantly more intervention parents indicated lower level of education than comparison parents. That is, 28.4% of the comparison parents had only a high school education or less

compared to 43.6% of the intervention group ($p = .002$).   Additionally, significantly more comparison parents (41.5%) were recipients of state child care vouchers than parents in the intervention group (25.6%; $p = .001$)

TABLE 2
Teacher Demographics by Intervention Status and Time Point

|  | Intervention Group | | Comparison Group | |
|---|---|---|---|---|
|  | Pre-test | Post-test | Pre-test | Post-test |
| **Child Characteristics** | | | | |
|   Ethnicity | | | | |
|     African American | 53.3% | 54.1% | 44.9% | 60.8% |
|     White | 33.0% | 36.0% | 46.9% | 33.3% |
|     Hispanic | 9.3% | 5.2% | 0.7% | 3.9% |
|     Other | 4.4% | 4.7% | 7.5% | 2.0% |
|   Female | 53.3% | 49.1% | 47.6% | 49.0% |
|   Attended Current Center 6+ Months | 59.4% | 87.9% | 57.9% | 80.4% |
|   Attends Center 8 + Hours Per Day | 29.0% | 26.5% | 20.9% | 29.4% |
| **Parent Characteristics** | | | | |
|   Female | 79.7% | 77.9% | 81.1% | 80.4% |
|   Biological Parent | 82.9% | 85.7% | 88.5% | 91.2% |
|   21 Years of Age or Older | 97.4% | 99.1% | 96.6% | 99.0% |
|   Parent has Partner | 59.0% | 50.6% | 62.2% | 43.6% |
|   Parent has Other Children at Center | 52.0% | 47.0% | 60.9% | 42.2% |
|   Works 30 + hours per Week | 64.1% | 74.0% | 69.0% | 77.0% |
|   Uses Child Care Vouchers | 25.7% | 23.7% | 41.5% | 31.7% |
| **Education** | | | | |
|   No Degree | 4.2% | 3.0% | 0.7% | 1.0% |
|   High School or GED | 41.3% | 26.3% | 28.7% | 23.7% |
|   Technical Degree | 6.1% | 10.8% | 7.0% | 8.9% |
|   Some College | 27.5% | 38.8% | 37.8% | 38.6% |
|   College Degree | 21.0% | 21.1% | 25.9% | 27.7% |

From pre-test to post-test, 46% (N = 155) of children had a parent/caregiver complete assessments at both time points with 112 interviews with the same parent.  A comparison of the 155 match pairs with the remaining 265 caregivers who did not receive a post-test assessment was conducted based on pre-test assessments.  Several demographic differences were noted between children who had a parent surveyed at both pre-test and post-test compared to parents that were surveyed at the pre-test but not again at the follow-up.  Compared to parents who participated in only the pretests, parents who had data at both time points were significant: fewer "other" ethnicities ($p = .04$), fewer "not biological" parents ($p = .02$), more "beyond high school" parents ($p = .03$), more parents that work 40 hours or more ($p = .002$), fewer that received state vouchers ($p = .001$), and marginally fewer who had children that had been at three more centers ($p = .07$). Of the 155 with matching pre-test and post-test, 109 were intervention and 46 were

comparison.  Of the 112 (subset of 155 that were exact parent match), 74 were intervention and 38 were comparison.  Statistical tests indicate that the intervention group had better (however not statistically significant) retention.

## Feasibility and Acceptability of the Intervention - Implementation of TIPS Training

*TIPS Training Evaluation.*    Among all intervention teachers surveyed at the post-test, most intervention teachers surveyed reported receipt of TIPS training (90%) beyond the Basic training, predominantly from a TIPS trainer (80%).  The majority of teachers (41%) participated in an additional 6 -12 hours of instruction on TIPS topics and 34.7% participated in 2-6 hours of training. Few teachers, only 4.1%, completed 'very little' (less than 2 hours).  Only 4.1% completed 'a great deal' (greater than 12 hours) of training.  This degree of teacher involvement suggests that teachers were qualified to provide feedback on the TIPS training and implementation.  Overall, ratings were positive ($M$= 4.17, $SD$ =1.04) and were consistent ($α$ = 0.96).  No differences were observed between teacher education or experience levels on these items.

*TIPS Program Survey.*    Among all intervention teachers surveyed, teacher opinions about the TIPS program were positive ($M$= 3.73, $SD$= 1.01), and were internally consistent ($α$ = 0.94). At posttest, most teachers reported sharing parenting tips (95.6%).  Teachers generally agreed that they liked the TIPS program ($M$= 3.96, $SD$ = 1.13), understood how the TIPS program worked ($M$ = 4.06, $SD$ = 1.13), felt comfortable talking to parents about TIPS ($M$ =3.98, $SD$ =1.11), learned new things from TIPS ($M$ = 3.96,$SD$ = 1.17), gave families suggestions using TIPS ($M$=3.82, $SD$ = 1.17), thought parents used the tips given to them ($M$ =3.35, $SD$ = 1.32), saw parents using tips given to them ($M$=3.24, $SD$= 1.40), and believed parents liked having the TIPS program in their center ($M$=3.65, $SD$ = 1.20).  No differences were observed between teacher education or experience levels on these items.

*Family Map Evaluation.*    Of teachers at intervention centers, half (25 of 50) reported completing one or more Family Map interviews and completed the *Family Map Evaluation* about their experience.  Many (60.1 %) believed that half or more of the families they interviewed liked the Family Map.  Nearly all teachers (92%) said the Family Map interview took 1 hour or less after they became acclimated to its use.  Ratings were given on a 1 (not at all) to 5 (very much) scale regarding teachers' comfort with conducting the interview ($M$ = 3.42, range 1 to 5), whether information learned in the interview helped them to understand the family ($M$ = 4.17, range 2 to 5), and if insight gained in the interview helped explain the child's classroom behavior ($M$ = 4.13, range 3 to 5).  These responses suggest that the Family Map was successful in helping teachers to better comprehend the situation of the child and family.  In fact, all teachers indicated learning at least something about the child from the interview.

## Parent-Teacher Communication - Teachers

Independent t-tests were conducted on responses of teachers who had data at both pre- and post-tests. As shown in Table 3, intervention teachers reported higher communication patterns with

parents at post-test in all three areas measured than comparison teachers: parents volunteering information about their child/family (*Parent Communication, $M_{diff}$* = 1.04;not significant), teachers providing help to the parents (*Teacher Help; $t(70)$* = 2.13; *p* = 0.04, *d* = .51), and teachers answering parent questions (*Teacher Answer; $t(70)$* = 3.06; *p* = 0.003, *d* = .73). Intervention teachers reported that parents asked for help with family problems and for information about parenting significantly more often than comparison teachers reported.

TABLE 3

Parent-Teacher Communication: Teacher Intervention versus Comparison at Post-Test

| Scale Item | Pre-test | | Post-test | |
|---|---|---|---|---|
| | M (sd) | Range | M (sd) | Range |
| Teacher (n = 74) | (n = 50) | | (n = 24) | |
| Parent Communication scale a (α = .81) | 2.43 (0.64)** | 1.25 -3.75 | 2.21 (0.64) | 1.25 – 3.50 |
| Teacher Help Scale [b] (α = .78) | 3.19 (0.52)* | 1.57 - 4 | 2.91 (0.58)* | 2 – 3.86 |
| Teacher Answer scale [c] (α = .93) | 2.45 (0.77)** | 1 – 4 | 1.93 (0.64)** | 1 – 3 |

**p< .01; *p<.05, [†]p < .10 [a] High scores indicate the teacher identified more families; [b,c] High scores indicate more often; d  Statistical analysis based on paired-sample t-tests (n=36); means based on full available sample.

To control for existing characteristics of teachers who were assessed at both time points, multiple linear regressions were conducted to control for 1) pre-test scores on parent-teacher communication scales, 2) teacher experience, 3) teacher parenthood, 4) teacher education level, and 5) state-funded classroom status. Significant intervention effects were observed on the scales of *Parent Communication* (*β* =.38; *t(36)* = 2.00, *p* = .05) and *Teacher Answer* (*β* = .43; *t(36)* = 2.21, *p* = .035) beyond these factors (See Table 4). This analysis indicates that intervention status had a unique and positive impact on teacher-parent communication.

TABLE 4

Regression Analysis of Teacher Report of Parent-Teacher Communication at Posttest

| Predictor | Parent Communication Scale | | Teacher Answer Scale | |
|---|---|---|---|---|
| | *b* (SE) | β | *b* (SE) | β |
| Pre-test score | .53 (.15)** | .57** | .55 (.16)** | . 55** |
| Teacher experience | -.03 (.07) | -.03 | -.06 (.09) | -.10 |
| Teacher is a parent | -.11 (.20) | -.01 | -.15 (.26) | -.10 |
| Teacher education | -.12 (.08) | -.25 | -.19 (.10) | -.31 |
| State-funded classroom | -.03 (.16) | -.02 | -.08 (.20) | -.06 |
| Intervention site | .55 (.27)* | .38* | .79 (.36)* | .43* |
| $R^2$ | .47 | | .45 | |
| F | 4.46** | | 1.01** | |

**p< .01; *p < .05

## Parent-Teacher Communication - Parents

Comparisons of pre- and post-test responses (N = 155 parents were assessed at both times) of the intervention group support findings from teachers (see Table 5). Intervention parents reported significantly greater scores, with a medium effect size, on the *Help Received* scale at posttest than at pretest ($t(108)$ = -6.17; $p$ = 0.01, $d$ =.50), specifically on items related to the family and parenting. A comparison analysis was conducted with the full sample and without the 40 families in which a different parent was conducted at each time point. No substantive differences were found with or without the 40 parents.

TABLE 5
Parent-Teacher Relationship: Parent Intervention vs. Comparison at Post-test

| Scale Item | Treatment | | Comparison | |
|---|---|---|---|---|
| | M (sd) | Range | M (sd) | Range |
| Parent   (N = 335) | (n = 233) | | (n = 102) | |
| Help Received Scale [a] (α = .84) | 22.34 (4.23)* | 7 - 28 | 20.80 (4.99) | 8 - 28 |
| Help Asked Scale [a] (α = .59) | 6.05 (1.57) | 2 – 8 | 5.83 (1.79) | 2 - 8 |

*p<.05; [a] High score indicates more help

Analyses controlling for 1) pre-test scores, 2) parent education, 3) length of time the child had attended the center, and 4) the number of hours worked by the parent in a week were also conducted on parent-teacher communication using multiple linear regression. Significant intervention effects were observed on the scale of *Help Received* ($\beta$ =.16; $t(152)$ = 2.41, $p$ = .02) as seen in Table 6. This indicates that intervention status had a unique and positive impact in the area of parent receiving help from a teacher. These analyses used all families with pre- and post-test data including about 40 cases in which a different family member was interviewed at pre-test compared to post-test. Again, exclusion of these 40 families did not affect results.

TABLE 6
Regression Analysis of Parent Report of Parent-Teacher Communication at Posttest

| Predictor | Help Received Scale | |
|---|---|---|
| | b (SE) | β |
| Pre-test score | .55 (.07)** | .54** |
| Parent education | -.01 (.03) | -.02 |
| Parent hours of work | -.05 (.03)* | -.15* |
| Length of attendance at center | .06 (.14) | .03 |
| Intervention site | .23 (.10)* | .16* |
| $R^2$ | .34 | |
| F | 15.20** | |

**$p$ < .01; *$p$ < .05

# DISCUSSION

The TIPS and Family Map intervention was designed to increase communication and continuity between home and childcare, improve parents' perception of teachers as a resource for child development and childrearing information, and increase parents' access to timely and researched-based information and resources.  The intervention targeted the exchange of information at drop-off and pick-up because this is when most parent-teacher communication occurs (Shpancer, 2002).  Effective parent-teacher communication is the basis for developing effective relationships with families (Baker & Manfredi-Petitt, 2004) and providing family-sensitive care (Bromer et al., 2011).  As evidenced in national standards of quality for early education and two-generational programs such as Head Start, attention to family circumstances and needs is seen an important component of quality child care programs.

In this study, we examined the feasibility of implementing the TIPS (parent education) and Family Map (family assessment) intervention and the impact of the training on parent-teacher communication in private childcare centers.  Private childcare is a sector of early care settings with low levels of parent-teacher communication which have historically been a hard-to-reach population for professional development and research.  Further, we provided preliminary evidence that training can impact parent-teacher communication from the perspectives of both parents and teachers.  Larger scale studies are needed to determine whether improved parent-teacher communication impacts parenting practices and home environments in ways that promote positive outcomes for children.

## Feasibility and Acceptability of the TIPS/Family Map Intervention

In this study, we demonstrated that it is feasible to implement the TIPS/Family Map intervention in private child care centers serving low-income families. As is common in the private child care sector, scheduling training was challenging because centers lacked the financial ability to hire substitutes and did not have dedicated days for professional development. Training sessions were conducted at times and locations convenient for each participating center, including weekday evenings and Saturdays.

In spite of difficulties of attending the training beyond a 40-hour work week, teachers gave positive ratings for the TIPS Basic training.  The training sessions were well received by all staff with no differences found based on teacher education levels or years of experience. Additionally, almost all of the teachers trained (95%) at post-test reported sharing tip cards (e.g., implemented this part of the intervention) with families and believed that families utilized the information shared. Intervention teachers, regardless of education or experience, found the intervention acceptable and were willing to adopt a new role of providing parenting education when given training, materials and ongoing support.

About half (25/40) of teachers administered the Family Map.  This low number may reflect time constraints of the study.  The Family Map is intended to be completed at the time of the child's enrollment.  In contrast to federally funded and school-based preschool programs which typically enroll most children at the beginning of an identified school year, private preschools enroll children year-round. Over time, we would anticipate the number of families

participating in a Family Map interview in private childcare centers would increase as new children enrolled.  When the Family Map interviews were conducted, teachers reported learning important information about the child or family, indicative of improved parent-teacher communication.


## Parent-Teacher Communication

The results of this study suggest the intervention had a modest impact on parent-teacher communication from the perspectives of both parents and teachers.  Intervention teachers showed higher levels of communication with parents at post-test than comparison teachers. Intervention teachers reported answering more parent questions than comparison teachers who showed no change in their communication with parents at posttest compared to their earlier assessments. Intervention teachers reported answering questions about a variety of children's health issues, behavior and discipline, reading, tooth brushing, bedtime routines, and safety. Thus teachers did provide parents with information on parenting practices linked to positive child outcomes.

The finding of an increase in parent-teacher communication reported by teachers was supported by parent responses.  Intervention parents reported receiving more help from teachers than comparison parents, particularly on items relating to family and parenting. Parents in the intervention group were more likely than comparison parents to discuss childcare with their child's teacher, receive parenting information and tips, and receive help with a child behavior problem.  The greatest change reported was related to parents asking for help with a family problem and with parents asking for and teachers giving parenting information.  These results were consistent even when considering teachers' baseline scores on parent-teacher communication scales, education, experience teaching, and teachers' parenting status.

These findings, reported by both teachers and parents, are encouraging.  While the results are not conclusive, it is a necessary first step to provide evidence of an intervention impact in an area with limited research.  Differences between intervention and comparison parent and teacher ratings of communication were consistent with the components of the training.  For example, in contrast to parents in the comparison group, intervention parents reported they received more help from teachers relative to parenting, a child's problem behavior, and a family problem.

We attempted to address a gap in the early childhood literature by targeting a hard-to-reach population of childcare providers that are likely to have low levels of parent-teacher communication and limited access to professional development.  In our study, teachers in the private childcare centers were willing to participate in the training, engage families, conduct family assessments, and share information related to parenting issues.  The results of our study indicate caregivers in private childcare settings, regardless of their level of education or experience, understood and accepted the intent of TIPS/Family Map intervention.  Analysis of parent data provides some support for the notion that parent-teacher communication can be impacted through professional development.

Limitations and Future Directions

Although this study included a relatively large sample of parents, it included smaller samples of teachers and centers, which limited its statistical power and feasibility to take into account the potential impact of teachers nested within centers and parents nested within teachers. Also, the high attrition rates (only 59% of teachers and 46% of parents were retained from pretest to posttest) represent a potential threat of bias if those who dropped out of the study were systematically different from those who remained in the study. The sample was reduced at posttest when one intervention center closed and two comparison centers declined to participate in post-test data collection.

We cannot account for attrition of parents based on study procedures. Data collectors made repeated visits, morning and afternoon, to a center until the childcare staff indicated we had exhausted the pool of families that typically dropped off or picked up their children. Attrition may have been due to dropped enrollment. Research has documented that child care stability for young children is challenging for low-income families (Chase, Arnold, Schauben, & Shardlow, 2005; Lowe, Weisner, Geis, & Huston, 2005). Parents who were assessed at only pre-test were more likely to be minority, be a caregiver other than a biological parent, have a lower level of education, receive child care vouchers, and have a history of unstable child care. Thus, the attrition rate is a potential threat to the validity of the findings. It also highlights a difficulty in conducting research in private child care settings serving primarily low-income families.

For teachers, our study design (over-enrollment at pre-test) and withdrawal of three centers at posttest accounted for much of the attrition of staff. Analyses to assess attrition bias indicated teachers who were retained were demographically similar to those who were not assessed at the post-test. Teachers who participated at both data collection time points, compared to those who participated only at pretest, had slightly more education and training, although not statistically different, and were more likely to work in a center with some state subsidy. Based on these analyses, the high attrition rate presented minimal threat to the validity of the findings for this aspect of the study, but does attest to the difficulty of engaging this sector of child care in intervention research studies.

Finally, the scope of this study limited our ability to fully measure parent-teacher communication. This study relied on self-report data. While differences between groups were detected on the *Help Received* scale (α = .84), no differences were detected on the *Help Asked* scale (α = .59). This may have been due to low reliability of the scale. In a review of measurement instruments to assess family-sensitive care, Bromer and colleagues (2011) conclude that no measures are currently available that adequately assess providers' sensitivity to strengths and needs of families, collection of information from families, and the use of information to inform interactions and program planning. Optimally, a future study of provider attitudes, knowledge and practices would include both explicit measures (e.g., self-report, responses to case studies) and implicit, unobtrusive measures of actual behaviors (Krosnick, Judd, & Wittenbrink, 2005). Some promising approaches to assessment that could be used in future studies include reviews of documentation of family engagement and services, provider and parent interviews to supplement surveys, and observational assessment of parent-provider interactions during drop-off and pick-up times.

# REFERENCES

Administration for Children, Youth, and Families Head Start Bureau. (2006). *Head start program regulations and program guidance for parts 1304 and 1308. Revised.*

Baker, A. C., & Manfredi-Petitt, L. A. (2004). *Relationships, the heart of quality care: Creating community among adults in early care settings.* Washington, DC: National Association for the Education of Young Children.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*, 191-215.

Beavers, A. (2009). Teachers as learners: Implications of adult education for professional development. *Journal of College Teaching & Learning, 6*, 25-30.

Bellm, D., & Whitebook, M. (2006). *Roots of decline: How government policy has de-educated teachers of young children.* Berkeley, CA: Center for the Study of Child Care Employment.

Berthelsen, D., & Walker, S. (2008). Parents' involvement in their children's education. *Family Matters, 79*, 34-41.

Bokony, P. A., Butler, P., & Shaw-Bailey, D. (2011). *Teaching important parenting skills: TIPS for great kids! Trainers guide for basic training.* Little Rock, AR: University of Arkansas for Medical Sciences.

Bokony, P. A., McKelvery, L., & Swindle, T. (2010). *Administration for children and families responsible fatherhood initiative semi-annual report.* Little Rock, AR: University of Arkansas for Medical Sciences.

Bouffard, S., & Weiss, H. (2008). Thinking big: A new framework for family involvement policy, practice, and research. *The Evaluation Exchange, 14*, 2-5.

Bowman, B., Donovan, M., Burns, S., & Committee on Early Childhood Pedagogy of the National Research Council. (2000). *Eager to learn: Educating our preschoolers.* Washington, DC: National Academy Press.

Bridgemohan, R., van Wyk, N., & van Staden, C. (2005). Home-school communication in the early childhood development phase. *Education, 126*, 60-77.

Bromer, J., Paulsell, D., Porter, T., Henly, J. R., Ramsburg, D., Weber, R. B., & Family and Quality Workgroup Members. (2011). Family-sensitive caregiving: A key component of quality in early care and education arrangements. In M. Zaslow, I. Martinez-Beck, K. Tout & T. Halle (Eds.), *Quality measurement in early childhood settings* (pp. 161-190). Baltimore, MA: Paul H. Brooks.

Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In R. M. Lerner, W. Damon, R. M. Lerner & W. Damon (Eds.),*Handbook of child psychology (6th ed.): Vol 1, theoretical models of human development* (pp. 793-828). Hoboken, NJ: John Wiley & Sons Inc.

Bryan, R. L., Kreuter, M. W., & Brownson, R. C. (2009). Integrating adult learning principles into training for public health practice. *Health Promotion Practice, 10*, 557-563.

Chase, R., Arnold, J., Schauben, J., & Shardlow, B. (2005). *Child care use in Minnesota: 2004 statewide household child care survey.* St Paul, MN: Wilder Research.

Chaudry, A. ( 2004). *Putting children first: How low-wage working mothers manage child care*. New York: Russell Sage Foundation. Clarke-Stewart, K. A. (1991). A home is not a school. In M. Lewis, & S. Feinman (Eds.),*Social influences and socialization in infancy* (pp. 41-62). New York, NY: Plenum Press.

Coleman, P. K., & Karraker, K. H. (1998). Self-efficacy and parenting quality: Findings and future applications. *Developmental Review, 18*, 47-85.

Dunst, C. J., & Trivette, C. M. (2009). Capacity-building family-systems intervention practices. *Journal of Family Social Work, 12*, 119-143.

Dunst, C.J., Trivette, C.M., & Deal, A.G. (2011). Effects of in-service training on early intervention practitioners' use of family-systems intervention practices in the USA. *Professional Development in Education, 37,* 181-196.

Dunst, C. J., & Dempsey, I. (2007). Family-professional partnerships and parenting competence, confidence, and enjoyment. *International Journal of Disability, Development and Education, 54*, 305-318.

Duran, M., Foster, A. W., & National Family, School, and Community Engagement Working Group. (2010). *Taking leadership, innovating change: Profiles in family, school, and community engagement.* Family Involvement Network of Educators. Retrieved from http://www.hfrp.org.

Endsley, R. C., & Minish, P. A. (1991). Parent-staff communication in day care centers during morning and afternoon transitions. *Early Childhood Research Quarterly, 6*, 119-135.

Epstein, J. L. (2001). *School, family, and community partnerships: Preparing educators and improving schools*. Boulder, CO: Westview Press.

Fagan, J. (1994). Mother and father involvement in day care centers serving infants and young toddlers. *Early Childhood Development and Care, 103*, 95-101.

Galinsky, E. (1990). Why are some parent/teacher partnerships clouded with difficulties? *Young Children, 45*, 38-39.

Garbarino, J. (1982). *Children and families in the socialenvironment.* New York, NY: Aldene Publishing.

Gardner, F., Burton, J., & Klimes, I. (2006). Randomised controlled trial of a parenting intervention in the voluntary sector for reducing child conduct problems: Outcomes and mechanisms of change. *Journal of Child Psychology and Psychiatry, 47*, 1123-1132.

Garvey, C., Julion, W., Fogg, L., Kratovil, A., & Gross, D. (2006). Measuring participation in a prevention trial with parents of young children. *Research in Nursing & Health, 29*, 212-222.

Ghazvini, A. S., & Readdick, C. A. (1994). Parent-caregiver communication and quality of care in diverse child care settings. *Early Childhood Research Quarterly, 9*, 207-222.

Gottlieb, B. H. (1994). Social support. In A. L. Weber, & J. H. Harvey (Eds.), *Perspectives on close relationships* (pp. 307-324). Needham Heights, MA US: Allyn & Bacon.

Harvard Family Research Project. (2006). *Family involvement in early childhood education.(No. 1)*. Cambridge, MA: Harvard Family Research Project, Harvard Graduate School of Education.

Huebner, C. E. (2002). Evaluation of a clinic-based parent education program to reduce the risk of infant and toddler maltreatment. *Public Health Nursing, 19*, 377-389.

Institute of Medicine and National Research Council. (2012). *The early childhood care and education workforce: Challenges and opportunities.* Washington, DC: The National Academies Press.

Joshi, A., Eberly, J., & Konzal, J. (2005). Dialogue across cultures: Teachers' perceptions about communication with diverse families. *Multicultural Education, 13*, 11-15.

Knopf, H. T., & Swick, K. J. (2007). How parents feel about their child's teacher/school: Implications for early childhood professionals. *Early Childhood Education Journal, 34*, 291-296.

Knopf, H., & Swick, K. (2008). Using our understanding of families to strengthen family involvement. *Early Childhood Education Journal, 35*, 419-427.

Knowles, M. S., Holton III, E., & Swanson, R. A. (2005). *The adult learner.* (6th ed.). London: Elsevier.

Kontos, S., & Dunn, L. (1989). Attitudes of caregivers, maternal experiences with day care, and children's development. *Journal of Applied Developmental Psychology, 10*, 37-51.

Krosnick, J. A., Judd, C. M., & Wittenbrink, B. (2005). The measurement of attitudes. In D. Albarracín, B. T. Johnson & M. P. Zanna (Eds.),*The handbook of attitudes* (pp. 21-76). Mahwah, NJ US: Lawrence Erlbaum Associates Publishers.

Lasky, S. (2000). The cultural and emotional politics of teacher-parent interactions. *Teacher and Teacher Education, 16*, 843.

Lawler, P. A. (2003). Teachers as adult learners: A new perspective. In K. P. King, & P. A. Lawler (Eds.), *New perspectives on designing and implementing professional development of adults* (pp. 15-22). San Francisco, CA: Jossey-Bass Publishers.

Lowe, E. D., Weisner, T. S., Geis, S., & Huston, A. C. (2005). Child-care instability and the effort to sustain a working daily routine: Evidence from the new hope ethnographic study of low-income families. In C. R. Cooper, C. T. G. Coll, W. T. Bartko, H. Davis & C. Chatman (Eds.),*Developmental pathways through middle childhood: Rethinking contexts and diversity as resources* (pp. 121-144). Mahwah, NJ US: Lawrence Erlbaum Associates Publisher.

Lightfoot, S. (2003). *The essential conversation: What parents and teachers can learn from each other.* New York, NY: Random House.

McGrath, W. H. (2007). Ambivalent partners: Power, trust, and partnership in relationships between mothers and teachers in a full-time child care center. *Teachers College Record, 109*, 1401-1422.

McNaughton, D., Hamlin, D., McCarthy, J., Head-Reeves, D., & Schreiner, M. (2007). Learning to listen: Teaching an active listening strategy to preservice education professionals. *Topics in Early Childhood Special Education, 27*, 223-231.

McWayne, C. M., Fantuzzo, J. W., & McDermott, P. A. (2004). Preschool competency in context: An investigation of the unique contributions of child competencies to early academic success. *Developmental Psychology, 30*, 633-645.

McWilliam, R. A., Snyder, P., Harbin, G. L., Porter, P., & Munn, D. (2000). Professionals' and families' perceptions of family-centered practices in infant-toddler services. *Early Education and Development, 11*, 519-538.

Miller, W. R., & Rollinick, S. (2002). *Motivational interviewing: Preparing people to change.* New York, NY: Guilford Press.

National Association for Family Child Care. (2009). *Quality standards for the national association of family child care accreditation*. Salt Lake City, UT:  National Association for Family Child Care.

National Association for the Education of Young Children. (2007). *NAEYC accreditation standards and criteria: The mark of quality*. Washington, DC: National Association for the Education of Young Children.

Neuman, S. B., & Cunningham, L. (2009). The impact of professional development and coaching on early language and literacy instructional practices. *American Educational Research Journal, 46*, 532-566.

Norcross, J. C., Krebs, P. M., & Prochaska, J. O. (2011). Stages of change. *Journal of Clinical Psychology, 67*, 143-154.

Olson, G., & Fuller, M. (2003). *Home-school relations: Working successfully with parents and families.* (2nd ed.). Boston, MA: Allyn and Bacon.

Perlman, M., & Fletcher, B. A. (2012). Hellos and how are yous: Predictors and correlates of communication between staff and families during morning drop-off in child care centers. *Early Education and Development, 23*, 539-557.

Phillips, D. A. (1991). Day care for young children in the united states. In E. C. Melhuish, & P. Moss (Eds.), *Daycare for young children.* (pp. 185-198). New York, NY: Tavistock/Routledge.

Prochaska, J. O., & Norcross, J. C. (2001). Stages of change. *Psychotherapy: Theory, Research, Practice, Training, 38*, 443-448.

Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology, 9*, 1-25.

Reedy, C. K., & McGrath, W. H. (2010). Can you hear me now? Staff-parent communication in child care centres. *Early Child Development and Care, 180*, 347-357.

Saleebey, D. (Ed.). (2006). *The strengths perspective in social work practice* (4th ed.). Boston: Pearson.

Sheridan, S. M., Marvin, C. A., Knoche, L. L., & Edwards, C. P. (2008). Getting ready: Promoting school readiness through a relationship-based partnership model. *Early Childhood Services: An Interdisciplinary Journal of Effectiveness, 2*, 149-172.

Sheridan, S., Edwards, C. P., Marvin, C. A., & Knoche, L. L. (2009). Professional development in early childhood programs: Process issues and research needs. *Early Education and Development, 20*, 377-401.

Shivers, E. M., Howes, C., Wishard, A. G., & Ritchie, S. (2004). Teacher-articulated perceptions & practices with families: Examining effective teaching in diverse high quality child care settings. *Early Education and Development, 15*, 167-186.

Shpancer, N. (2002). The home-daycare link: Mapping children's new world order. *Early Childhood Research Quarterly, 17*, 374-392.

Shpancer, N. (1998). Caregiver-parent relationships in daycare: A review and re-examination of the data and their implications. *Early Education and Development, 9*, 239-59.

Stinnett, N., & DeFrain, J. (1985). *Secrets of strong families.* Boston, MA: Little Brown.

Swick, K. (2004). *Empowering parents, families, schools and communities during the early childhood years.* Champaign, IL: Stipes.

Swick, K. J. (2004). The dynamics of families who are homeless. *Childhood Education, 80*, 116-120.

Trotter, Y. D. (2006). Adult learning theories: Impacting professional development programs. *Delta Kappa Gamma Bulletin, 72,*8-13.

Van Ijzendoorn, M. H., Tavecchio, L. W. C., Stams, G., Verhoeven, M., & Reiling, E. (1998). Attunement between parents and professional caregivers: A comparison of a childrearing attitudes in different child-care settings. *Journal of Marriage & Family, 60*, 771-781.

Whiteside-Mansell, L., Bradley, R. H., Conners, N. A., & Bokony, P. A. (2007). The family map: Structured family interview to identify strengths and risks in head start families. *NHSA Dialog: A Research-to-Practice Journal for the Early Intervention Field., 10*, 189-209.

Zaslow, M., Tout, K., Halle, T., Whittaker, J. V., & Lavelle, B. (2010). *Toward the identification of features of effective professional development for ealry childhood educators.* Washington, DC: U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service.

Zaslow, M., & Martinez-Beck, I. (2005). *Critical issues in early childhood professional development.* Baltimore, MD: Brookes Publishing Company.

Zhang, C., & Bennett, T. (2003). Facilitating the meaningful participation of culturally and linguistically diverse families in the IFSP and IEP process. *Focus on Autism & Other Developmental Disabilities, 18*, 51.