

How can parents get involved in preschool? Barriers and engagement in education by ethnic minority parents of children attending Head Start programs.

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Abstract:

An intervention was developed to promote parent involvement with ethnic minority families of children attending Head Start preschool programs. Two hundred eighty-eight predominantly African American families from a small southern city were included in this study. Parent satisfaction with the program was high, yet engagement was less than optimal. Some effects were found for the program, despite low levels of participation. Ethnic minority parents who received the intervention increased the frequency of reading to their child as compared with parents in a comparison group who did not receive the program. The quality of the parent–teacher relationship was significantly correlated with parental participation in the intervention. Program participation and the parent–teacher relationship were correlated with higher levels of children’s school readiness abilities. Children in the intervention condition showed stronger end-of-year receptive vocabulary and parent-rated social competence as compared with children who did not receive treatment. This research documents the challenges involved in engaging parents in prevention programs. Strategies for maximizing the benefits of preschool for ethnic minority families and their children are discussed.

Keywords: african american families | Head Start | community-based intervention | parent involvement | school readiness | minority groups | preschool education | racial and ethnic groups

Article:

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Promoting school readiness for low-income children remains a national priority. Children from impoverished communities are more likely to have behavioral and academic difficulties than children raised in higher income neighborhoods (Duncan, Brooks-Gunn, & Klebanov, 1994). In addition, poverty disproportionately affects children from ethnic minority communities (Caughy & O'Campo, 2006; McLoyd, 1990, 1998). Because of the pervasive impact of poverty on young children and families, compensatory educational programs have been implemented to promote school readiness. One of the largest initiatives is Project Head Start, which was founded in 1965 to offer comprehensive services for poor preschool children and their families. Family involvement in education is at the core of Head Start's mandate to promote children's early learning (Downer & Mendez, 2005; Taylor & Machida, 1994), based on the finding that parent-child relationships play a key role in promoting children's development. Parental involvement in school activities for young children is associated with children's school readiness and acclimation to primary school (Marcon, 1999; Reynolds, Mavrogenes, Bezruczko, & Hagemann, 1996).

Parent involvement includes a variety of behaviors and attitudes that families may exhibit that contribute to a child's school success (Fantuzzo, Tighe, & Childs, 2000; Grolnick & Slowiaczek, 1994; Kohl, Lengua, & McMahan, 2000). Despite the importance of parent involvement, few community-based interventions exist to increase the educational involvement of families during the elementary or preschool years (Waanders, Mendez, & Downer, 2007). Most parenting interventions involve children ages 0 to 3 and concentrate on four types of services: parent-focused home visitation, parent-focused combined center and home programs, intergenerational literacy programs, and parent-focused literacy programs (Brooks-Gunn, Berlin, & Fuligni, 2000). Unfortunately, mandates for increasing parent involvement during preschool presently exceed approaches to fostering such behaviors.

Research has shown that parent involvement is a multidimensional construct and is affected by personal characteristics, contextual factors, and opportunities for learning. Contextual and demographic features (e.g., parent age, employment, educational opportunity, and community and neighborhood resources) have been associated with different types of parent involvement (Alexander & Entwisle, 1996; Downer & Mendez, 2005). For example, Waanders et al. (2007) showed that parental perceptions of neighborhood social disorder and economic stress negatively affected the parental involvement of African American mothers in Head Start preschool programs. Therefore, it is likely that interventions may operate differently on the basis of the

unique risk and protective factors present within families and communities that experience poverty (Baydar, Reid, & Webster-Stratton, 2003). Unfortunately, few interventions exist that explicitly consider how contextual variables, including culture and ethnicity, play a role in the effectiveness and acceptability of a particular treatment (Sue, 2006; Tucker & Herman, 2002).

In response to this need, ecological theory guided the design of a community-based intervention that promotes parent involvement with ethnic minority families. Because greater numbers of young children are experiencing out-of-home care and attending preschool, the important transition and adjustment by the family to the expectations of schools is occurring much earlier in development (Belsky & MacKinnon, 1994; Mendez, McDermott, & Fantuzzo, 2002). In designing the intervention, we theorized that parents' involvement in their children's education enhances continuity of learning across home and school settings (Mendez & Fogle, 2002). This home-school connection is particularly important for children and families from economically disadvantaged backgrounds, who often lack exposure to high-quality resources like preventive medical care or educational opportunities (Brooks-Gunn, Duncan, & Aber, 1997; Brooks-Gunn, McCormick, Klebanov, & McCarton, 1998). McLoyd (1998) summarized how poverty has a detrimental impact on parents' ability to provide emotional and educational support for children and that this process is often mediated through parental stress, low levels of educational exposure, and parental depression. The problem is further complicated when parents are unable to access support from school personnel because of different expectations about child rearing or educational practices or perhaps because of language barriers. Therefore, the establishment of a strong home-school connection may be an underused strategy for buffering children from the impact of poverty.

In sum, consistent with Bronfenbrenner's (1999) notion of the mesosystem, children with multiple, interactive, and supportive connections between home and school experience less stress associated with school entry. From a behavioral perspective, these children receive reinforcement for developing new competencies because parents and teachers work together to promote child development. Parental participation in early intervention programs also serves to encourage parents and children to access other community mental health resources that might otherwise go underused by traditionally underserved populations, including families from ethnic minority backgrounds (Snell-Johns, Mendez, & Smith, 2004).

The Companion Curriculum Preventive Intervention

Using the principles described earlier, a preventive intervention called The Companion Curriculum (TCC) was developed. This program seeks to enhance Head Start children's school readiness by increasing parent involvement in education and strengthening the parent-teacher relationship. The intervention program consists of four key elements. First, staff training is provided regarding TCC's educational themes and strategies for promoting family involvement. Second, Family Corners are introduced as an environmental enhancement that provides a culturally relevant and visible area for adult-child interaction with TCC materials in the Head

Start classroom. Family Corners also display pictures and materials from children's home learning environments to reinforce families' involvement in learning. Third, educational activities for families promote playful adult-child interaction and extend learning activities outside of the school and into the home setting. Fourth, Head Start staff members illustrate learning activities for family members and promote home-school relations by conducting monthly workshops called the Parent Excellence Series.

In TCC, teachers are considered to be the agents of change because they are trained to encourage family involvement by demonstrating how preschool children learn using TCC materials. A training manual is used to guide teachers in creating a family-centered experience as they prepare and implement an engaging series of Parent Excellence workshops. Each workshop is structured to accomplish three major goals: (a) provide explanations of educational themes to family members, (b) provide demonstrations and active learning opportunities for adults and children, and (c) encourage parent-teacher dialogue and relationship formation. Also, intervention materials are distributed to any parent who is not in attendance, thereby reducing a barrier for parent involvement found in typical preschool programs. Working parents or those with other commitments are still included in the program and are encouraged to attend workshops as their schedule permits.

Consistent with prior intervention research involving parents (e.g., Spoth, 1996), dinner and transportation are provided as part of the program. During the workshop, teacher-led demonstrations are followed by an interactive activity that fosters parent-teacher communication. Other family members and siblings are encouraged to attend the program along with the parent-child dyad, allowing the entire family system to learn techniques for helping preschool children prepare for school success. With respect to literature regarding interaction practices within ethnic minority families (Hines & Boyd-Franklin, 1996), this approach reflects the idea that multiple family members, both biological and nonbiological, are often actively involved in child rearing and should be exposed to program content. Last, Parent Excellence workshops provide caregivers with an opportunity to practice suggested parent-child activities and receive feedback from Head Start staff. The training of staff in vivo to provide the intervention is designed to enhance teaching professionals' competencies and promote sustainability of the curriculum.

In this article, results from our initial evaluation of TCC with three cohorts of predominantly African American families are reported. A quasi-experimental design compared three cohorts of families receiving TCC with families recruited from comparison centers receiving standard Head Start services. A multimodal approach evaluated the program by assessing parent satisfaction, parent participation, home-school connection, and the relation between parent involvement and child outcomes. Specifically, parental attitudes about the intervention were assessed to see whether the preventive services were useful for ethnic minority families with children attending Head Start. Next, indicators of TCC participation were compared with direct assessments and teacher ratings of children's school readiness skills as measured during the fall and spring of the

academic year. The impact of the program on the quality of the parent–teacher relationship, in terms of teachers’ feelings of connection to parents was studied. Finally, this article discusses efforts to increase the program’s cultural relevance for ethnic minority families and the types of barriers to engagement in this community-based intervention.

I hypothesized that parents who were highly engaged in the TCC intervention would demonstrate greater educational involvement within the home and school settings compared with families who were not receiving the program. The second hypothesis was that parent involvement and the parent–teacher relationship would be positively associated with children’s school readiness. Finally, I hypothesized that parent characteristics, specifically depression, would be associated with low involvement in the program.

Method

Participants

Two hundred eighty-eight families were recruited from three cohorts in four Head Start programs serving African American communities in a southern city region. Almost 40% of the sample ($n = 111$) served as the control group, and 61% ($n = 177$) served as the intervention group. The cohorts were demographically similar; the majority of respondents were the child’s biological mother (94%) or adoptive mother (3%) and were of African American racial background (94%). Eight fathers, 6 grandmothers, and 3 other female relatives made up the remainder of the sample of caregivers who participated in this study. Child gender was evenly distributed, with girls representing 51% of the sample ($n = 147$), and child age averaged 48 months (range = 33 to 69 months; $SD = 6.9$). Parent education ranged from some high school (12%) to graduate or professional degree (<1%). Of the sample, 40% had a high school diploma, and an additional 34% had some college experience or an associate’s degree. Eight percent reported having a college degree, and almost 4% reported having a vocational degree. Approximately 48% of parents were employed full time, and 26% were not in the labor force. Slightly less than 25% of parents were working part time or searching for work opportunities. Mean family income was just over \$1,400 per month ($SD = \$2,206$). About two thirds of the sample reported their relationship status as single, and 23% of the sample were married. Approximately 20 intervention teachers and 16 comparison group teachers were predominantly African American (90%) and female (100%).

Procedures

Four Head Start centers managed by the same human resources agency were randomly assigned to serve as intervention or wait-list control centers. Control centers received the intervention program the year after the control group data were collected. Parents were offered an opportunity during parent orientation to participate in the study of parent involvement in Head Start. Study measures were administered to caregivers by a trained graduate student using a standardized interview either in person or via telephone. The interview was conducted with the child’s

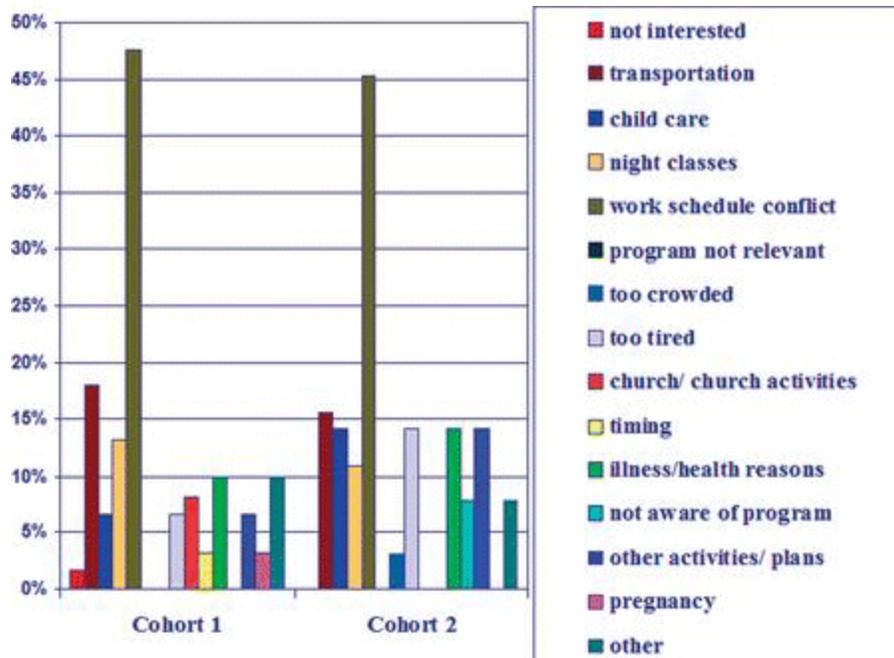
primary caregiver. Information was collected from the same caregivers during the 2nd month of the school year (Time 1) and again during the last month of the school year (Time 2). Teacher ratings of child behavior were collected twice per year concurrent with data collection from family members. Children were tested twice per year by trained graduate students or trained assessors provided by the Head Start Quality Research Consortium evaluation team. Finally, data were collected immediately before and during intervention sessions held via Parent Excellence workshops. For example, teachers rated their connection with participating families on a monthly basis before each intervention night, and caregivers reported satisfaction after each Parent Excellence workshop. As intended, a total of nine workshops were conducted for each intervention cohort (fidelity measures available from Julia L. Mendez).

Measures

Intervention Engagement and Parent Satisfaction

Workshop attendance and usage

Each month, families were given the opportunity to choose to attend the workshop by themselves, with their children, or with family members. To assess the first hypothesis, attendance was recorded for families present at each of nine monthly Parent Excellence workshops. The attendance variable ranged from 0 to 9 meetings ($M = 1.96$, $SD = 2.02$). Table 1 contains monthly attendance data for the three cohorts involved in the study. During the end-of-year interview, parents also reported the amount of time they spent each week working with their child on Parent Excellence activities at home. Scores ranged from 1 to 4, where 1 = less than once per month, 2 = 1–2 times per month, 3 = once per week, and 4 = 3 or more times per week. Parents also rated their self-efficacy during these interactions. Reports of efficacy and frequency of usage for a subsample of 169 families were significantly correlated ($r = .19$, $p < .01$).



The Companion Curriculum (TCC) Content and Workshop Attendance

Parent satisfaction with TCC intervention

As an indicator of the program’s cultural relevance, participant satisfaction was collected at the conclusion of the intervention from Cohorts 1 and 2 (see Table 2 for exemplar responses). Satisfaction measures were not administered to the third cohort because of limited staff during the implementation of the workshop series. The survey asked parents to report usefulness of materials, reasons for not attending Parent Excellence workshops, and ideas for how to improve the program. A combination of open-ended and forced-choice survey questions was used. Parents also rated their satisfaction after each workshop they attended throughout the program using a 10-item scale. Sample questions were “I will use what I learned at home with my child” and “I was given an opportunity to speak with my child’s teacher.”

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Parent satisfaction with Head Start

To assess overall satisfaction with Head Start, in addition to satisfaction with a parenting intervention, all parents were asked to rate their satisfaction with Head Start services related to children (Child subscale) and families (Family subscale). Scores range from 1 to 4, where 4 = highly satisfied. Sample questions for the Child subscale include “Program helps prepare child for kindergarten” and “Program identifies services the child may need”; sample Family subscale questions include “Supporting and respecting your family’s culture and background” and “being open to your ideas.” These items were derived from a 2003 national survey of family members of Head Start children, known as the Family and Children’s Experiences (FACES) study.

Parent Involvement

Frequency of reading

This variable was assessed as a key indicator of involvement at home as part of the first hypothesis. Parents were asked to report how often they had read to their preschool child in the past week. Scores ranged from 1 to 4, with 1 = never and 4 = daily.

Family involvement

To assess educational involvement across home and school settings for the first and second hypotheses, parents completed the 42-item Family Involvement Questionnaire (FIQ; Fantuzzo et al., 2000). The FIQ was developed for and tested with ethnic minority families of preschool- and elementary-age children, ensuring its validity for use in this study. The School-Based Involvement scale assesses parents' participation in activities such as volunteering in the classroom and going on class trips with the children. The Home-Based Involvement scale assesses behaviors that parents engage in at home to promote learning, including providing learning materials and initiating learning activities for their children at home or in the community. Cronbach's alpha coefficients for this study for the Home-Based Involvement scale and School-Based Involvement scale were .82 and .80, respectively.

Parent Characteristics

Demographics

Other characteristics reported by parents included their own education level, employment, ethnicity or race, family monthly income, and relationship status.

Depression

The third hypothesis involved assessing parent characteristics that might negatively affect parent involvement. Parental depression was assessed with a shortened version of the Center for Epidemiologic Studies Depression Scale (Radloff, 1977). This measure has been used to screen for depression in the congressionally mandated FACES (2003) national study of Head Start families and children. The measure consists of 12 indicators of depressive symptoms including mood, sleep and eating, and energy level over the past week. Responses are rated on a 4-point Likert scale, where 0 = hardly or never and 3 = most or all of the time. Scores from the 12 items are summed, with higher scores indicating a report of more severe depressive symptomatology (possible range = 0–36). Cut scores for determining depression severity are as follows: 0–4 = not depressed, 5–9 = mildly depressed, 10–14 = moderately depressed, and greater than 15 = severely depressed (Administration on Children, Youth, and Families, 2001). Internal consistency for this version of the Center for Epidemiologic Studies Depression Scale is high, as demonstrated with Cronbach's alpha estimates from samples of Head Start parents: 162 parents, .83; 250 parents, .085; 299 parents, .87; and 262 parents, .86 (Administration on Children,

Youth and Families, 2001). This sample exhibited mild depressive symptoms on average ($M = 6.46$, $SD = 5.71$) with a reported range of 0 to 28.

Teacher–Parent Relationship

We collected the connection sort variable (Waanders et al., 2007) to examine the second hypothesis that a strong parent–teacher relationship would relate to enhanced school readiness. To complete this measure, classroom teachers rated their level of connection with families each month before the Parent Excellence workshop on a 4-point scale on which 1 = not connected, 2 = somewhat connected, 3 = moderately connected, and 4 = strongly connected. To administer this measure, the name of every child in each class was written on an individual card. Teachers were provided with short definitions of home–school connection (including behavioral descriptions) for the four categories and asked to consider parents’ involvement and interactions with them since the last assessment. After an initial sort, teachers were permitted to reassign any parent who may have belonged in a different category. A validation study with 154 African American Head Start parents (Waanders et al., 2007) found the connection sort was positively correlated with parents’ report of school-based involvement on the FIQ ($r = .20$, $p < .05$) and parent attendance records at center-based events ($r = .30$, $p < .05$). In this study, we examined only end-of-year connection scores ($M = 3.21$, $SD = .92$, range = 1–4).

Child Assessments

Peabody Picture Vocabulary Test—Third Edition (PPVT–III; Dunn & Dunn, 1997)

The PPVT–III is a commonly used outcome indicator for Head Start children’s receptive language development. Internal consistency is typically strong, with Spearman-Brown split-half reliability ranging from .92 to .98. For a 1-month interval, test–retest reliability ranged from .91 to .93. Construct and criterion-related validity have been demonstrated through correlations with the Wechsler Intellectual Quotients (.82–.92). The PPVT–III includes an adequate representation of ethnic minority children.

Woodcock-Johnson Psycho-Educational Battery—Revised (WJ–R; Woodcock & Johnson, 1989)

The WJ–R assesses the academic skills of individuals from preschool through adulthood. This study used two subtests with any child who was at least 4 years of age. The WJ–R Letter–Word Identification subtest contains five items involving symbolic learning, or the ability to match a rebus (pictographic representation of a word) with an actual picture of the object. The remaining items measure children’s reading identification skills in identifying isolated letters and words that appear in large type on the pages of the test book. The WJ–R Applied Math Problems subtest measures children’s skill in analyzing and solving practical problems in mathematics, including counting, addition, or subtraction operations.

Letter knowledge

Children were shown a series of letter plates and were directed to indicate which letters of the alphabet they could expressively identify (Administration on Children, Youth and Families, 2001). This measure was derived from the 2003 FACES.

Peer Interaction

The PENN Interactive Peer Play Scale (PIPPS; Coolahan, Fantuzzo, Mendez, & McDermott, 2000) is a 32-item rating scale assessing children's social competence and problem behavior with peers. This measure can be completed by either parents or teachers and yields three subscales, Play Interaction, Play Disruption, and Play Disconnection. The Play Interaction subscale captures the positive, prosocial behaviors (such as helping, taking turns, and sharing toys) that preschool children use to initiate and sustain peer play. Play Disruption involves aggressive and impulsive actions that interfere with peer play, and Play Disconnection captures social withdrawal and difficulty initiating peer play. The PIPPS has been validated using direct observations of children's play, and concurrent and predictive validity has been established using a range of self-report measures of children's social and academic functioning. Agreement between parents and teachers using this rating system has been examined in other studies (see Fantuzzo, Mendez, & Tighe, 2002, for an example). In this study, both parents and teachers completed ratings at both time points. Scores were examined separately in any analyses. Cronbach's alphas for the teacher PIPPS scales were .88 (Play Interaction), .90 (Play Disruption), and .89 (Play Disconnection). Cronbach's alphas for the parent PIPPS scales were .75 (Play Interaction), .80 (Play Disruption), and .75 (Play Disconnection).

Data Analysis Plan

I examined parent engagement and parent satisfaction with the TCC intervention by means of descriptive analyses. Next, I examined parent characteristics, including education, income, satisfaction with Head Start, and depression, as barriers to engagement in TCC intervention. Frequencies were computed for other contextual barriers reported by the families. Bivariate correlations are reported for study variables, particularly TCC intervention engagement, the parent-teacher relationship, and children's school readiness outcomes measured at Time 1 and Time 2. Using complete data available for parent variables, I compared 177 intervention families with 111 control families using a series of repeated measures analyses of variance (ANOVAs). Three separate 2×2 ANOVAs, with the parent involvement variables of reading to the child, FIQ home involvement, and FIQ school involvement each serving as the repeated measure. The classification variable was intervention exposure or comparison. No covariate was specified because regression analyses showed no significant relations between parent demographics and intervention engagement. Finally, a series of repeated measures analyses of covariance was conducted using the child assessment and peer interaction variables as repeated measures. Parent characteristics were used as covariates for the child outcome analyses because it was necessary to control for variance in child outcomes because of these variables. To provide more detail regarding variability within the treatment group, hierarchical regression was used to determine

whether TCC engagement uniquely predicted children's school readiness outcomes or the teacher-parent relationship after controlling for child and parent characteristics and Time 1 scores.

Results

Parent Satisfaction and Participation in TCC

Parents reported high levels of satisfaction and favorable ratings for the curriculum materials, Parent Excellence workshops, and the informational handouts used in the program. For example, more than 90% of parents agreed with the item "I would strongly recommend this program to other Head Start parents." Three percent endorsed "somewhat recommend," and 3% endorsed "do not recommend." Parents endorsed "very helpful" or "mostly helpful" for materials (79% and 16% respectively) and handouts (73% and 17% respectively). About 9% of parents said the handouts were only "somewhat helpful." Parents endorsed "very" or "mostly" for materials satisfaction (80% and 10%, respectively) and materials enjoyment (85% and 9%, respectively). In addition, monthly satisfaction ratings for the Parent Excellence workshops consistently averaged 3.5 or higher on a 4-point scale, where 4 = highly satisfied.

Qualitative comments collected from parents who specifically attended the workshop component of the program reveal the multiple benefits perceived by parents (see Table 2). Parents described getting to know the teachers, learning how to help their child at home, and sharing experiences with parents in similar situations as key benefits. For example, one caregiver described a program benefit as "helping the family to communicate better." Parents also reported how often they used the materials received from the TCC program at home with their preschool child. The mean score for the sample was 3.016 (SD = 3), where 3 = once per week. Of the sample, 28% endorsed working on TCC ideas at home "3 or more times" per week. Three percent endorsed "less than once per month," and 19% endorsed a "few times per month." The most frequent response (49%) was "once per week."

Barriers to Participation in TCC

Workshop attendance data ranged from zero meetings (n = 31, 17.51%) to nine meetings (n = 2; 1.13%). The pattern of monthly attendance across three cohorts reveals the relatively low engagement by the majority of eligible parents (see Table 1). Therefore, to better understand barriers to the program, a participation variable was constructed to compare nonparticipating or low attendees (n = 106 [60%]; zero or one meeting) with attending families (n = 71 [40%]; two or more meetings). T tests were conducted to examine a set of theoretically meaningful variables that could negatively affect participation rates. Results showed some marginally significant differences between the groups. Low attendees reported a mean satisfaction with family services score of 3.39, whereas high attendees reported a mean score of 3.53 (Cochran's $t = -1.92$, $p = .06$). Low attendees' mean depression levels at baseline were 6.20 compared with the group of high attendees, whose mean depression level was 4.66 (Cochran's $t = 1.90$, $p = .06$). Low

attendees reported a lower monthly family income ($M = \$1,003$) compared with the high attendees ($M = \$1,182$; Cochran's $t = -1.95$, $p = .06$). Education level did not differ between the two groups. Other contextual barriers were provided by parents as part of the end-of-year survey (see Figure 1).

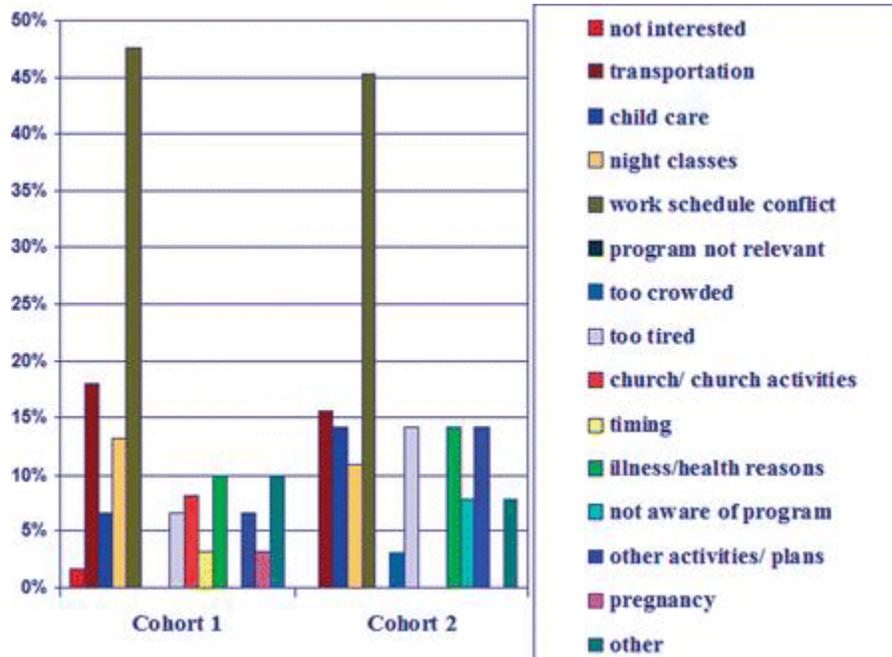


Figure 1. Family-reported barriers to participation in Parent Excellence workshops.

Correlational Analyses

Tables 3, 4, and 5 report the correlations among the child and parent variables and those between the parent variables and child outcomes at Time 1 and Time 2. With respect to the intervention, significant positive correlations were found between TCC participation and children's school readiness outcomes. TCC workshop attendance correlated with Letters Named ($r = .32$, $p < .0001$), PPVT-III standard scores ($r = .25$, $p < .001$), the WJ-R Letter-Word Identification subscale ($r = .25$, $p < .01$), and the WJ-R Applied Math Problems subscale ($r = .23$, $p < .01$) as measured at Time 1. These correlations were again examined at Time 2, and results showed a similar pattern, with the exception of the WJ-R Applied Math Problems subscale ($r = .15$, $p < .07$). TCC workshop attendance positively correlated with Letters Named ($r = .23$, $p < .01$), PPVT-III standard scores ($r = .26$, $p < .001$), and the WJ-R Letter-Word Identification subscale ($r = .22$, $p < .01$). TCC attendance was also positively correlated with some parent ratings on the PIPPS. At Time 1 and Time 2, TCC attendance negatively correlated with Play Disconnection ($r = -.17$ and $-.18$, $p < .05$); however, TCC attendance had no significant relations with teacher ratings of children's social competence. Regression models examined TCC intervention variables and child outcomes, while controlling for children's ability at Time 1 and parent characteristics; none of these analyses were significant.

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Next, the quality of the parent–teacher relationship was compared with parental participation in TCC and child school readiness outcomes. Results showed a significant correlation between the parent–teacher relationship and Letters Named ($r = .23, p < .001$), PPVT–III standard scores ($r = .22, p < .001$), and the WJ–R Letter–Word Identification subscale ($r = .20, p < .01$), but no relation involving the WJ–R Applied Math Problems subscale. The pattern of significant correlations was similar at Time 2. A quality parent–teacher relationship was positively associated with Letters Named ($r = .14, p < .05$), PPVT–III standard scores ($r = .15, p < .05$), and WJ–R Letter–Word Identification ($r = .14, p < .05$) and WJ–R Applied Math Problems ($r = .17, p < .05$). The parent–teacher relationship was negatively associated with teacher ratings of children’s Play Disconnection at Time 1 ($r = -.14, p < .05$). There was a marginal association involving Play Disruption at Time 1 ($r = -.11, p < .07$). At Time 2, there was also a trend toward a positive association with children’s interactive peer play ($r = .11, p < .07$). The parent–teacher connection significantly correlated with parental attendance at TCC workshops ($r = .31, p < .0001$).

Treatment and Control Group Analyses

The repeated measures analysis found a significant effect for Time \times Treatment, $F(1, 281) = 5.04, p < .05$. Families who received TCC intervention reported gains in frequency of reading to their child, whereas families in the control group reported a decline in reading to their child over time. A second analysis using school involvement yielded an overall effect for time, $F(1, 286) = 12.90, p < .001$. Both treatment and control groups showed an increase in school involvement by the end-of-year assessment. Finally, a third analysis showed no group differences for home involvement, $F(1, 286) = 2.63, p < .10$. Table 6 reports the means and standard deviations for the parent involvement constructs.

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Means and Standard Deviations for the Treatment and Comparison Groups on Parent Involvement Variables, Parent–Teacher Relationship, and Child Outcomes

Finally, we compared differences between the intervention and comparison groups for children’s school readiness outcomes using a repeated measures analysis of covariance procedure. Covariates included parental depression, income, and satisfaction with Head Start. The WJ–R outcomes were not examined because the measure was only administered to the smaller sample of 4-year-old children. Comparisons for letters named and teacher ratings of play interaction were nonsignificant. There was a significant effect for intervention condition on levels of spring receptive vocabulary, after controlling for the effect of the covariates, $F(5, 203) = 39.27, p < .0001$. Adjusted means for the spring revealed that the treatment group ($M = 84.40$) exceeded the comparison group ($M = 82.11$), producing an effect size of .18. A significant effect for intervention condition on levels of Time 2 play interaction scores as rated by parents was found,

after controlling for the effect of the covariates, $F(5, 172) = 9.09, p < .0001$. Adjusted means for Time 2 revealed that the treatment group ($M = 50.48$) exceeded the comparison group ($M = 46.85$), producing an effect size of .36.

Treatment-Only Analyses

The specific impact of TCC intervention on the teacher–parent relationship was examined using hierarchical regression. Step 1 included child age and Time 1 PPVT–III score, Step 2 included parent depression and parent education level, and Step 3 included two measures of TCC engagement—attendance at workshops and usage at home. As shown in Table 7, this regression was significant, $F(6,158) = 4.64, p < .0002$. TCC variables of attendance and use of the intervention at home accounted for significant variance (7.38%) in teacher-reported connection with parents. Other regression models were examined, and they were nonsignificant. Specifically, regression revealed no impact of TCC attendance on child outcomes after controlling for Time 1 child ability. Similarly, predictors of TCC usage and attendance, including maternal depression, education, family satisfaction, and child satisfaction on TCC attendance, yielded no significant results.

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Discussion

By reviewing research on community-based interventions for low-income and ethnic minority families (Kazdin, Holland, & Crowley, 1997; Lamb Parker et al., 2001), TCC was developed to emphasize the dual role that families and teachers play in fostering school readiness in young children. Staff, parents, and this research team emphasized parent excellence, as opposed to parent deficits, to build a connection between families and schools. Extended family members were purposefully included in the intervention to provide social support for the parent–child dyad, which is an underused strategy for promoting mental health in African American families (Hines & Boyd-Franklin, 1996).

Evidence from this study supported the hypothesis that African American parents were interested in receiving enhanced parent involvement services as part of their child’s preschool educational experience. Satisfaction scores with TCC were overwhelmingly positive, and end-of-year surveys showed that the majority of the sample strongly recommended the program for other ethnic minority families. These results suggest that preschool programs can be appropriate settings in which to offer family-focused preventive services. Unfortunately, more parents were not able to access the workshop component of the program, despite overwhelmingly agreeing that TCC activities were useful and relevant. Perhaps the strategy of sending home materials each month, regardless of workshop attendance, reduced the need for parents to choose this type of involvement. However, reports of home usage of the materials revealed that close to half the sample reported using TCC activities at least once per week, whereas 28% of the sample reported using program ideas and materials with their child three or more times per week.

Continued study of strategies for promoting involvement during preschool will likely reveal other mechanisms for promoting school readiness during the early childhood period.

The indicators of low participation by the sample reveal that a significant number of ethnic minority families are unable to access these types of preventive services. Another compelling finding from this multiyear study of involvement is that attendance drops significantly as the school year progresses. Moreover, our survey of existing barriers reveals that the demands of work and education and job training are significant impediments to families' ability to take advantage of other supports offered through Head Start. There is also evidence to suggest that parents with higher levels of depressive symptoms and lower family income were unable to access the enhanced services offered within Head Start. We would consider these families in need of indicated prevention efforts; perhaps including a home visitation component would be more successful in reducing barriers to participation. Finally, some families may not perceive a strong need for this type of service, particularly if they perceive their child to be doing well in school. Overall, it is a major challenge for early childhood educators to have reliable predictors of which families will be in a position to take advantage of preventive services, given this research and other studies showing no consistent pattern of predictors of intervention engagement.

Nonetheless, examining the parent–teacher relationship is a relatively understudied aspect of children's experiences during preschool and a factor that may help parents take advantage of services (Kohl, Lengua, & McMahan, 2000). Results of this study confirmed our hypothesis that teachers who interact more frequently with parents at school report greater feelings of connectedness with these families. Specifically, parents who participated in the Parent Excellence workshops were described by their child's teacher as strongly connected to the classroom and educational program. Also, a quality parent–teacher relationship was associated with children's literacy and early math competence during the fall and spring. These findings are consistent with predictions from ecological theory, suggesting that as a relationship forms between a child's family and the school, the mesosystem reorganizes. Within this new, supportive context, parents and teachers are able to synchronize their approach to child development, with parents taking on increasing levels of educational involvement outside of the school setting and teachers becoming more responsive to the ideas and concerns of involved families. This study does not permit inferences of causation regarding satisfaction with an early intervention program; however, future studies can consider how relationships involving ethnic minority parents and school personnel develop over time.

It is also interesting that a stronger parent–teacher relationship was associated with somewhat lower problem behaviors and enhanced social competence for children attending preschool. For ethnic minority children in particular, enhancing ties between the two socialization settings through adult caregiver relationships may have benefits for both social development and academic skills (Mendez & Fogle, 2002). For example, African American children in elementary school who experienced quality care at home or school were more self-regulated,

displayed fewer externalizing symptoms, and experienced fewer depressive symptoms than children who lacked these experiences in either context (Brody, Dorsey, Forehand, & Armistead, 2002). Finally, relations between family involvement in education and school readiness outcomes for children were positive and in the expected direction. Families with higher TCC participation had children with higher levels of literacy and math competencies at both Time 1 and Time 2. The benefits for social competence in the classroom were not apparent, perhaps because of the influences of peers on children's social competence (Mendez & Fogle, 2002).

These results showing linkages between parent involvement and children's school readiness outcomes are consistent with prior work. For example, Marcon (1999) found that parent involvement was predictive of a range of cognitive and physical developmental outcomes in kindergarten. Similarly, parental involvement in school activities for young children positively affects school readiness and acclimation to primary school (Reynolds et al., 1996). Less attention has been focused on links between parent involvement and children's social development. One study (Fantuzzo, McWayne, Perry, & Childs, 2004) did investigate family involvement in Head Start and children's socioemotional outcomes during preschool. In this research, the FIQ Home Involvement scale was a stronger predictor than the School-Based Involvement scale of children's motivation to learn, attention, task persistence, receptive vocabulary skills, and low conduct problems. Taken together, this research complements prior work in this area in support of the important role that parent involvement has in setting a positive educational trajectory for young children. However, this study extends the literature by seeking to alter trajectories of parent involvement during preschool by offering a preventive intervention.

This version of TCC shows mixed evidence for an overall effect on parent involvement and child outcomes. Comparisons involving treatment and control families showed an increase in one important aspect of involvement—parental reading with children—but not for general educational involvement at home or school. Perhaps the precise nature of the reading variable was more sensitive to change produced by this relatively low-dosage preventive intervention. Similarly, we detected a substantial increase for children's receptive vocabulary, another more specific outcome variable, along with parents' reports of children's prosocial play. These effects are promising, yet even more intense efforts are likely necessary to produce the substantial changes in parent involvement that practitioners and researchers would deem noteworthy. The answer to the question of how to involve more parents in preschool is complex; clearly, no one strategy will produce dramatic change, yet programs that offer a range of options for involvement may produce gains in both the parent–teacher relationship and activities within the home or school settings (Rimm-Kaufman & Pianta, 2005). Given TCC's relative cost effectiveness in terms of delivery and sustainability within the Head Start framework, this model of parental involvement programming does show promise. Other ideas for reducing barriers, such as meetings during the school day or perhaps weekend activities, might be possible avenues to encouraging greater parent–child educational interaction.

Limitation of this initial evaluation of TCC should be addressed in future studies. First, this design did not permit the use of random assignment at the classroom or child level. This type of assignment is best suited to control for selection effects; however, baseline differences among families (e.g., employment, relationship status, and ethnicity) were quite minimal or nonexistent. Second, this program was implemented within Head Start programs serving primarily African American communities with English-speaking families; it is not yet clear how this program could be adapted for other populations or settings. One interesting question for future study is what role teacher ethnicity may play in establishing a strong parent–teacher relationship. Finally, limits on workshop attendance and declining participation across the academic year suggest continued need for study of barriers to participation for families with more demands or stressors (Baydar et al., 2003; Spoth & Redmond, 2000). Although therapy dropout rates with community samples often exceed 30% (Kazdin et al., 1997), developing unique and creative strategies to reduce barriers as part of preventive intervention programs remains a pressing goal for university–community research partnerships (see Frazier, Abdul-Adil, Atkins, Gathright, & Jackson, 2007, or Mendez & Lloyd, 2005, for ways to reduce mistrust within African American communities).

In conclusion, we should be mindful of economic and social barriers that impede the educational progress of African American children and remain stubbornly present in this society (Tucker & Herman, 2000). Studying effective methods for using culturally relevant strategies is imperative to advance the evidence base for intervening with ethnic minority children in particular (Spoth & Redmond, 2000).

References

Administration on Children, Youth, and Families. (2001). The Head Start Family and Child Experiences Survey (FACES). Washington, DC: U.S. Department of Health and Human Services.

Administration for Children and Families. (2006). Head Start Performance Measures Center, Family and Child Experiences Survey (FACES 2003): Technical Report. Washington, DC: U.S. Department of Health and Human Services.

Alexander, K. L., & Entwisle, D. R. (1996). Schools and children at risk. In A.Booth & J. F.Dunn (Eds.) ., Family-school links: How do they affect educational outcomes? (pp. 67– 88). Mahwah, NJ: Erlbaum.

Baydar, N., Reid, M. J., & Webster-Stratton, C. (2003). The role of mental health factors and program engagement in the effectiveness of a preventative parenting program for Head Start mothers. *Child Development*, 74, 1433– 1453.

Belsky, J., & MacKinnon, C. (1994). Transition to school: Developmental trajectories and school experiences. *Early Education and Development*, 5, 106– 119.

Brody, G. H., Dorsey, S., Forehand, R., & Armistead, L. (2002). Unique and protective contributions of parenting and classroom processes to the adjustment of African American children living in single-parent families. *Child Development*, 73, 274– 286.

Bronfenbrenner, U. (1999). Environments in developmental perspective: Theoretical and operational models. In S. L.Friedman & T. D.Wachs (Eds.) , *Measuring environments across the life span: Emerging methods and concepts* (pp. 3– 28). Washington, DC: American Psychological Association.

Brooks-Gunn, J., Berlin, L. J., & Fuligni, A. S. (2000). Early childhood intervention programs: What about the family? In J. P.Shonkoff & S. J.Meisels (Eds.) , *Handbook of early childhood intervention* (2nd ed., pp. 549– 588). New York: Cambridge University Press.

Brooks-Gunn, J., Duncan, G. J., & Aber, J. L. (Eds.) . (1997). *Neighborhood poverty: Context and consequences for children*. New York: Sage.

Brooks-Gunn, J., McCormick, M. C., Klebanov, P. K., & McCarton, C. (1998). Young children's health care use: Effects of family and neighborhood poverty. *Journal of Pediatrics*, 132, 971– 975.

Caughy, M. O. B., & O'Campo, P. J. (2006). Neighborhood poverty, social capital, and the cognitive development of African American preschoolers. *American Journal of Community Psychology*, 37, 141– 154.

Coolahan, K. C., Fantuzzo, J., Mendez, J., & McDermott, P. (2000). Preschool peer interactions and readiness to learn: Relationships between classroom peer play and learning behaviors and conduct. *Journal of Educational Psychology*, 92, 458– 465.

Downer, J., & Mendez, J. L. (2005). African American father involvement and preschool children's school readiness. *Early Education and Development*, 16, 317– 340.

Duncan, G. J., Brooks-Gunn, J., & Klebanov, P. K. (1994). Economic deprivation and early childhood development. *Child Development*, 65, 296– 318.

Dunn, L. M., & Dunn, L. M. (1997). *Peabody Picture Vocabulary Test—Third Edition*. Circle Pines, MN: American Guidance Service.

Fantuzzo, J., McWayne, C., Perry, M. A., & Childs, S. (2004). Multiple dimensions of family involvement and their relations to behavioral and learning competencies for urban, low-income children. *School Psychology Review*, 33, 467– 480.

Fantuzzo, J., Mendez, J., & Tighe, E. (1998). Parental assessment of peer play: Penn Interactive Peer Play Scale. *Early Childhood Research Quarterly*, 13, 659– 676.

Fantuzzo, J., Tighe, E., & Childs, S. (2000). Family Involvement Questionnaire: A multivariate assessment of family participation in early childhood education. *Journal of Educational Psychology*, 92, 367– 376.

Frazier, S. L., Abdul-Adil, J., Atkins, M. S., Gathright, T., & Jackson, M. (2007). Can't have one without the other: Mental health providers and community parents reducing barriers to services for families in urban poverty. *Journal of Community Psychology*, 35, 435– 446.

Grolnick, W. S., & Slowiaczek, M. L. (1994). Parents' involvement in children's schooling: A multidimensional conceptualization and motivational model. *Child Development*, 65, 237– 252.

Hines, P. M., & Boyd-Franklin, N. (1996). African American families. In M.McGoldrick, J.Giordano, & J.Pearce (Eds.) , *Ethnicity and family therapy* (pp. 66– 84). New York: Guilford Press.

Kazdin, A. E., Holland, L., & Crowley, M. (1997). Family experiences of barriers to treatment and premature termination from child therapy. *Journal of Consulting and Clinical Psychology*, 65, 453– 463.

Kohl, G. O., Lengua, L. J., & McMahan, R. (2000). Parent involvement in school: Conceptualizing multiple dimensions and their relations with family and demographic risk factors. *Journal of School Psychology*, 38, 501– 523.

Lamb Parker, F., Piatrkowski, C. S., Baker, A. J., Kessler-Sklar, S., Clark, B., & Peay, L. (2001). Understanding barriers to parent involvement in Head Start: A research-community partnership. *Early Childhood Research Quarterly*, 16, 35– 51.

Marcon, R. (1999). Positive relationships between parent school involvement and public school inner-city preschoolers' development and academic performance. *School Psychology Review*, 28, 395– 412.

McLoyd, V. C. (1990). The impact of economic hardship on Black families and children: Psychological distress, parenting, and socioemotional development. *Child Development*, 61, 311– 346.

McLoyd, V. C. (1998). Changing demographics in the American population: Implications for research on minority children and adolescents. In V. C.McLoyd & L.Steinberg (Eds.) , *Studying minority adolescents: Conceptual, methodological, and theoretical issues* (pp. 3– 28). Mahwah, NJ: Erlbaum.

Mendez, J. L., & Fogle, L. M. (2002). Parental reports of preschool children's social behavior: Relations among peer play, language competence and problem behavior. *Journal of Psychoeducational Assessment*, 20, 374– 389.

Mendez, J. L., & Lloyd, B. T. (2005). Resilient partners: The development of a university–community collaboration to promote wellness for Head Start children and families. *National Head Start Association Dialog*, 8, 36– 55.

Mendez, J. L., McDermott, P. A., & Fantuzzo, J. (2002). Identifying and promoting social competence with African American preschool children: Developmental and contextual considerations. *Psychology in the Schools*, 39, 111– 123.

Radloff, L. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Journal of Applied Psychological Measurement*, 1, 385– 401.

Reynolds, A. J., Mavrogenes, N. A., Bezruczko, N., & Hagemann, M. (1996). Cognitive and family-support mediators of preschool effectiveness: A confirmatory analysis. *Child Development*, 67, 1119– 1140.

Rimm-Kaufman, S. E., & Pianta, R. C. (2005). Family–school communication in preschool and kindergarten. *Early Education and Development*, 16, 287– 316.

Snell-Johns, J., Mendez, J. L., & Smith, B. H. (2004). Evidence-based solutions for overcoming access barriers, decreasing attrition, and promoting change with underserved families. *Journal of Family Psychology*, 18, 19– 35.

Spoth, R., Redmond, C., Hockaday, C., & Shin, C. Y. (1996). Barriers to participation in family skills preventive interventions and their evaluations: A replication and extension. *Family Relations: Journal of Applied Family & Child Studies*, 45, 247– 254.

Spoth, R., & Redmond, C. (2000). Research on family engagement in preventive interventions: Toward improved use of scientific findings in primary prevention practice. *Journal of Primary Prevention*, 21, 267– 284.

Sue, S. (2006). Cultural competence: From philosophy to research and practice. *Journal of Community Psychology*, 34, 237– 245.

Taylor, A. R., & Machida, S. (1994). The contribution of parent and peer support to Head Start children’s early adjustment. *Early Childhood Research Quarterly*, 9, 387– 405.

Tucker, C. M., & Herman, K. C. (2002). Using culturally sensitive theories and research to meet the academic needs of low-income African American children. *American Psychologist*, 57, 762– 773.

Waanders, C., Mendez, J. L., & Downer, D. (2007). Parent characteristics, economic stress, and neighborhood context as predictors of parent involvement in preschool children’s education. *Journal of School Psychology*, 45, 619– 636.

Woodcock, R. W., & Johnson, M. B. (1989). Woodcock-Johnson Revised Tests of Achievement. Itasca, IL: Riverside.