

Home-Based Head Start and Family Involvement: An Exploratory Study of the Associations Among Home Visiting Frequency and Family Involvement Dimensions

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Published online: 18 March 2012
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Abstract Since 1965, Head Start has stood as a model, two-generational program for promoting developmental competencies among children living in socioeconomic disadvantage for the US and international communities. The cornerstone of Head Start is the promotion of caregivers' involvement in their young children's development and early learning. In accomplishing this ambitious goal, Head Start operates from a variety of programming options, one of which is home-based. The home-based Head Start program can occur alone or be combined with a classroom-based program. Relative to its classroom-based counterpart, the home-based program has received little empirical attention. To this end, this study explores the association of home visiting frequency to caregiver involvement as it occurs naturally in a combined Head Start program serving families in small urban communities. The interrelationships of child and family demographics to caregiver involvement as well as participation in the home-based program were also examined. Consistent with prior studies, two-parent families reported greater involvement in the children's preschool education than other family structures. Additionally, home visiting frequency was higher for Hispanic families relative to African American and Caucasian families. Notably, home visiting frequency did not correspond with families' report of their involvement with their child at home or preschool or their communication with classroom teachers. Although the exploratory nature of this study does not yield conclusions, it does call attention to the need to empirically investigate the development and integration of evidence-based caregiver involvement interventions in the home-based Head Start program.

Keywords Home visiting · Family involvement · Head Start · Preschool · Families

Introduction

Rising rates of poverty among young, ethnic minority children challenge early childhood education programs, like Head Start, to examine and enhance their effectiveness in supporting families' capacity to raise healthy children. In the US, more children live in poverty today, as compared to the start of this millennium (Wight et al. 2011). Although one in five children come from households with incomes that meet federal standards for poverty, those who live in poverty are more likely to be below the age of six and ethnic minority (Anne E. Casey Foundation 2011). African-American and Hispanic children are among the largest ethnic minority groups affected by poverty (33.1 and 27.8%, respectively).

Long-standing research has consistently demonstrated the adverse impact of poverty in all major areas of children's development, including cognition, learning and achievement, physical and mental health, as well as social functioning (Moore et al. 2009). Making matters worse, when poverty is experienced during the formative years the effects can be accentuated (Brooks-Gunn and Duncan 1997; Hanson et al. 2011). Thus, at a time when trajectories for acquiring fundamental competencies and skills are forming, the impact of poverty can alter these trajectories, placing children at risk for life-long consequences, such as school failure, unemployment, and crime.

The family context is especially vulnerable to the adversities associated with poverty, and at the same time, it is a crucial determinant in children's outcomes (Bronfenbrenner

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1988). On one hand, poverty permeates this context, restricting caregivers' capacity to parent and provide for young children (Linver et al. 2002). For example, many families with low income levels are headed by single parents, who, if employed are likely to have low-paying jobs that offer inflexible scheduling and untraditional hours. Poverty also affects caregivers' emotional capacity for rearing children. The struggle to provide for children in harsh socioeconomic conditions renders caregivers vulnerable to heightened anxiety and depression, which interferes with their ability to fully engage with and be responsive to their children (Yeung et al. 2002).

In contradiction to this grim picture, families can be the most powerful buffer against the adverse impact of poverty on young children (Bronfenbrenner 2001). The proximal relationship of a consistently caring adult to a child is the mechanism which drives the child's development. This is true for all children; however, negative influences on this relationship may be exacerbated among children whose development is threatened by sociocultural risks (Bronfenbrenner 2001). These vulnerable children are likely to show the greatest responsiveness to strong parental bonds (Bronfenbrenner 1988).

Involvement in their children's early learning is one important manifestation of the proximal relationship between caregivers and children. Caregiver involvement can be expressed in a range of behaviors that occur across settings, such as home and early childhood education centers. Widely-regarded, Joyce Epstein's (Epstein 1995; Epstein et al. 2009) theoretical model posited six forms of caregiver involvement which represents behaviors that occur in educational and home settings, as well as communication between family members and educators. Epstein's model delineates school-oriented involvement as actions caregivers undertake to assist with learning or recreational events in the school setting as well as caregivers' participation in decision-making organizations. Beyond this conventional, school-based description of caregiver involvement, Epstein's model articulated salient forms of involvement that occur at home. Her model acknowledges the importance of parenting behavior, such as providing for children's basic needs, to children's educational success. Additionally, home-based involvement includes caregivers' direct teaching and creation of formal learning activities. Epstein's conceptualization also acknowledges caregivers' communication with educators as a form of involvement. Lastly, this multidimensional model extends beyond home and school contexts to recognize the community as an additional and valuable context in which caregivers can engage with and promote their children's early learning.

Epstein's articulation of a multidimensional model has advanced family involvement research, allowing researchers to affirm the various forms of family

involvement and discern their differential relationships to demographic characteristics and outcomes. With the development of the Family Involvement Questionnaire (FIQ; Fantuzzo et al. 2000), Fantuzzo and colleagues have provided evidence for the applicability of a multidimensional model to young, ethnic minority children. A collection of studies using the FIQ have shown that three family involvement dimensions, including home-based involvement, school-based involvement, and home-school communication, are viable for preschool children who are African American (Fantuzzo et al. 2000) and Hispanic (McWayne et al. 2007) as well as African American elementary school children (Manz et al. 2004). Using data from the National Educational Longitudinal Study, LeFevre and Shaw (2011) further demonstrated the categorization of family involvement behaviors according to school-based, home-based, and home-school communication dimensions for Hispanic families of middle school children. Thus, these three broad involvement dimensions appear robust across different age groups and ethnic minority populations.

Although these three dimensions of family involvement appear stable, their connections to caregiver and child demographic characteristics are less clear. The one family characteristic that seems to have the most consistent connection to family involvement is family structure (e.g., two- or single-parent families). Despite differences in measurement instruments and variations in sample characteristics, the strong association of higher levels of involvement in all forms among two-parent families, relative to single-parent families, has consistently emerged (Fantuzzo et al. 2000; Jeynes 2011; Kohl et al. 2000; LeFevre and Shaw 2011; Waanders et al. 2007). Yet, even in the face of strong evidence, there are other studies which did not replicate the association of one- or two-parent benefits to family involvement (Manz et al. 2004; Marcon 1999).

Studies focusing on other key demographic factors have yielded contradictory results. Evidence for the relationship of caregiver educational background is inconsistent, even when studies have used the same measure and similar populations. Using the FIQ and involving predominantly African American caregivers of preschool children, Fantuzzo et al. (2000) found that higher levels of school-based involvement and home-school communication were reported by caregivers who had at least a high school level education than those who did not; home-based involvement did not correspond with caregivers' educational background. In contrast, Waanders et al. (2007) found that home-based involvement was higher among African American caregivers of preschool children who had greater educational attainment. For a Head Start sample (Castro et al. 2004) found that greater levels of educational achievement corresponded with decreased involvement in school setting;

a finding which they attributed to the likelihood that more highly educated caregivers were more likely to be employed. In fact, Castro et al. (2004) discovered that employed caregivers reported less involvement. Yet, Fantuzzo et al. (2000) did not find the frequency of involvement behaviors to fluctuate according to caregivers' employment status.

Multidimensional conceptualizations of family involvement have also enabled the discernment of relationships among specific forms of involvement and benefits to children. In general, frequent and active caregiver involvement has been associated with preschool children's adaptive behavior and emergent academic skills (Marcon 1999; Miedel and Reynolds 1999). For African American caregivers of preschool children, Fantuzzo et al. (2004) demonstrated the salience of home-based involvement to the development of children's receptive vocabulary and learning behaviors, as well as reduction in teacher-reported conduct concerns. The work by LeFevre and Shaw (2011), in contrast, highlights the importance of school-oriented involvement for Hispanic families. In their study, high school graduation rates were higher among children whose caregivers reported more frequent involvement at school and communication with teachers.

Echoing Jeynes (2011), family involvement is not a new concept. In fact, over 45 years ago, caregiver involvement in children's early learning was the cornerstone on which Head Start was established (Zigler and Styfco 2006; Lamb-Parker et al. 2001). Operating according to a developmental ecological framework, Head Start fosters the development of children facing socioeconomic risks by strengthening family contexts. The two-generational focus of Head Start results in the provision of services and supports to children and their caregivers. The appeal and effectiveness of this two-generational approach has become the basis for the development of similar early childhood intervention programs outside of the US, including large-scale programs such as Sure Start (Carpenter and Campbell 2008) and Home-Start (Barnes et al. 2006).

Although Head Start is associated with decades of evaluation research, findings are reflective of center-based programming. Empirical attention to the home-based component is lacking. For instance, the recently completed Head Start Impact Study did not investigate any outcomes that were associated with the home-based component (US Department of Health and Human Services 2010). The same was true for the earlier FACES study (Zill et al. 2006).

Evaluations of Early Head Start, the downward extension of Head Start to children under the age of 3 years, have provided evidence for the relative benefits of home-based, center-based, and combined program approaches. A national, experimental evaluation demonstrated that the combined approach produced a wider array of child and parent outcomes, relative to either single program approach

(Love et al. 2005). When examined separately, the home-based program component corresponded with improved parenting outcomes. The center-based program component was not associated with any significant child or parent outcomes; however, the small size of the subsample that received only center-based programming limits the generalization of this finding.

Extending the findings of Love and colleagues, Robinson et al. (2009) examined the relative benefits of home-based and center-based programs when provided to children at different ages between birth and 3 years. Findings suggested that home-based services were connected to child and parent outcomes for younger children (e.g., less than 2 years). Interestingly, caregivers of younger children in center-based care actually showed a decrease in their engagement in children's play. On the other hand, older children involved in center-based care showed enhanced language abilities.

In addition to examining parenting and child outcomes, Robinson et al. (2009) showed that, as children approached the age of 3 years, families tended to increase their involvement in center-based care while reductions in home-based participation emerged. Important to note, families who were consistently involved in home-based services when their children were young only reduced, they did not discontinue home visiting as center-based participation increased. In fact, the intensity of receiving complementary home visiting appeared to sustain families' enrollment of their children in center-based care. Thus, the dual program approach not only appears to expand and accentuate positive parenting and child outcomes but also to foster long-term participation in these vital early childhood services.

The body of Early Head Start evidence illuminating developmentally salient trends towards enrollment in center-based programs and the reciprocal benefits that occur when home- and center-based components are combined formulate a strong case for expecting the Head Start home-based program to be a vital component of its success in preparing children for kindergarten entry and academic adjustment. Moreover, this two-generational program's underlying theory further emphasizes the crucial contributions the home-based component may offer. A major premise of Head Start is that caregivers' involvement in children's learning provides opportunities for educators to inform and support them in formulating warm and responsive relationships with their children and in creating home environments that nurture development and early academic competencies (Parker et al. 1999). Indeed, Lamb Parker and colleagues (Parker et al. 1999) have demonstrated within a large Head Start sample that the nature of the parent-child relationship and home learning environment do affect school readiness outcomes.

However, the relationship of Head Start to caregiver involvement, particularly the home-based component, is less understood. This exploratory study was conducted to

attain a preliminary perspective of the connection between aspects of Head Start's home-based component and indications of caregivers' involvement in children's early learning. To this end, this study discerned the predictive relationship of home visiting frequency during the course of a school year to end-of-year caregiver reported involvement on a multidimensional questionnaire. An additional objective was to explore the interrelationships of family demographics to family involvement, given the varying findings existing in the literature base thus far.

Methods

Child and Family Participants

Seventy-four children and their caregivers who were enrolled in a Head Start program which combined home-based and school-based components participated in this study. Table 1 presents the demographic information for these participants. Consistent with the Head Start program from which these children were recruited, the sample of children in this study were largely ethnic minority, with the greatest representation of Latino children. The majority of the children were English speaking, as reported by their caregivers. For the most part, children in this sample had been enrolled in the Head Start program for longer than 6 months. Like the Head Start program at large, mothers were most frequently participating in the home visits. Nearly half of the mothers had a high school diploma, although about one-third did not attain this level of education. Many were unemployed. More than half of the participants were single-parents.

This sample was obtained from a regional Head Start program that served children in small urban as well as rural communities. All measures used in this study, including the FIQ (Fantuzzo et al. 2000) and home visiting session logs, were collected program wide. Home session logs were completed after each visit by the Family Partners. During routine home visits at the end of the school year, Family Partners administered the family involvement measure along with an informed consent specific to this study.

Of the 474 families served in the home-based program, complete information (including a fully completed questionnaire, informed consent, and home visiting session logs) were available for 74 families, representing 16% of the total program. Although this response rate is low, it is consistent with previous research involving Head Start populations (e.g., Castro et al. 2004). Nonetheless, results from this study should be cautiously interpreted. Post hoc determination indicated adequate statistical power (0.76) for this sample size ($\alpha = 0.05$).

Table 1 Child characteristics

	Percent of total sample
Child	
Age in months ^a	49.3/3.43
Gender	
Female	35
Ethnicity	
Latino	55
African American	29
Caucasian	12
Primary language	
English	89
Spanish	11
Time enrolled in Head Start	
3–6 months	4.5
Greater than 6 months	95.5
Family	
Caregiver relationship to child	
Mother	96
Father	3
Other	1
Education	
Less than high school	31
High school	48
Post-secondary training or education	21
Employment	
Full-time	20
Part-time	13
Unemployed	67
Family constellation	
Two-parent	35
Single-parent	60
Blended	4
Number of siblings ^a	1.83/1.36

^a Reported as mean/standard deviation

Measures

The *Family Involvement Questionnaire* (FIQ; Fantuzzo et al. 2000) is a 42-item checklist that was intentionally developed for children from low-income backgrounds. The three FIQ dimensions, home-based involvement, school-based involvement, and home-school communication, were initially identified for a large sample of predominantly African American preschool children in a large metropolitan area. Subsequent studies have replicated these dimensions for Latino children who dwell in small-city and rural areas (McWayne et al. 2007). The Home-Based Involvement factor consists of behaviors that families do at home to support children's early learning, such as reading to them, limiting television, and taking them to the library.

The School-Based Involvement factor entails those behaviors that occur in Head Start classrooms or centers, like volunteering in the class, participating in parent organizations, and assisting with fundraising. Lastly, many forms of contact or communication, such as attending conferences, talking on the phone, or informing the teacher of family events, are represented on the Home-School Communication factor. All FIQ dimensions have been repeatedly shown to be internally consistent (Fantuzzo et al. 2000; McWayne et al. 2007) and appropriately related to children's early learning behaviors (Fantuzzo et al. 2004).

Prior to conducting this study, a confirmatory factor analysis was undertaken to verify the applicability of the previously published FIQ dimensions (Fantuzzo et al. 2000) for the Head Start program from which this study's sample was recruited. Based upon FIQ data from 339 families (e.g., all who had complete FIQs), several goodness-of-fit statistics confirm the viability of the three-factor model. Fit statistics, selected as recommended by Hu and Bentler (1999) were: CFI = 0.975, NFI = 0.956, TLI = 0.972, RMSEA = 0.06. All of these statistics meet recommended standards (CFA, NFI and TLI all above 0.95; RMSEA falls below 0.80; Kline 2010). Therefore, the generalization of the published FIQ factors for this sample was affirmed.

Data Analysis

Initial analysis examined the nature of the data set, including descriptive analysis of the associations among the FIQ, home visiting variables, and family demographics. The predictive relationship of home visiting frequency and family involvement was addressed by a series of multiple regressions. Regression models were tested for each of the three FIQ dimensions (e.g., Home-Based Involvement, School-Based Involvement, and Home-School Communication).

Results

Descriptive Analysis

The FIQ dimensions were represented as *T*-scores, which were derived relative to local norms for the Head Start program in which this sample was recruited. The mean scores obtained for the Home-Based Involvement ($M = 51.01$, $SD = 9.68$), School-Based Involvement ($M = 48.86$, $SD = 10.01$), and Home-School Communication ($M = 50.04$, $SD = 9.62$), dimensions show that the mean level of involvement for this sample was consistent with that of the program at large. Further, the level of involvement across the three dimensions was relatively consistent so that one form of involvement was not substantially higher or lower than another. The home visiting frequency mean of 6.70

($SD = 3.11$) suggested that families received about one visit every 6 weeks on average. However, the range of visits (2–22) is large, with some families receiving multiple visits per month and other only a few for the year.

Associations Among Variables

The relationship of several demographic variables, including child age, gender, and ethnicity, caregiver education and employment, as well as family type, with the three FIQ dimensions were examined. Only one association occurred between family type and the School-Based Involvement factor ($F(2, 45) = 4.66$, $p = 0.01$). Accordingly, two-parent families showed increased School-Based Involvement relative to single-parent or blended families. Family type was not significantly associated with Home-Based Involvement or Home School Communication. Relationships between child age, gender, ethnicity as well as caregiver education and employment and the FIQ dimensions were not statistically significant.

Among the child and family demographic variables, only one significant association emerged. Children's ethnicity was significantly associated with home visiting frequency ($F(2,44) = 3.80$, $p = 0.30$). Latino children completed significantly more home visits than African American children. Caucasian children did not significantly differ in the number of home visits completed from Latino or African American children. Home visiting frequency was not significantly associated with children's age and gender, mothers' employment and education status, and family type.

Correlations among the three FIQ dimensions and home visiting frequency were examined. The correlations among the three FIQ dimensions were all statistically significant ($p < 0.001$) and ranged from 0.47 to 0.48. Correlations among the FIQ dimensions and home visiting frequency, which ranged from -0.06 to -0.14 , were negligible and not significant.

Predictive Relationship of Home Visiting Frequency and the FIQ Dimensions

The prediction of home visiting frequency to each of the three FIQ dimensions was assessed through multiple regression analysis. Home visiting frequency was not predictive of home-based involvement ($R^2 = 0.18$, $F(1, 72) = 1.35$, $p = 0.25$), School-Based Involvement ($R^2 = 0.02$, $F(1, 72) = 1.09$, $p = 0.30$), or Home-School Communication ($R^2 = 0.00$, $F(1, 72) = 0.26$, $p = 0.61$).

Discussion

The unique contribution of the home-based component of Head Start to child outcomes has not received sufficient

empirical attention. Taking an initial step in this direction, this exploratory study aimed to discern the relationship between the frequency of home visiting provided in Head Start's home-based program component and caregivers' involvement with their children in three key areas: home-based involvement, school-based involvement, and home-school communication. Specifically, this study sought to reveal if caregiver involvement, as measured at the end of the year, fluctuated with the frequency of home visiting throughout the academic year.

Results from the analysis undertaken in this study indicated that the frequency of home visiting was not associated with trends in home-based involvement, school-based involvement, and home-school communication. Keeping in mind that this is an exploratory study, these findings do not lead to conclusions about the effectiveness of the home-based component. Rather, they are helpful in underscoring the need for and directing future research.

A salient consideration emerging from this study regards the extent to which the content of home visits was intentionally directed towards enhancing caregiver involvement in their children's early learning experiences. Recent studies point to the importance of directing home visiting services to goals which are intended for children and their families. For instance, in the large-scale evaluation of Early Head Start, Raikes and her research team (Raikes et al. 2006) demonstrated that impacts in children's vocabulary acquisition were associated with home visits that placed greater attention to children's needs rather than to caregivers' needs. At the same time, studies of home visiting suggest that the content of home visiting tends to be led by the needs of the adult caregivers (Korfmacher et al. 2008) rather than a direct, systematic focus on child goals.

Collectively, the findings of this study, along with prior research, point to the potential benefits of incorporating interventions for achieving specific goals, such as caregiver involvement, to enhance the effectiveness of home visiting services for children. A fundamental assumption of Head Start's mandate for caregiver involvement is that it creates natural opportunities for caregivers to learn through observing and participating with educators or home visitors as they engage with children (Parker et al. 1999). However, it may be that this indirect approach is not sufficiently powerful to make significant changes in caregivers' involvement with their children on a routine basis at home. Barnes et al. (2006) arrived at a similar conclusion after a large-scale evaluation of Home-Start, an international home visiting program which connects parents to parents. Centered in England, this study did not find significant changes on most maternal and child outcomes following one year of participation in home visiting services. The lack of benefits found by Barnes' research team were attributed to the lack of any formal program or structure

beyond the sheer association of one parent, who serves in the home visiting role, to another parent.

The home-based component of Head Start, which is strategically positioned to support caregivers' involvement in routine learning opportunities at home, may be enhanced by the integration of empirically-supported family involvement interventions. Combined programs offer the distinct advantage of positioning Head Start professionals (e.g., home visitors and educators) in two developmentally-salient contexts: the home and the early childhood education center. This structure is a rich opportunity to design and implement cross-setting interventions for enhancing caregiver involvement in concert (Sheridan et al. 2008, 2010).

Looking towards the development of family involvement interventions that can be embedded in home visiting services, an empirically-guided understanding of the interrelationship of family and caregiver qualities with family involvement as well as with participation in home visiting services is warranted. This study contributes to a, yet growing, mixed literature on the connections of family demographics and family involvement. In this study, one family variable, family structure, was associated with only the school-based involvement dimension. Two-parent families reported greater school-based involvement than other family types. This finding joins a number of prior studies which also show higher levels of family involvement among two-parent families (Fantuzzo et al. 2000; Kohl et al. 2000). In contrast to prior findings (Castro et al. 2004; Fantuzzo et al. 2000; Waanders et al. 2007), there were no significant relationships between the family involvement dimensions and the other demographic factors examined in this study, including child age, gender, and ethnicity in addition to caregiver education and employment.

Demographic connections to home visiting were also explored in this study. Home visiting frequency was highest among the Latino caregivers, relative to the African American and Caucasian caregivers. Similarly, the national evaluation of Early Head Start found a similar connection (Raikes et al. 2006). In contrast to the Early Head Start studies conducted by Raikes et al. (2006) and Roggman et al. (2008), home visiting frequency was not significantly associated with marital status, employment, and education. However, it may be that the differences in children's ages (e.g. toddler versus preschool) or program structure (home-based versus combined) may alter the influence of family characteristics and frequency of participation in home visiting.

The wide range of home visiting frequency noted in this study (e.g. 2–22 home visits) draws attention to a very important issue in home visiting research: what "dosage" is necessary to produce sustainable changes in family interactions and children's outcomes? Often, the frequency of visits is predetermined in the development of the

program (Korfmacher et al. 2008). For instance, the number of home visits delivered through combined Head Start programs is prescribed according to the structure of the classroom-based component so that, collectively, children receive a predetermined amount of time in Head Start services (US Department of Health and Human Services 2011). In the absence of research, program developers do not have empirically based guidelines regarding the necessary dosage of home visiting to achieve desired outcomes. Consequently, these decisions are likely based upon logistics, resources, or assumptions. Research to determine an adequate number of home visits could ensure benefits to children and families as well as guiding the cost efficiency of programs.

The findings from this exploratory study illuminate directions for future research, yet its qualifications must be considered. The primary limitation of this study concerns its generalizability to the larger population of families who receive home visiting services directed toward bolstering children's development. Although sufficiently large for statistical power, the sample in this study was selected based on the completeness of the home visiting and FIQ data. Error associated with this need to have complete data may have biased the findings. Additionally, the study was conducted in a single program serving families in small cities.

Despite the limited generalizability, this study demonstrates the need for empirical investigations of the home-based component of Head Start. It also underscores a need to examine family involvement outcomes for home visiting programs, both nationally and internationally, which aim to enhance parent–child interactions around learning activities. Even though this study is exploratory, the lack of association between home visiting frequency and the three family involvement dimensions suggests that efforts to increase caregivers' involvement with their preschool child may require that direct interventions are embedded into home visiting services. To this end, the development, integration, and evaluation of interventions which promote caregivers' involvement with their children is a crucial research direction for home visiting. Notably the available research shows inconsistent associations of caregiver involvement and family characteristics; however, it is consistent in revealing that these characteristics matter. Therefore, attention to family values, resources, and culture should be a central focus in the formulation of interventions for the home-based component.

Head Start, a model for providing universal prevention to children living in socioeconomic disadvantage, deserves increased empirical attention, especially to the under-studied yet potentially valuable home-based component. Bolstering Head Start benefits the international community as well as US children and families. Only recently has the

international community begun to develop two-generational early childhood intervention programs, such as Head Start. For example, similar to the US, the United Kingdom has seen sharp increases in poverty rates among children, with current prevalence affecting 30% of its child population (Spencer 2008). Over the past decade the United Kingdom initiated a national system of early childhood education (Carpenter and Campbell 2008). Yet, the evaluations of the two-generational, early childhood intervention programs which have recently emerged (e.g., Sure Start and Home-Start) show similar findings regarding the achievement of child outcomes as well as the need to integrate evidence-based practice (Barnes et al. 2006; National Evaluation of Sure Start 2006). With the current Obama administration's prioritization of home visiting in the US, and the growing emphasis on family-focused early childhood in the international community, now is the time to direct our empirical efforts to enhancing home-based services for children who live in socioeconomic disadvantage.

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