Understanding barriers to parent involvement in Head Start: a research-community partnership

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Abstract

The present study was conducted by a research institute, The NCJW Center for the Child, in partnership with two Head Start agencies in New York City. The research grew out of practitioners’ concerns about parent involvement in their programs and what barriers may be inhibiting participation. Sixty-eight mothers whose children had completed one year of Head Start were interviewed using the Barriers to Parent Involvement Survey. Results revealed that mothers reported the presence of many difficult life experiences, but few were reported as actual barriers by many mothers. Five out of 20 of these experiences were associated with staff ratings of mothers’ level of participation. Developing ways to address barriers to participation at the Head Start agencies is discussed in light of the research findings. Information about wider application of the survey as well as research and programmatic implications of the results are included. © 2001 Elsevier Science Inc. All rights reserved.

1. Introduction

Head Start is a federally funded comprehensive early intervention program for low-income families and their young children. Since its inception in 1964 as part of President
Lyndon Johnson’s War on Poverty, Head Start has been known as the earliest national
two-generation model of service delivery in the early childhood and family support fields
(Parker, Piotrkowski, Horn, & Greene, 1995). Parents’ full participation in Head Start is a
cornerstone of the model. In fact, a legislative mandate requires maximum feasible partic-
ipation of parents in all aspects of the program, including policy-making decisions regarding
program management, planning, and implementation (USDHHS, 1975). Through its Head
Start Program Performance Standards, Head Start social services and parent involvement
handbooks (USDHHS, 1996; USDHHS, 1990; USDHHS, 1980), the Head Start Bureau/
Administration on Children and Families mandates and gives guidance on how staff should
be trained to implement parent involvement programs. Still, levels of parent participation
vary within Head Start programs, so that enhancing participation remains an important goal
for the Head Start community as well as for early childhood intervention programs, in
general (Gomby, Larner, Stevenson, Lewit, & Behrman, 1995; National Head Start Asso-

The positive and long-term impact of early childhood intervention on children’s success
in school has been well documented (Baker, Piotrkowski, & Brooks-Gunn 1998; Gomby,
Larner, Stevenson, Lewit, & Behrman, 1995; Consortium for Longitudinal Studies, 1983;
Lamb-Parker, Piotrkowski, Kessler-Sklar, Baker, Peay, & Clark, 1997; Lee, Brooks-Gunn,
& Schnur, 1988; Marcon, 1993; Ramey & Ramey, 1992; Reynolds, 1991, 1994; Samuels,
1981; Schweinhart, Barnes, Weikert, Barnett, & Epstein, 1994). Parent involvement is
thought to play a central mediating role in realizing these beneficial outcomes for children.

Most of the current information about parents’ participation in their children’s educational
experiences is found in the elementary school literature. A substantial number of studies
shows that greater parent involvement in school-aged children’s learning has positive effects
on school performance, including greater cognitive development and higher academic
achievement (e.g., Christenson, 1995; Eccles & Harold, 1996; Epstein & Dauber, 1991;
Griffith, 1996; Moles, 1996; US Department of Education, 1994). Less is known about how
parent involvement in early childhood programs affects school readiness and later school
success. However, several studies, including one by the authors, indicate that even at a young
age, children’s behavior at home, school readiness, and adaptation to elementary school are
positively affected by parents’ greater participation (Kessler-Sklar, Baker, Lamb-Parker,
Piotrkowski, Peay, & Clark, 1998; Lamb-Parker et al., 1997; Miedel & Reynolds, 1998;
Petrie & Davidson, 1995; Reynolds, 1996). Since the literature points to the critical role that
parents play in their children’s educational life, it is important to explore the possible reasons
for their varying levels of participation.

Anecdotal evidence suggests that there may be particular characteristics of programs that
foster or hinder the involvement of parents (Delgado-Gaitan, 1992; Epstein, 1990). These
include how programs handle parent-teacher communication, differences in language
between home and school, expectations of parents’ roles, and parent efficacy in involvement.
For example, Moles (1993) interviewed parent groups in public school, focusing attention on
those thought to be hard to reach due to such barriers as employment, lack of time, or
differences in home language use. The only factor differentiating school contact was
mothers’ level of education. These findings were confirmed in empirical studies (e.g., Dauber
& Epstein, 1989) that indicated that parents’ education, as well as other socioeconomic and
demographic factors, such as marital status, employment, and income level, predicted their amount of participation in their children’s educational experiences. Eccles and Harold (1993, 1996) provide a framework for thinking about how various demographic characteristics of the parent, child, community, school, and teacher impact the level of parents’ participation in elementary school. They include “exogenous” variables (p. 6) as a backdrop to dynamic factors that may have a more direct effect on specific parent involvement practices: teacher and parental beliefs and attitudes. Results from their middle-class sample revealed that mothers with higher intellectual confidence and achievement motivation were more involved in their children’s education in reading and mathematics, a home-involvement variable. Only intellectual confidence predicted a school-involvement variable, volunteering. Neither mother’s educational level nor family income was related to involvement; however, the authors’ note that these results may be due to the lack of variability of their sample.

In theorizing about why parents get involved in their children’s elementary school education, Hoover-Dempsey and Sandler (1995) suggest that parents become involved for three major reasons: “(1) their personal construction of the parental role; (2) their personal sense of efficacy for helping children succeed in school; and (3) their reaction to the opportunities and demand characteristics presented by both their children and their children’s schools” (p. 313). They suggest (Hoover-Dempsey & Sandler, 1997) that among these reasons, efficacy may be the most important one because research supports the link between a strong sense of efficacy and the belief that intelligence, i.e., children’s abilities, may be affected by effort. Consequently, parents who feel that they might have a positive impact on their children’s school experience would more readily become involved and implement strategies to help their children succeed. Conversely, those parents who have a low sense of efficacy might feel that their involvement would have no effect on their children’s success in school, resulting in minimal involvement.

Importantly, Hoover-Dempsey and Sandler (1995) note that the reasons they propose hold true for a majority of parents, excepting those “whose life circumstances create very high sociodemographic risk for poor outcomes (e.g., a combination of low education, low or no income, marginal skill, never married parental status, and poor health)” (pp. 329–30). They suggest that in these situations, parents may base their decision to participate on “basic survival need” (p. 330) before dynamic personal explanations such as “personal sense of efficacy” (p. 313) come into play.

However, there is almost no empirical data about the situational and personal barriers to parental participation in early childhood intervention programs for low-income families. Only one study (Driebe & Cochran, 1996) has empirically investigated barriers to parent involvement in Head Start. Two waves of data were collected through telephone interviews with parents in three rural Head Start programs to obtain information on level of involvement and barriers to participation. More hours of employment and the greater income usually associated with more hours were found to have negative effects on level of involvement. Although self-reported financial status did not reach significance, a trend showed perceived improved financial status related to less involvement, supporting the significant findings stated above. Qualitative analyses of the interviews revealed that changes in family composition, such as having a baby or getting divorced, also were perceived barriers. Because this
study was conducted in rural Head Start programs, the findings cannot easily be generalized to urban settings, where there may be different barriers to participation.

Today, Head Start is being asked to assess every aspect of its programming and management, as various private and governmental factions debate its quality and effectiveness. Moreover, the federal mandate for parent involvement in Head Start is now in conflict with federal and state requirements that low-income mothers with young children work outside the home (i.e., The Personal Responsibility and Welfare Reform Act of 1988). Thus, Head Start must review its parent involvement program if it is to keep its two-generation focus and impact (Parker, Piotrkowski, Horn, & Greene, 1995). In order to do so, a better understanding of the barriers that limit parents’ involvement is needed. Moreover, empirical knowledge about the barriers to parent involvement would enable program planners and policy makers to more creatively and effectively revise and/or expand their efforts to involve parents.

The descriptive and exploratory study reported here was conducted to address this lack of empirical knowledge concerning barriers to parent involvement in two urban Head Start programs. It was part of a larger study of the effects of parent involvement on parents, Head Start children, and their siblings. Specifically, this study addressed four questions: (a) What possible barriers to participation do Head Start mothers experience? (b) Which of the possible barriers do Head Start mothers identify as actual barriers to their participation? (c) Are mothers who report greater number of possible barriers rated as less involved by Head Start staff? and, (d) Which of the possible barriers are associated with staff-rated levels of parent involvement?

The study was conducted in 1991 at the end of the program year, at two Head Start agencies in New York City. Both programs were in compliance with Head Start Program Performance Standards and, therefore, may be viewed as typical Head Start programs. Mothers were chosen to study because at that time, the sample of fathers was too small for statistical examination.


The study was developed as a partnership between a research institute and two Head Start agencies. In 1990, the research institute and the two agencies responded to an RFP of the Administration on Children, Youth and Families (ACYF)/Head Start Bureau, and a formal partnership was established when the grant was awarded. The RFP was part of ACYF’s initiative to enhance the quality of Head Start research conducted by increasing its validity and its relevance to Head Start practitioners and parents. Prior to this RFP, a Head Start Bureau panel of distinguished scholars had recommended that “research projects [were] most likely to succeed if researchers include[d] program staff in all stages of the project, including development of hypotheses. Collaboration between the research and program communities calls for joint planning with clearly defined roles and benefits for all parties” (U.S. Department of Health and Human Services, 1990, September, p. 11).

Terms such as “role rigidity,” “professional territorialism,” and an “aura of elitism” have been used to describe how researchers traditionally dictate and control the research enterprise in community settings (Faulkner, 1989; Lewison & Holliday, 1997; McWilliam, et al. 1997).
In contrast, the Center for the Child’s philosophy of how to conduct community-based research closely matched the Bureau panel’s directive of inclusiveness and collaboration. The Center researchers’ commitment to meaningful partnership was based on the belief that practitioners, parents, and researchers have expertise and creativity that, when combined, improve the validity and utility of the research enterprise.

The partnership, called the Head Start Research Group (HSRG), was composed of several Center researchers and the following representatives from each Head Start agency: the executive director, education and family service coordinators, and the parent representative of the parent policy council. Also members were a research consultant and a leader in the Head Start community. The HSRG was multidisciplinary (including psychologists, early childhood educators, and social workers) and multicultural (i.e., African American, Latino, Euro American, and Asian). Members attended most of the meetings; the usual number in attendance was about 15. Meetings were held monthly during the 1st year and bimonthly over the course of the next 2 years, for a full day each time. New representatives of the parent policy councils were added yearly and by the 3rd year of the project, six parents were members. The HSRG worked together on all stages of the study, including design, research questions, and the final survey instrument; implementation of the study; analysis of results; dissemination of findings; and application of results.

Early in the partnership process, several key actions were taken to help assure success, including: (a) establishing the roles and responsibilities of HSRG members; (b) addressing differing values, beliefs, and priorities of members; (c) establishing mechanisms for joint decision making; (d) addressing hidden beliefs, prejudices, and misconceptions among the partners; (e) maintaining a “give and take” relationship with the Head Start community; (f) demystifying the research process through instructional meetings and seminars; and (g) including representative partners in the dissemination of the research findings through conference presentations, planning meetings, written reports, and published articles. The underlying assumption of an imbalance of power between the research and the practice communities was addressed by periodically revisiting the agreements reached in these initial actions. This process paid off in a strong, trusting group committed to the partnership and its research.

3. Method

3.1. The Head Start agencies

Two Head Start agencies were selected to participate in this study based on their involvement with the HSRG and a larger study of Head Start and parent involvement. One agency was a center-based model that was established in 1981 with new Head Start expansion money, having been designated a low-income community in the city in 1980. Its catchment area was primarily Latino. When the study began in 1990, the agency had an enrollment of 294 children served in six classrooms, with half-day programs. The second agency had a standard center-based program with part-day and full-day enrollment. Established in 1966 as one of the original Head Start agencies, it was based in two locations, one in a middle-income neighborhood with African American low-income families bussed in
from poverty pockets in the larger community and the other located in a low-income community. Together the agency had five Head Start classrooms with an enrollment of 151 children. Both agencies were considered well run and effective by their grantee and regional oversight office.

3.2. Measure of barriers to Head Start parent involvement

To address the question of what life experiences might serve as possible barriers to parental involvement in Head Start, the HSRG developed the Barriers to Head Start Parent Participation Survey. First, a list of life circumstances that were thought to be possible barriers to parents’ participation in Head Start was generated by the HSRG. A second list was generated from the existing literature on parent involvement in the elementary schools and parent involvement in early childhood programs. The two lists were compared and 33 related possible barriers to parent involvement were selected by the HSRG that seemed most applicable to the Head Start experience for parents (Abt Associates, 1988; Campbell, Converse, & Rodgers, 1976; Chase, Weeldreyer, Cooper, & Dunst, 1987; Derogatis & Melisaratos, 1983). We chose to include items that were conceptually related because families in poverty experience many problems and some negative life experiences tend to “go together.” In addition, while some items seem overlapping we decided to be inclusive so as not to miss a small nuance that might be perceived as an important distinction from a mother’s point of view.

“Back translation” was used to translate the survey into Spanish. In this procedure the English instrument was translated into Spanish and then retranslated into English by a different bilingual translator. The two English versions were compared and adjustments were made in the Spanish version accordingly.

3.3. Procedures

The survey was administered as an individual interview with each mother. Mothers were told that they were going to be asked questions about the Head Start, themselves, their family, and community over the course of the past Head Start year. Parent involvement was defined to the mothers as participation in the activities and experiences offered by the Head Start agency during the year. This could be attending meetings and workshops, volunteering, and/or participating in parent-teacher conferences, home visits, and meetings with other staff. The interviews were conducted in English or Spanish, depending on the preference of the parent. The following instructions to the parents were given:

This is a list of statements about things that may interfere with a parent’s participation in Head Start. For each statement, first tell me if the statement is true or false for you. If it is true for you, then tell me if it made it harder for you to participate in Head Start, even if it only sometimes made it harder. If it had no effect on your participation, let me know. For example, one statement is “I have a baby or young toddler at home.” If you do have a baby or toddler at home, you would tell me that the statement is true for you. Then, you would tell me whether it made it harder for you to participate. If the baby didn’t affect your participation, you would say so. Do you have any questions?
3.4. Sample

In 1990 one teacher, one social service staff member, and the social services coordinator at each agency categorized all \( N = 376 \) mothers or other female caregivers whose child had completed one year of Head Start as either a high, medium, or low participator compared to her peers. Staff ratings were based on their knowledge of the parent and attendance records of all activities and experiences offered at the Head Start agency for that year. These included meetings (class, policy, special activities) workshops (self-help, parent-child relationships, health and nutrition, etc.), and volunteer hours (classroom, trips, office, kitchen). Staff was instructed to use these data plus their recollection of their more personal contacts with the parent over the course of the Head Start year. Differences of opinion among the three staff members were discussed until consensus was reached. Using staff ratings to characterize parents’ levels of participation had the methodological advantage of providing ratings of involvement that are independent of biases that might influence self-rated involvement.

The study population was stratified by level of involvement (high, medium, and low), and disproportional random sampling was used to select 12 mothers from each of the three involvement categories at each agency \( n = 72 \). The sample size of 72 was considered sufficient because the study was exploratory and because of the relative homogeneity of Head Start parents with regard to poverty and ethnic minority status. This decision, of course, affected the subsequent data analyses. Insofar as respondent characteristics differed systematically by agency, we were unable to untangle the effects of site from respondent characteristics. Moreover, equal numbers of parents in all three categories (high, medium, and low) at both agencies eliminated the possibility of comparing the agencies’ levels of involvement. However, the HSRG did not feel that this would have been a productive avenue of exploration for a collaborative study and that such an analysis was not germane to the research questions.

Sixty-eight of the 72 (94%) invited mothers (24 high, 23 medium, and 21 low participators) agreed to participate in the barriers study and were individually administered the Barriers to Head Start Parent Participation Survey developed by the HSRG. All mothers were from low socio-economic backgrounds and had met the 1991 eligibility requirements for Head Start (i.e., annual income below $13,400 for a family of four). Other descriptive data on the mothers is reported in Table 1. As can be seen in the Table, parents were primarily African American (45.6%) or Hispanic (41.2%). At one agency, 99% were Dominican, while mothers from the second agency were predominantly African American (91%). English was the dominant language for almost half \( n = 32, 47% \). Twenty-seven (40%) mothers spoke Spanish and 9 (13%) mothers spoke a third language as their dominant language. Forty-three mothers (63%) had completed at least a high school education. Over half the mothers (60%) reported not having a partner and the number of people living with the mother ranged from 1 (7.4%) to 8 (1.5%).

3.5. Data analysis

To address the first research question, we inspected the distribution of the possible barriers reported by the mother. The second research question entailed an examination of the frequency distribution of the actual barriers reported by the mothers. For question three we tested the hypothesis that mothers who reported more possible barriers were rated by staff as
less involved in Head Start. For each mother, a total score was created by adding up the number of life experiences she reported having, regardless of whether or not she reported that they were actual barriers to her participation in Head Start. This approach was adopted because we assumed that a mother’s perception that a life experience is a barrier is more prone to social desirability and other dispositional biases than reports of the actual events occurring in her life. In addition, because the frequency of mothers’ reports of actual barriers was so low, we did not analyze the association between that and staff ratings of involvement.

A three group ANOVA was conducted with staff ratings of parent involvement as the grouping variable (high, medium, and low) and number of barriers as the dependent variable. For question four we explored which of the possible barriers were associated with the staff ratings of parent involvement. Of the 33 life experiences/possible barriers, 13 were excluded because fewer than 10% (n = 7) of the mothers endorsed the experiences as having occurred in their lives. Thus, there was insufficient variability to include in analyses. As an exploratory study with small samples, we chose to focus only on linear relationships. Of the 20 remaining variables, cross-tabulations were calculated and chi-square analyses conducted.

4. Results

4.1. What possible barriers to participation do Head Start mothers experience?

Mothers varied greatly in the extent to which they reported having the life experiences the HSRG identified as possible barriers to participation. One mother endorsed no such life

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has partner at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>27</td>
<td>39.7%</td>
</tr>
<tr>
<td>No</td>
<td>41</td>
<td>60.3%</td>
</tr>
<tr>
<td>Number of people living with</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 2</td>
<td>15</td>
<td>22.1%</td>
</tr>
<tr>
<td>3 to 4</td>
<td>41</td>
<td>60.3%</td>
</tr>
<tr>
<td>5 or more</td>
<td>12</td>
<td>16.7%</td>
</tr>
<tr>
<td>Education level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>25</td>
<td>36.8%</td>
</tr>
<tr>
<td>High school/GED</td>
<td>20</td>
<td>29.4%</td>
</tr>
<tr>
<td>More than high school</td>
<td>23</td>
<td>33.8%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>31</td>
<td>45.6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>28</td>
<td>41.2%</td>
</tr>
<tr>
<td>White</td>
<td>5</td>
<td>7.4%</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>5.8%</td>
</tr>
<tr>
<td>Dominant language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>32</td>
<td>47%</td>
</tr>
<tr>
<td>Spanish</td>
<td>27</td>
<td>40%</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>13%</td>
</tr>
</tbody>
</table>
experiences while another endorsed 16 of the 33 items. The average number of life experiences endorsed by the mothers was six ($M = 5.71, \text{SD} = 3.39$). As shown in Table 2, almost half of mothers reported often feeling “sad, down, even depressed,” that they “lacked energy or had little interest in things,” and/or had a major health problem. Many also reported they: (a) worked, went to school, or volunteered outside of Head Start (44%); (b) had a schedule that conflicted with Head Start activities (37%); and/or (c) had inflexible hours at work or school (27%). Family responsibilities also were heavy: many had a baby or toddler at home but not dependable, convenient childcare, and a sizable minority had children with a disability or behavioral problem. Housing difficulties—lack of heat, hot water, or electricity during part of the Head Start year—were common, as were experiencing flood, fire, or another disaster during the Head Start year. These women’s lives were relatively difficult.

4.2. Which of the possible barriers do Head Start mothers identify as actual barriers to their participation?

As indicated in Table 2, all but 6 of the 33 potential barriers were perceived as actual barriers to involvement by at least one mother. We consider four experiences to be of particular interest because almost 20% of the mothers perceived them to be barriers to their involvement. The two most frequently reported barriers to Head Start participation were having a schedule that conflicted with Head Start activities and having a baby or toddler at home. Almost one-fifth of the mothers also reported that working or going to school during the day and often feeling lack of energy or little interest in things were barriers to involvement.

4.3. Are mothers who report greater number of possible barriers rated as less involved by Head Start staff?

An ANOVA was conducted comparing total number of possible barriers reported by mothers by three levels of staff-rated parent involvement. Results indicated that the total number of barriers reported by the mothers differed significantly by level of staff-rated involvement, $F(2,65) = 5.59, p < .01$. Post-hoc comparisons using the Scheffe procedure revealed that low-participating mothers reported a significantly higher number of possible barriers ($M = 7.38, \text{SD} = 3.67, \text{range} = 1–16$) than high-participating mothers ($M = 4.21, \text{SD} = 2.87, 0–12$). These data confirm the expectation that these life experiences can interfere with Head Start parent involvement.

4.4. Which of the possible barriers are associated with staff-rated levels of parent involvement?

The next step was to answer the question of which life experiences the mothers reported were related to staff-rated levels of parent involvement. That is, which possible barriers actually interfered with mothers’ involvement? Of the 33 life experiences/possible barriers, 13 were excluded from these analyses because fewer than 10% ($n = 7$) of the mothers endorsed the experiences as having occurred in their lives.
<table>
<thead>
<tr>
<th>Life experiences (possible barriers)</th>
<th>Mothers’ reported life experiences</th>
<th>Mothers’ life experiences identified as actual barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n = 68)</td>
<td>(n = 68)</td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>1. Often feeling sad, “down,” depressed</td>
<td>32</td>
<td>47.1</td>
</tr>
<tr>
<td>2. Working, going to school or volunteering outside Head Start during the year</td>
<td>30</td>
<td>44.1</td>
</tr>
<tr>
<td>3. Having a baby or toddler at home</td>
<td>27</td>
<td>39.7</td>
</tr>
<tr>
<td>4. Having a schedule that conflicted with Head Start activities</td>
<td>25</td>
<td>36.8</td>
</tr>
<tr>
<td>5. Lack of heat, hot water, or electricity during part of Head Start year</td>
<td>23</td>
<td>33.8</td>
</tr>
<tr>
<td>6. Working or going to school during the day</td>
<td>21</td>
<td>30.9</td>
</tr>
<tr>
<td>7. Having one or more children with a special need (learning or physical disability, behavior problem)</td>
<td>20</td>
<td>29.4</td>
</tr>
<tr>
<td>8. Often feeling lack of energy or little interest in things</td>
<td>18</td>
<td>26.5</td>
</tr>
<tr>
<td>9. Having inflexible work or school hours</td>
<td>18</td>
<td>26.5</td>
</tr>
<tr>
<td>10. One or more children with a major health problem during the Head Start year</td>
<td>15</td>
<td>22.1</td>
</tr>
<tr>
<td>11. Experiencing flood, fire, or other disaster during the Head Start year</td>
<td>14</td>
<td>20.6</td>
</tr>
<tr>
<td>12. Not having dependable, convenient child care</td>
<td>14</td>
<td>20.6</td>
</tr>
<tr>
<td>13. Having a major health problem during the Head Start year</td>
<td>14</td>
<td>20.6</td>
</tr>
<tr>
<td>14. Feeling that physical space at the Head Start center was not satisfactory</td>
<td>13</td>
<td>19.1</td>
</tr>
<tr>
<td>15. Having no telephone during part of the Head Start year</td>
<td>13</td>
<td>19.1</td>
</tr>
<tr>
<td>16. Working or going to school at night</td>
<td>10</td>
<td>14.7</td>
</tr>
<tr>
<td>17. Often feeling self-conscious, shy, or uncomfortable around others</td>
<td>9</td>
<td>13.2</td>
</tr>
<tr>
<td>18. Having moved during the Head Start year</td>
<td>9</td>
<td>13.2</td>
</tr>
<tr>
<td>19. One or more adults at home have had a health or emotional problem during the Head Start year</td>
<td>8</td>
<td>11.8</td>
</tr>
<tr>
<td>20. One or more adults at home has a schedule that interferes with things at home</td>
<td>8</td>
<td>11.8</td>
</tr>
<tr>
<td>21. Not being very interested in Head Start activities or wishing that others were available</td>
<td>7</td>
<td>10.3</td>
</tr>
<tr>
<td>22. Feeling that family or friends are more of a drain than a help</td>
<td>7</td>
<td>10.3</td>
</tr>
<tr>
<td>23. One or more adults at home have had an alcohol or drug problem during the Head Start year</td>
<td>5</td>
<td>7.4</td>
</tr>
<tr>
<td>24. Sometimes feeling uncomfortable with Head Start staff</td>
<td>5</td>
<td>7.4</td>
</tr>
<tr>
<td>25. Having some difficulties reading in native language</td>
<td>5</td>
<td>7.4</td>
</tr>
<tr>
<td>26. Not having reliable, convenient transportation</td>
<td>4</td>
<td>5.9</td>
</tr>
<tr>
<td>27. Partner disapproves of Head Start Involvement</td>
<td>4</td>
<td>5.9</td>
</tr>
<tr>
<td>28. Feeling that Head Start staff do not give parents enough recognition for participating</td>
<td>3</td>
<td>4.4</td>
</tr>
<tr>
<td>29. Speaking a different language than most other Head Start parents</td>
<td>3</td>
<td>4.4</td>
</tr>
<tr>
<td>30. Have trouble talking with Head Start staff because they do not speak the same language</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>31. Have had some problems with alcohol use</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>32. Was homeless during part of the Head Start year</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>33. Have had some problems with drug use</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
Thus, 20 chi-square tests were calculated to test the association between possible barriers and staff ratings of parent involvement. Five of the 20 analyses were significant (alpha = .05), more than would be expected by chance. Three of the variables were associated with lower ratings of parent involvement: having a conflicting schedule, having a baby at home, and moving. Of those parents who reported conflicting schedules, 44% were rated as low involved, 40% were rated as medium involved and only 16% were rated as high involved, $\chi^2 (n = 68) = 6.82, p < .033$. A similar relationship was born out for having a baby or toddler at home. Of those mothers who reported having a baby or toddler at home, 44.4% were rated as low involved while 37% were rated as medium involved and only 18.5% were rated as high involved, $\chi^2 (n = 68) = 6.36, p < .04$. Moving was also associated with staff ratings of low involvement. Not one parent who moved was rated by staff as a high participator while one-third (33.3%) were rated as medium involved and two thirds (66.7%) were rated as low involved, $\chi^2 (n = 68) = 7.96, p < .02$. These three variables represent competing demands on the mothers’ time and attention, either from work or school commitments, from childcare responsibilities, or from moving during the Head Start year.

Two variables were associated with staff ratings of higher involvement: having no utilities at some point during the Head Start year and feeling shy. Over half of the parents without utilities were rated as high involved (52.2%), while 34.8% were rated as medium involved and only 13% were rated as low involved, $\chi^2 (n = 68) = 6.39, p < .04$. Of the parents who reported feeling shy, all but two (77.8%) were rated as high involved while only one (11.1%) was rated as medium involved and one (11.1%) was rated as low involved, $\chi^2 (n = 68) = 8.20, p < .02$. Thus, feeling shy and having no utilities, were associated with higher staff ratings of parent involvement. Taken together, these five findings demonstrate that the major impediments to parent involvement entail competing demands on mothers’ time and energy as opposed to lack of interest or lack of energy on the part of parents or limitations on the part of Head Start program or staff.

5. Discussion

The women in this group of Head Start mothers faced many difficult circumstances in their lives. For example, one third of the mothers sampled reported they lacked heat, hot water, or electricity during part of the Head Start year. Not surprisingly, almost half reported, “often feeling sad, down, depressed.” Nevertheless, most life experiences were not identified by many mothers as actual barriers to their involvement. In fact, only 2 of the 33 life experiences that the HSRG identified as possible barriers to participation were identified as actual barriers by at least one-fourth of the mothers: “having a schedule that conflicted with Head Start activities” and “having a baby or toddler at home.” Interestingly, schedule conflicts and having a young child at home also were significantly related to objective staff ratings of mothers’ involvement in the Head Start programs. These findings are consistent with those of Driebe and Cochran (1996). However, they must be treated cautiously because they do not necessarily represent the distribution of barriers in the study population from which the sample was drawn.

Five of 20 examined relationships between life experiences chosen by the HSRG as
possible barriers to parent involvement were actual barriers as rated by staff. Most of these barriers involved childcare and work-related activities associated with economic mobility and striving toward self-sufficiency. Thus, despite the numerous difficult events in the lives of Head Start mothers, the major impediments to greater involvement involved prior commitments and scheduling conflicts. The results point to the need for Head Start programs to modify some of their traditional parent involvement activities, such as volunteering in the classroom, to accommodate the mothers with time constraints due to new and greater employment-related responsibilities.

The relationships between high staff-rated involvement and poorer housing conditions, and high staff-rated involvement and personal feelings of self-consciousness, shyness, and discomfort around others were unexpected results. Even the mothers themselves did not identify these life experiences as barriers to their participation. In keeping with Head Start’s mission to be a supportive environment for parents (Valentine & Stark, 1979), these mothers may have viewed Head Start as a respite from their deteriorated physical surroundings as well as an emotionally secure place to safely interact with Head Start professionals and peers. In fact, early research on parent involvement in Head Start supports this notion. Mothers who participated more in Head Start activities over a year’s time were less depressed and reported feeling more in control of their lives (Parker, Piotrkowski, & Peay, 1987).

6. From research to practice

The study of barriers to parent involvement grew out of the desire of the partner Head Start agencies to understand the life experiences of the Head Start families they served and how these experiences might be barriers to parents’ participation. On the basis of the research findings, both agencies used the information to enhance their parent involvement programs in several ways. In particular, program staff at both agencies focused their efforts on the two barriers that distinguished staff-rated level of involvement: having a scheduling conflict with Head Start activities and having a baby or toddler at home.

The Head Start agencies were well aware of the growing problem of schedule conflicts that resulted from parents’ need to comply with welfare-to-work policies requiring young mothers to enter job training or employment, and the time needed for participating in traditional parent involvement activities. Seeing the results of the survey only confirmed what they suspected, but these data helped one agency negotiate with local welfare-to-work programs to establish a work site at the Head Start agency. Thus, mothers could help fulfill their welfare-to-work requirements and participate in Head Start activities at the same time. Some examples of these dual programs were English as a Second Language classes and classes related to job interviewing and writing resumes.

Both agencies addressed the barrier of having a baby or toddler at home by developing a pilot program for mothers and infants/toddlers where mothers could learn about child development in the context of small group interactions with their children. Later, the efforts that were put into this pilot grew into several other initiatives that are still in process, including the building of a full-service day care center for the community at one of the agencies.
Although not identified by mothers as barriers to their participation, many mothers reported “often feeling sad, down, and depressed,” and others acknowledged “often feeling self-conscious, shy, or uncomfortable around others.” These findings sensitized the HSRG to the importance of the emotional well-being of the parents in their program, and ultimately that of the staff’s. Some HSRG staff members acknowledged that they too often experienced these feelings. As a result, a series of focus groups on personal and professional efficacy and well-being were conducted with educational and family services staff at both agencies. These focus groups led the HSRG to develop a year-long intervention for staff that addressed their personal and professional growth and development as well as their relationship with Head Start families. The staff-centered focus of this initiative was chosen in order to increase the reach of the intervention. By helping staff better understand the stresses and challenges in their lives and the lives of the Head Start mothers, the intervention could impact both staff and parents.

It is noteworthy to mention that although several barriers to involvement were mentioned by a relatively few number of mothers (i.e., seven or less), for some, the number was high relative to the number for whom it was a problem. Furthermore, in some cases, the barrier had the potential of being easily fixed or greatly reduced. For example, having a language barrier was mentioned by several mothers. The staff at one agency was able help a mother communicate more effectively and feel less isolated, even though there were no staff who spoke her language, in this case an African dialect. The mother was paired with a “mentor parent” who spoke her dialect, but did not experience language as a barrier to participation, resulting in improved participation. Thus, staff was able to develop a creative solution to a reason for low participation by focusing on an individual need targeted by the survey.

The Barriers to Parent Involvement Survey is now being used by the two agencies in the study as well as numerous other agencies nationally. Used as part of their intake procedure, the survey helps staff learn more about the life experiences of new parents and about possible and actual barriers to their involvement. The information then is frequently utilized by family services staff as a launching point for more in-depth discussions of how Head Start might better serve individual families in the program.

7. Limitations

Several methodological limitations need to be noted. First, the sample selection procedure produced equal numbers of high, medium, and low involved parents at both agencies. Although this design did not allow for across-agency comparisons of parent involvement, such a comparison would not have been consistent with the collaborative spirit of the HSRG. Second, since disproportional random samples were drawn from the high, medium and low participants, we do not know how well the aggregated descriptive findings across groups generalize to the study population. Third, infrequent but important phenomena might have been missed because of the relatively small sample size. Future research should make use of a larger sample, even in exploratory studies, to allow greater confidence in findings. Fourth, including only two agencies also limited the generalizability of the findings, especially to Head Start programs in very different settings. And finally, these data are almost ten years
The demands and pressures on parents may have changed since the collection of these data. Despite these limitations, we believe that our findings can be of use to current Head Start agencies around the country. The process of creating the collaboration and developing the survey is one that can be modeled and adapted for use by any agency. Moreover, the process of surveying parents about their life events and barriers to parent involvement can serve a vital function regardless of whether the findings replicate ours or highlight specific and unique challenges in Head Start parent involvement.

8. Conclusions

This study provides an empirical analysis of Head Start parents’ life experiences that may serve as barriers to their involvement in the program. More importantly, the study was planned and implemented within a partnership between a research institute and two Head Start agencies. By developing and implementing the study, the HSRG increased the usefulness of the findings to effect change in parent involvement programming and policy at the two agencies. Although the study took place at just two Head Start agencies in New York City, the Barriers to Parent Involvement Survey is being used by Head Start agencies in other parts of the country as part of an effort to enhance parent involvement and to individualize support services to families.

The findings point to several questions for future research on barriers to parent involvement in Head Start: (a) How do the most recent TANF rules and regulations affect parents’ ability to participate in Head Start activities? (b) What additional criteria should be used by staff to assess parents’ level of involvement? (c) What might the relationship be between parents’ feelings of well-being and their ability to participate in self-sufficiency promoting activities? (d) Are there maximum as well as minimum levels of parent involvement for each family?

There also are important programmatic and policy issues stemming from these findings. They include: (a) whether or not Head Start staff should concentrate on helping parents with what they experience as possible barriers in addition to addressing the actual barriers to their participation, (b) how Head Start parent involvement programs might accommodate the individual needs of parents by encouraging both emotional well-being and self-sufficiency, and (c) how traditional parent involvement activities and experiences might be redesigned in light of current realities for Head Start parents.

Notes

1. The 13 potential barriers endorsed by 7 or less parents are: low interest, uncomfortable with staff, staff give too little recognition, parent speaks different language than staff, partner disapproves of Head Start, substance abuse at home, others are a drain rather than a help, homeless during the year, poor transportation, alcohol problem, drug problem, parent speaks a different language than other Head Start parents, and has a reading problem.
2. Mothers rated as medium participators reported a mean of almost six barriers ($M = 5.74$, $SD = 3.0$, range = 2–12).

References


which parent involvement in Head Start improves the lives of families. Paper presented at Head Start’s Fourth National Research Conference, Washington, DC.


