THE ANALYSIS OF THE FAMILY GOAL SETTING PROCESS

IN ONE EARLY HEAD START PROGRAM

FROM THE PERSPECTIVES OF FAMILY SERVICE PROVIDERS

AND PARENTS

by

Sevil Buzcu

A dissertation submitted to the Faculty of the University of Delaware in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Human Development and Family Studies
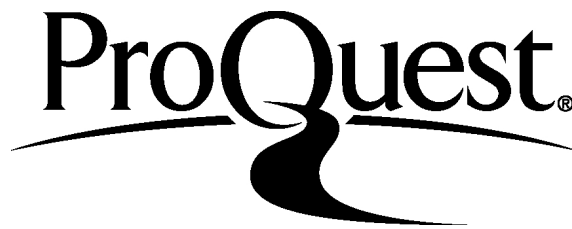
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ABSTRACT

This qualitative case study examines the family goal setting experiences of fourteen family service providers and eight parents in one Early Head Start program. Specifically, this dissertation explores how family service providers perceive their experiences working with families on family goal setting, as well as parents' perceptions of their own experiences working with the family service providers in the program. This study contributes to the small body of research on family goal setting in Early Head Start programs. Three robust data sets were collected from participants through online survey and semi-structured individual interviews. The data sets were analyzed through a theoretical framework of bio-ecological theory, family system theory, and family resilience. Data analysis was also informed by the literature on family partnership and collaborative goal setting, as well as The Office of Head Start's family goal setting philosophy. Analysis of the data sets yielded three primary themes: participants' thoughts on the perceived purposes of the family goal setting process, participants' perceptions of their own and others' roles in the family goal setting process, and participants' perceptions of the relationship between family service providers and parents in the family goal setting process.

Chapter 1

INTRODUCTION

A goal is defined as a stated outcome desired as a result of some action (Bailey, Winton, Rouse, & Turnbull, 1990). When Bailey and his colleagues defined a family goal in the context of infant intervention, they emphasized the following five characteristics of goal setting: helping to focus on intervention services; creating an opportunity to communicate with families; having a facilitative function and also an evaluative function for the overall program; and finally contributing to the establishment of ethical and appropriate relationships with families (Bailey et al., 1990).

Bailey (1987) defined *collaborative* goal setting in early intervention services as professionals and families joining together to identify goals and the means for achieving them. He pointed out that collaborative goal setting might be a way to resolve conflicts between professionals and parents in terms of their expectations from the intervention programs and each other (Bailey, 1987). Furthermore, Manz, Lehtinen and Bracaliello (2013) claimed that there are other potential benefits of collaborative goal setting such as empowering families to prioritize their concerns and needs, enabling families to gather support from community services and other resources from community, and encouraging parents to engage more in the early childhood services.

Family Goal Setting in Early Head Start Programs

The Office of Head Start has valued goal setting, as a part of the family partnership, in Early Head Start programs since its foundation. It is stated in *The Early Head Start Program Strategies* (U.S. Department of Health and Human Services, Administration for Children and Families, 2003) that "family goals might include both goals that families set for their children, such as 'my child will learn to use his words to ask for what he needs' or 'my child will receive her speech therapy in the Early Head Start setting", as well as setting goals aimed at caregivers, such as "I will finish my GED" or 'we will move into a new home by the end of the year" (p.5).

The Office of Head Start defines a goal as *"a vision of the future"* (U.S. Department of Health and Human Services, Administration for Children and Families, 2003, p.5). The Office of Head Start also describes a goal as an ambiguous concept. There is no single document, specific family goal setting tool recommendation or one approach to the identification and implementation of family goals. The Office of Head Start does have regulations and program expectations that each program should follow in the process of family goal setting. For example, as stated in the Head Start program performance standards (U.S. Department of Health and Human Services, Administration for Children and Families, n.d.-d) "programs must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths and necessary services and other support." In other words, goal setting is a requirement for all Early Head Start programs, and there are expectations about how to make it happen such as creating events, meetings with families, and using the program tools within the partnership that has been built with families.

The Office of Head Start is working constantly to improve the services it provides to families in both Head Start and Early Head Start programs. In 2011, a framework titled *The Head Start Parent, Family and Community Engagement Framework* was developed in partnership with programs, families, experts, and the National Center on Parent, Family, and Community Engagement. According to this framework, families play a critical role in their children's lives in terms of supporting their academic success, and Early Head Start programs are their partners in achieving this goal (U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, 2011). *The Head Start Parent, Family and Community Engagement Framework* is based on the ideology that "when parent and family engagement activities are systemic and integrated across program foundations and program impact areas, family engagement outcomes are achieved, resulting in children who are healthy and ready for school. Parent and family engagement activities are grounded in positive, ongoing, and goal-oriented relationships with families*"* (U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. 2011, p. 5).

Creating a partnership with families has been the focus of Early Head Start programs' approach for working with families. Dunst, Trivette, Boyd & Brookfield (1994) supported this philosophy, stating that "the greatest impact on child, parent, and family functioning is most likely to occur when interventions are based upon the needs, aspirations, and desires a family considers important" (p.9). In terms of the collaborative partnership, parents and staff are the most essential assets of any Early Head Start program.

The term *parent* refers to the Head Start child's birth mother or father, another family member who is a primary caregiver, the foster parent, the legal guardian, or the person with whom the child has been placed for purposes of adoption pending a final adoption decree (U.S. Department of Health and Human Services, Administration for Children and Families, n.d.-d). While parents form one side of the partnership, the other side is the Early Head Start staff. There are different job titles for staff that work one-on-one with families (parents and children), for example: teacher, home visitor, family child specialist, senior home visitor and family advocate. For this study, the term *family service provider* is used to refer to the family-child specialist who works in the home-based programs, providing services to children and their families through weekly home visits and group socialization activities. This same term is also used to refer to the Early Head Start family advocate who worked with the families in center-based programs, which include monthly home visits. The use of *family service provider* to cover both types of staff members was chosen in order to maintain confidentiality and to achieve an overall language lucidity of the study.

In Early Head Start programs, parents and family service providers form partnerships for the goal setting process and these partnerships are formalized through The Family Partnership Agreement. In an Early Head Start program context, The Family Partnership Agreement is defined as the set of opportunities that Early Head Start programs offer families to develop and implement individualized goals (U.S. Department of Health and Human Services, Administration for Children and Families, 2003). The goal setting process in an Early Head Start program includes: the responsibilities of families and staff, timetables, and the strategies determined to achieve those goals (Early Head Start National Resource Center, n.d.-b). In other

words, parents and Early Head Start staff have the flexibility to create an agreement unique to the family that allows them to engage in many different types of interactions over the duration of the family's time in the Early Head Start program. As part of this ongoing partnership, programs are expected to offer parents opportunities to develop and implement individualized family agreements that describe family goals, responsibilities, timetables, and strategies for achieving these goals as well as document progress in achieving them (Early Head Start National Resource Center (n.d.-b). The focus is on relationship-building between family service providers and families, and it is pointed out that the family partnership agreement does not have to be a written document. The Office of Head Start recommends Early Head Start programs creatively document the family partnership agreement and family goal setting process in a manner which is meaningful to the parents and the staff (Early Head Start National Resource Center (n.d.-b).

In October 2015, one of the most recent publications by National Center on Parent, Family, and Community Engagement was shared publicly. This document, *The Family Partnership Process: Engaging and Goal-Setting with Families*, presents several ideas and supports Early Head Start staff in building relationships with families in order to develop respectful partnerships which support family well-being and help families to meet their goals for themselves and their children (National Center on Parent, Family, and Community Engagement n.d.-b). This document also includes the Family Goal-Setting Guide, which aims to support Early Head staff to create a meaningful goal setting process with families while following seven steps. This new publication shows The Office of Head Start's continuous emphasis on the family goal setting process in Early Head Start programs.

The Significance of the Study

Manz et al. (2013) pointed out that although it is mandated in every Head Start and Early Head Start program, there is a lack of empirical study of the practices and outcomes associated with collaborative goal setting. Manz and her colleagues (2013) also added that in the goal setting literature there is little data on how parents, home visitors and program characteristics such as program philosophies, goals and aims, play roles in the goal setting process.

The significance of the current study is three-fold. First, it addresses the research gap in the literature on the family goal setting process in Early Head Start programs. Second, whereas most research on Early Head Start programs focuses either on the home-based model or on the center-based program model, this current study is focused on both models. Finally, the current study focuses on the experiences of the participants in their own words.

The Research Questions

This qualitative study is focused on the perceived experiences of family service providers and parents in one Early Head Start program and on their family goal setting process in the program. Two research questions guided this study:

1. How do family service providers (home visitors and family advocates) perceive their experiences with the family goal setting process in the Early Head Start program?
2. How do parents perceive their experiences with the family goal setting process in the Early Head Start program?

Chapter 2

LITERATURE REVIEW

In this chapter, the historical background of the Early Head Start program is discussed first, followed by the theoretical framework of the current study. This is followed by a brief review of the relevant literature on family-centered practice and family empowerment approaches, partnerships between professionals and families, and collaborative goal setting in early childhood education.

Historical Background of Early Head Start

Bronfenbrenner (1975) wrote:

"…intervention programs that place major emphasis on involving the parents directly in activities fostering the child's development are likely to have constructive impact at any age, but the earlier such activities are begun, and the longer they are continued, the greater benefit to the child" (as cited in Dunst, Trivette & Deal, 1988, p.1).

This quote highlights the significance of Early Head Start program's emphasis on parent involvement in order to maximize the program's impact on the children and the overall wellbeing of the family. It also illustrates how parent involvement is crucial for the success of intervention programs.

Early Head Start was founded in 1994, as a federally funded early intervention program for pregnant women, infants and toddlers from low-income families. The

Early Head Start program is an extension of Project Head Start, which was created in 1965 by the Office of Economic Opportunity as a compensatory education movement for disadvantaged children. Head Start targets preschool aged children in classroom settings. From its outset, the project adopted an ecological developmental approach designed to improve the developmental and educational outcomes for children from low-income families (Manz et al., 2013). Originally designed as an eight-week project, the goal was to prepare children for success in school through education, and improvements in nutrition, health care, social and emotional developmental (Erickson & Kurz-Riemer, 1999).

Since its inception, Head Start programs have been based on a belief in the crucial impact of early childhood experiences on later development (Meisels & Shonkoff, 2000). The founders considered both biological risk factors, such as poor health and nutritional status which result from socioeconomically impoverished environments, as well as experiential risk factors from growing up in these conditions, such as a less-stimulating environment and reduced motivation (Meisels & Shonkoff, 2000). Therefore, Head Start was conceived as a multidimensional comprehensive service system designed to strike at the roots of disadvantage for poor families with young children (Zigler, Styfco & Gilman, 1993). The program emphasized the importance of parents in their children's development and education. Parents have been involved in many different aspects of Head Start programs from its very beginning (Valentine & Stark, 1979). The program invested a great deal of energy in parent involvement at both volunteer and the decision making levels, and included training programs for low-income adults from the community to facilitate employment mobility (Meisels & Shonkoff, 2000; Valentine & Stark, 1979).

Since the founding of the Head Start Project, studies have been conducted to determine its effectiveness. According to Erickson and Kurz-Riemer, (1999) program reports between 1965 and 1968 were constructive and optimistic, showing that the programs had positive effects on children in terms of increasing their IQ scores and school achievement in kindergarten and first grade. In addition to these positive reports, there were scholars who were concerned about the ongoing impact of the Head Start programs. For example, the 1969 Head Start Evaluation report by the Westinghouse Learning Corporation, although confirming the positive effects of the program on parents, questioned the lasting value of the project on children. However, the results of the study were considered to be biased due to the design of the study (McGroder, 1990) which did not include a valid comparison group, take into account the environmental factors at home or school, and did not evaluate all components of the project such as health and nutrition. Although this evaluation contradicted some findings of program reports on the impact of Head Start programs, the evaluation agreed that to be most effective, intervention with disadvantaged children and their families should begin in infancy, and parents are the key to a child's future success and should be assisted in helping their own children (Erickson & Kurz-Riemer, 1999).

Until the 1990s, The Office of Head Start continued its primary focus on three and four-year-olds by providing educational, health, and parental support to low-income families. However, in the early 1990's The Office of Head Start faced political pressure to serve more children and to be responsive to the increasing number of working parents (Halpern, 2000). The most important demand was to extend the Head Start model downwards from age 3 to birth. The major reason for this was the increasing number of women with young children in the labor force. In 1994, the

percentage of women with children under the age of six who worked outside the home was 57.9 (U.S. Department of Labor, 2010) and since then the percentage has increased every year. Dunst et al. (1988) made a prediction based on statistics by the U.S. Department of Labor that by the year of 2000, 75% of mothers with children younger than the age of 6 would be working outside the home. In fact, in 2000 65.3% of mothers of children under the age of six worked outside the home (U.S. Department of Labor, 2010).

The reauthorization of the Head Start Act in 1994 included the establishment of Early Head Start which provided services for infants and toddlers under the age of 3 and pregnant women. Early Head Start provides early, year-round, intensive and comprehensive child development and family support services to low-income infants and toddlers and their families, and pregnant women and their families (Meisels & Shonkoff, 2000). Early Head Start has the ultimate goal of promoting children's social competence, and their "everyday effectiveness in dealing with their present environment and later responsibilities in school and life" (Zigler 1973 as cited in Berlin, O'Neal & Brooks-Gunn, 2003 p.80). Operating within the framework of the Head Start performance standards, Early Head Start maintained Head Start's emphasis on parent participation in program governance and service provision (Halpern, 2000).

There are four different full-year Early Head Start program options; center-based services, home-based services, family child care services and combination services. The need for services are determined through the data collected from a community needs assessment and conversations with families who may be qualified for an Early Head Start program in that community. All four program options consist of program experiences that are developed by experts based on empirical studies and

research to support infants and toddlers and their families and pregnant women over time (The Office of the Administration for Children and Families Early Childhood Learning and Knowledge Center, n.d.-b).

Early Head Start programs have a "four-cornered" emphasis: family development, child development, staff development, and community development (Halpern, 2000). Based on the Early Head Start philosophy, family development means that programs must seek to empower families to develop goals for themselves and their children (National Center on Parent, Family, and Community Engagement, 2013). In an Early Head Start program, staff and parents develop individualized family development plans that focus on the child's developmental needs together with the family's social and economic needs (The Office of the Administration for Children and Families Early Childhood Learning and Knowledge Center, n.d.-b). It is emphasized that one of the unique strengths of the Early Head Start programs is the array of opportunities for parent involvement and decision-making. Powell (1989) stated that since 1970 the Head Start Policy Manual has mandated performance standards for four areas of parent participation. These four areas are:

1. Participation in making decisions about the nature and operation of the program;
2. Participation in the classroom as paid employees, volunteers, or observers;
3. Activities for parents that they have developed;
4. Working with their children in cooperation with the staff of the center (Powell, 1989, p.10).

These family-related principles are designed to nurture healthy attachments between parents and children; emphasize a strengths-based, relationship-centered approach to services; and encompass the full range of a family's needs from pregnancy through to the child's third birthday (The Office of the Administration for Children and Families Early Childhood Learning and Knowledge Center, n.d.-a). In this way it is expected that families grow within a consistent, supportive setting, strengthened by strong relationships and developmentally-appropriate care and services (The Office of the Administration for Children and Families Early Childhood Learning and Knowledge Center, n.d.-a). Throughout the years in Early Head Start programs, the role of the families remains significant in the planning, implantation and delivery of the services.

Theoretical Framework of the Study

Three theoretical frameworks form the basis of the current study: bio-ecological systems theory, family systems theory and family resilience theory. Bio-ecological systems theory addresses the interactions of individuals and their families within their environments and outside forces, which is consistent with the philosophy of partnership between families and the interventions programs. Family systems theory focuses on different dynamics within each family. Family resilience theory highlights the importance of strengthening families in order to promote positive outcomes for all individuals in the family due to family resilience. Each of these three theories were chosen to better understand the family service providers' and parents' perceptions of the family goal setting process in the Early Head Start program.

Bio-Ecological Systems Theory.

Bronfenbrenner (1979; 1989) states that all individuals are embedded in multiple environmental systems that interact with one another and with individuals over time to influence development. He describes five environmental systems that influence and are influenced by a developing individual: the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem. As a microsystem, the family is the primary context of development. Other examples of microsystems that individuals operate within are work, school, and religious groups.

From Bronfenbrenner's theory, it is understood that while microsystems impact the individual, they also reciprocally influence each other as the individual moves between them. This interaction is known as a mesosystem. For example, the interrelationships between an individual's interactions at home, with peers, and at work, function as part of the mesosystem. Workplaces of the parents can be considered as part of the exosystem for their children in the way that they have an impact on the children indirectly through their parent(s), and the macrosystem consists of the broader social culture, including a person's socioeconomic status, race, and ethnicity.

Each of these four systems functions in historical place and time. The fifth system, the chronosystem, encompasses the dimension of time in relation to an individual's development. The elements of the chronosystem can be external to the individual, such as the timing of the decision of the parent to enroll in an Early Head Start program, or internal, such as the physiological changes that occur in an aging parent or becoming a single parent. The bio-ecological system theory has been used as the primary theoretical framework for many research studies in a variety of topics

regarding children and families, as well as in program and interventions such as Head Start and Early Head Start.

Another area of application of the bio-ecological systems theory is family-community linkages. Bronfenbrenner (1976) posits that each family is nested within other larger systems in the society, such as neighbors, communities, cultural groups, agencies, prevailing social attitudes, and legislative and juridical decisions (Bailey, 1987). The theory is based on the idea of empowering families through an understanding of their strengths and needs (Swick & Williams, 2006). In other words, utilizing a bio-ecological perspective that encompasses the importance of the family context calls attention to the need to understand how that context creates individual strengths and needs for each family.

The Cornell Family Matters Project (1981-1993), which was developed by Cochran and Bronfenbrenner, was a family support and intervention program that aimed to find ways to identify families as experts, and also exchange information with family members about children, the neighborhood, community services, schools and work (Cochran, 1988). "The goals of the program were all broadly related to the parenting role, and ranged, on a parent-involvement continuum, from simple engagement and awareness to more active initiation and follow-through" (Cochran & Henderson, 1985, p. 16). Bubolz and Sontag (1993) pointed out that this parent empowerment project had a positive impact in several fields of economic interest, including social support, parent-child activities, home-school communication, and children's outcomes in school.

There have been many studies that have utilized the bio-ecological perspective in order to focus on the dynamic between family-program partnerships and children's

developmental outcomes. Swick (2004) showed that parents benefited from having their children enrolled in a childcare center for homeless children, and families reported that as a result they were better able to deal with work and family stressors. The family context and the experiences provided within this context are extremely critical to a child's development (Dunst, 1999; Guralnick, 1999). The importance of the families' role in early intervention is well acknowledged, and family-centered models are a logical expansion of practices that aim to maximize intervention efforts.

Family Systems Theory.

The second theoretical framework guiding the current study is the family systems theory. This theory emerged from the general systems theory (von Bertalanffy, 1968) which posits that a system operates through differentiation and coordination among its components. Von Bertalanffy (1968) writes that *"Characteristic of organization, whether of a living organism or a society, are notions like those of wholeness, growth, differentiation, hierarchical order, dominance, control, and competition" (p.44).* Scholars have applied general system theory to study families as well as other social systems. From this perspective, Constantine (1986) defines a system "as a bounded set of interrelated elements exhibiting coherent behavior as a trait". Bowen (1991), the founder of the family system theory, states:

Every human infant starts life fully dependent on others, specifically on the family of origin. Growing up involves progressive development of individual characteristics, and aspects of increasing independence. The development of self occurs, in the case of each person, in and through networks of relationships with other members of the family system (p.89, as cited in Tielman, 2003, p. 208).

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This quote emphasizes how family systems theory acknowledges the family and its impact on an individual's life. The theory considers families as systems that are made up of interrelated elements or objectives; family members show coherent behaviors and they have regular interactions, and the members of the families are interdependent (Morgaine, 2001). Bowen's family systems theory is a theory of human behavior that views the family as an emotional unit and uses systems thinking to describe the complex interactions in the unit (Kerr, 2000).

Bowen's theory (1978) can be summarized as follows: family systems have interrelated elements and structure; the elements of the system are family members themselves; relationships exist between family members, and these relationships are interdependent. In a family system, patterns of behavior and interaction emerge, and these patterns are predictable. These patterns help the family maintain an equilibrium. Family systems have boundaries. Some families may be more open to environmental influences, and others may isolate members and are more self-contained. It is also believed that every family system results in an organic whole. Families use messages and rules to shape members. Every family has unwritten rules and agreements that prescribe and limit a family members' behavior. These rules can give power, induce guilt, control or limit behaviors. Moreover, every family system contains a number of smaller groups or alliances, usually made up of 2-3 people, which can change over time. Each subsystem has its own rules, boundaries, and unique characteristics.

Many practitioners and scholars in the world of family business, family wealth and family philanthropy have looked to Bowen's family systems theory to explain how families work together. Bailey (1987) suggests that one of the skill sets that a therapist should have to collaboratively work with parents to develop goals for child

development outcomes is *viewing the family from a systems perspective.* This idea suggests that individuals cannot be understood in isolation from one another, but rather as a part of their family (Forsingdal, John, Miller, Harvey, & Wearne, 2013). Family system theory has been also used in early childhood settings in order to understand problems of students in the school settings (Sawatzky, Eckert, & Ryan, 1993; Kraus, 1998; Van Velsor & Cox, 2000; Christian, 2006). Van Velsor and Cox (2000) claim that a primary concept in family systems theory is that the family includes interconnected members, and each member influences the others in predictable and recurring ways. Through family systems theory, professionals have a better understanding on why members of a family behave the way they do in given situation (Fingerman & Bermann, 2000).

Bowen claimed that if one individual within the family structure changed his or her behavior, it would alter the behavior of other individuals within the family and the system as a whole (Hall, 1983). Early intervention programs that have comprehensive services for the whole family, such as Early Head Start, take this philosophy into account in order to promote the optimum service to the family unit. Similar to Van Velsor and Cox (2000), Bailey (1987) highlights that recognizing the impact of systems factors may lead to a greater understanding of a family's perspective. He claims that it also helps professionals anticipate the optimum impact of the service recommendations on the infant as well as the larger system, his/her family and the family's environment. Thus, family systems theory is expected to guide the current study by focusing on the goal setting perceptions of parents in a way that considers these families as systems consisting of their family members and their family beliefs and norms.

Family Resilience Theory.

The third theoretical framework for the current study is family resilience theory. Clinical or developmental psychologists and psychiatrists interested in how children and adolescents overcome significant adversity in their lives most commonly use the term *resilience* (Luthar, Cicchetti, & Becker, 2000; Masten, 2001). Luthar et al. (2000) define resilience as a dynamic process encompassing positive adaptation within the context of significant adversity. Studies in the field of resilience not only focus on individuals but also on families as a unit. Since the 1990s there has been increased attention from family scholars to the concept that families can be considered resilient in the face of the challenges in their lives (Patterson, 2002). McCubbin and McCubbin (1988) defined family resilience as "characteristics, dimensions, and properties of families which help families to be resistant to disruption brought about by change and adaptive in the face of crisis situations" (p.247).

Family resilience theory has been used to explain the processes of the different subsystems of a family and interrelated systems that aid them in overcoming a family problem or stressor. One widely cited theory is the family resilience model devised by Walsh (1996), in which family resilience is defined as consisting of "the potential for personal and relational transformation and growth that can be forged out of adversity" (Walsh, 2006, p. 130). This model of the resilient family as an evolving system that experiences transformation and growth is explained from an ecological and developmental perspective (Walsh, 2006). The ecological perspective is used to describe how the family adapts and copes at different levels, ranging from individual family members to how the family as a whole can help the individual family member (Walsh, 2006). In addition to the ecological and developmental perspective, family resilience theory addresses how family functioning is impacted by life cycle stages

and unresolved generational issues related to particular stages that may create the context for stressors (Walsh, 2006).

There are several advantages to this conceptualization of resilience. First, this perspective focuses on the processes through which individuals become more or less resilient to the difficulties in their lives rather than on rigid and unchanging traits or personal dispositions. When one considers the means by which families might influence resilience, the mechanisms involved typically relate to interactional processes that occur over long periods of time. For example, nurturing and involved parenting during childhood and adolescence (i.e., parenting that provides both support and effective management in a child's life) appears to protect children from the negative consequences of significant adversities in their lives (Conger & Simons, 1997; Masten, 2001). It is expected then, that resilience in families involves processes that may fluctuate over long periods of time rather than being static or constant. Moreover, these processes may be influenced by life's stresses and strains in a dynamic that is consistent with the perspective advocated by Luthar et al. (2000).

The second advantage is that this definition of resilience recognizes that a broad array of events or conditions may have adverse influences on individuals and families. Within the context of a family, a distal source of stress, such as an economic recession in the community, may be a major source of adversity for parents, whereas for children direct stress is created by increases in hostile parenting that may result from family financial difficulties (Conger et al., 1994). In considering resilience within families, it needs to be recognized that different domains of adversity may apply to different members of the family, and there may be systematic differences in response to these various events and conditions in relation to generation or gender.

Adversity may also be associated with a stage in life (Elder, 1998). An ecological perspective also takes into account that many of the influences related to risk and resilience occur over the course of the life of the family. Rutter (1987) states that to understand and foster resilience and productive mechanisms, attention must be paid to the interplay between occurrences within families and the political, economic, social and racial climates in which individuals and their families perish or thrive.

The family resilience framework is important for the current study since it fundamentally alters the traditional deficit-based perspective of intervention --from focusing on how families have failed, to directing attention, to how they can succeed (Walsh, 2006). This strengths-focused idea is the basis of the parent-staff partnership in Early Head Start programs. According to *Building Partnerships: A Guide to Developing Relationships with Families National Center on Parent, Family, and Community Engagement* (n.d.), as well as the Head Start and Early Head Start resource *Relationship-Based Competencies for Staff and Supervisors Who Work with Families* (National Center on Parent, Family, and Community Engagement, 2013), Early Head Start staff are advised to work with families in a way that focuses on the families' strengths and protective factors in their lives in order to overcome challenges and reaffirm a shared commitment to their children's well-being and success.

Important Approaches to the Family Goal Setting in Early Head Start Programs

In addition to the three major family studies theories described previously, the three following approaches contributed to an understanding of the family goal setting process in this Early Head Start program and how family service providers and parents experience the process.

Family-Centered Practice.

Family-centered practice is based on the assumption that strong family to early childhood/school linkages are necessary and important to optimize the development of children and their academic performance (Booth & Dunn, 1996; Dunst & Wolery, 1997). Family-centered practices are characterized by treating families with dignity and respect; engaging in individualized, flexible, and responsive practices; sharing information so that families can make informed decisions; including family choice regarding any number of aspects of program practices and intervention options; creating collaboration opportunities for parent-professional partnerships as a context for family-program relations; and providing and mobilizing resources and supports necessary for families to care for and rear their children in ways that produce optimal child, parent and family outcomes (Dunst, 1995; Shelton & Stepanak, 1994).

Research has indicated that when parents are involved in their children's early intervention and early childhood education and care, better outcomes are realized (Henderson, 1988; Ryan, 1995). Evidence has further indicated that when practices are family-centered in their orientation, or show a tendency toward family-centeredness, the outcomes are broader-based with respect to benefiting parents and families as well as children (Dunst, 2002). Family-centered practice has gained currency in child health and early intervention over the last couple of decades. There is evidence that families' self-reported experience of family-centered practice is positively associated with their satisfaction with services, their mental health, and lower level of stress in dealing with the health care system (King, King, Rosenbaum & Goffin, 1999).

Family-centered practices that are flexible and individualized in addressing family needs require professionals to have skills of effective communication and collaboration with families. Family-centered approaches emphasize parental

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involvement in decision-making, collaboration and partnership, acceptance of the family's choices, and empowerment (Law et al., 2003; Law et al., 2005). Dunst (2002) claims that the active participation of parents is at the heart of family-centered practices and best practice for achieving positive outcomes for children and families.

In the context of early intervention, family-centered approaches are based on the fundamental understanding that effective service delivery for children extends beyond individual child-focused service. This requires parents and service providers to be viewed as equal partners in the decision-making process of determining interventions and the direction of the care of the child. As a framework, a family-centered approach has influenced the design and implementation of services provided for young children with disabilities in terms of health care, early intervention, early childhood services, special and general education (Dempsey & Keen, 2008). This approach highlights the important role of the family in the child's life, as parents are in a position to provide expert insights into the competencies and needs of the child, and thus should have a role in goal setting and prioritization of the service for their children (King et al., 2004).

Unlike the quantity and variety of empirical studies on family-centered practices in early childhood intervention for families and children with disabilities, there is a gap in the literature concerning family-centered practices in early intervention models such as the Early Head Start programs. In his review article, Dunst (2002) examined examples of the family-centered approach in implemented programs and interventions for children from birth to high school, and pointed to the different understanding and implementation of family-centeredness. Dunst (2002) stated that professionals in education, health, and human services typically claim

"we've worked with families for 25 years, and we've always been family-centered" (p.145). However, the literature on family-centeredness in Early Head Start programs is limited; thus, there is a need for additional research to investigate family-centered and other family-oriented approaches in order to have a better understanding of the approach through professionals' and families' perspectives.

Family Empowerment.

The term *empowerment,* in its broadest sense, has been used as a framework for devising a particular way of addressing a broad range of social, economic, and political concerns (Swift, 1984 as cited in Dunst, Trivette and LaPointe, 1994, p.12). Staples (1990) defines empowerment as "the ongoing capacity of individuals to act on their own behalf to achieve a greater measure of control over their lives and destinies" (p.30). Rappaport (1984) also underscores the capacity of the people to control their own lives. He claims, "Empowerment implies that many competencies are already or at least possible, given niches and opportunities and that what is considered to be poor functioning is actually a result of social structure and lack of resources which make it possible for existing competencies to operate" (Rappaport, 1984, p.4). Rappaport (1981) claims that empowerment means social workers should be aiming to enhance the possibilities for people to take control over their lives. Head Start standards indicate Head Start's understanding of families as the primary and lifelong caregivers and teachers of their children. Head Start and Early Head Start staff are not charged with making families powerful; there is the belief that families are already powerful in their own lives and their children's lives (U.S. Department of Health and Human Services, Administration for Children and Families, n.d.-c).

Dunst et al. (1994) point out that the term empowerment has been used in the literature in at least six diverse but interrelated ways, which are empowerment as *philosophy, paradigm, process, partnership, performance,* and *perception*. Two of these uses of the term empowerment, which are empowerment as philosophy and empowerment as partnership, are associated with family goal setting in Early Head Start programs. In the context of empowerment as philosophy, Dunst and his colleagues (Dunst & Trivette, 1987; Dunst et al., 1988) developed three guiding principles based on Rappaport's perspective which state that empowerment is an ideology that demands adoption of certain assumptions about capabilities of people, the locus of adaptive and maladaptive behavior, and the strategies best adopted for enhancing and promoting competence (Dunst et al., 1994, p.15). The first of these three principles is similar to the resilience perspective, that all people have existing strengths and capabilities. Second is the idea that if a person fails to display a competence, it is not due to deficits within a person but rather the failure of social systems to provide or create opportunities for the person. This principle seems to be taking bio-ecological theory into account to highlight the significance of the systems around the people and their lives. The third principle is that in situations where existing capabilities need to be strengthened, they are best learned through experiences that allow people to make self-attributions about their capabilities to influence an important event. This last guiding principle is also associated with the family-centered approach in the Early Head Start program when family service providers encourage families to make decision about themselves and their families.

Dunst et al. (1988) express that the ability of families to manage life events effectively, as well as gain mastery over their affairs, requires that professionals

empower families to become competent and capable rather than dependent upon professionals or agencies. This belief is aligned with Head Start's family empowerment ideology which includes empowering families through supporting their self-efficacy, nurturing parent-child relationship, emphasizing the family sense of responsibilities, and creating opportunities for families to learn from each other (Centers for Disease Control and Prevention, 2015). This understanding can be seen as an example of Head Start's strength-based approach while working with families (National Center on Parent, Family, and Community Engagement, n.d.).

Rappaport (1981) posits that the aim of professionals should be to enhance the possibilities for families to control their own lives. Berger and Neuhaus (1977) claim that upper-income people already have power to overcome their struggles, it is low-income people that need to be empowered. Similarly, the World Bank (2002) defines empowerment as "the expansion of assets and capabilities of poor people to participate in, negotiate with, influence, control, and hold accountable institutions that affect their lives" (as cited in Narayan, 2002, p.vi). Rappaport (1981) disagrees with this perspective, and claims that not only low-income families, but all families, would benefit from a public policy of empowerment.

There are different thoughts on the ways that professionals can empower the families with whom they work. For instance, Wise (2005) points out that the purpose of social work practice is identified through the mission of the profession: "the enhancement of individual well-being" and "attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (National Association of Social Workers Code of Ethics 1996:97, 135, as cited in Wise, 2005, p. 25).

Rappaport (1981) states that competencies are best learned in a context of living life rather than in artificial programs where everyone, including the person learning, knows that it is really the expert who is in charge. One of the Head Start core values focuses on the empowerment of Head Start families. The Office of Head Start encourages the staff who work with families "to understand that the empowerment of families occurs when program governance is a responsibility shared by families, governing bodies, and staff and when the ideas and opinions for families are heard and respected" (The National Center on Program Management and Fiscal Operations, 2014, p.1).

Relational power sharing (Conger & Kanungo, 1988) and proactive helping style (Dunst, 1987) are also considered as methods of using empowerment as an interpersonal construct. "The use of empowerment as partnership is underscored by several important interpersonal characteristics including reciprocity, open communication, mutual trust and respect, shared responsibility, and cooperation" (Dunst, et al., 1994, p.17). Collectively these characteristics define the key elements of collaboration and partnership (Dunst et al., 1994), elements that are also essentials to the family partnership in Early Head Start programs.

Translating empowerment into practice has been accomplished in a number of ways. For example, Dunst et al. (1988) describe a system of family-centered intervention practices that uses empowerment principles as the premise for identifying family concerns, desires, and strengths in order to build a supportive resource network that can meet family needs. Rodger, O'Keefe, Cook and Jones (2012) explain that family-centered practice highlights the importance of the role of parents as experts in their child's life and encourages them to undertake decision-making in the goal setting

and prioritization which plays such a significant role in the Head Start family partnership approach.

Partnership with Families in Early Head Start Programs

Partnership in Early Head Start programs is a tool that aims to equalize the power between families and professionals. Using a family-centered approach and empowerment strategies are important in order to maintain a partnership in which parents have a voice in terms of the services they and their families are getting, and staff have parents' collaboration for the Head Start core values to be put into action using the knowledge of both sides of the partnership (The National Center on Program Management and Fiscal Operations, 2014). In Early Head Start programs, it is believed that parents know their children best and the partnership between staff and the parents ensures that parents' contribution to the services are respected and appreciated.

According to Meisels & Shonkoff (2000), since the founding of the Early Head Start program, a significant amount of attention has been paid to working with parents. The Early Head Start parent involvement activities offer parents a meaningful and strategic role in the program's vision, services, and governance. As stated in the official Head Start documentations, collaboration is central to an Early Head Start program's ability to meet the comprehensive needs of families (U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.-a). The Office of Head Start states that strong partnerships allow Early Head Start programs to expand their services to families with infants and toddlers beyond the door of the program and into the larger community (U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.-a).

The terms *parent involvement* and *parent engagement* are used interchangeably in the literature regarding the relationship and collaboration between the families, schools and intervention services. Over the years Head Start and Early Head Start programs have practiced parent involvement and parent engagement, prioritizing activities related to both performance standards and program innovation. Recently, there has been an emphasis on differentiating between these two concepts in order to highlight programmatic and philosophical changes in Head Start and Early Head Start programs.

Parent involvement is defined as the process of the parent connecting with and using the services of a program to the best of the parents' and the program's ability (Korfmacher et al., 2008). Sierau, Brand, & Jungmann (2012) state that in general, the parents' program involvement includes the major dimensions of quantity and quality (Korfmacher et al., 2008). The quantity of involvement is the most concrete indication of involvement in relation to program participation, or how much of an intervention a family receives (e.g., the number and frequency of home visits). The quality of involvement describes how family members feel about the services they receive and how they emotionally interact with the program and therefore engage in it (Sierau et al., 2012).

Family engagement occurs when there is an on-going, reciprocal, strengths-based partnership between families and their child's early childhood education programs (Halgunseth, Peterson, Stark, & Moodie, 2009). Halgunseth et al. (2009) claim that the comprehensive definition of family engagement has unique features based on the synthesis of three different family engagement definitions given by Henderson and Berla (1994), Epstein (2001), and Weiss et al. (2006). For instance,

shared decision making enables families to act as advocates for their children and their education. Furthermore, Halgunseth et al. (2009) state that consistent, two-way communication is facilitated through multiple forms and needs to be responsive to the linguistic preference of the family. Communication should be both school/program and family initiated and should be timely and continuous, inviting conversations concerning the child's educational experience as well as the larger program. In addition, Halgunseth et al. (2009) highlight the significance of professional development for teachers and supervisors in order to maintain an ongoing effective parent-school relationship.

The perspective adopted by Early Head Start conforms to the belief that parent involvement refers to parent participation in the systems and activities of Head Start in ways that support them as the primary educators, nurturers and advocates for individual children and for all children enrolled in the program (National Center on Parent, Family, and Community Engagement, 2013). Parent involvement refers to opportunities for parent participation in a variety of program activities that support child and adult development, including policy and program decision-making. Family engagement on the other hand refers to ongoing, goal-directed relationships between staff and families that are mutual, culturally responsive, and that support what is best for children and families both individually and collectively. Staff and families share responsibility for the learning and development of children, the progress toward outcomes for children and families, and for parent involvement in the program. Parent involvement is a part of the larger construct of family engagement (National Center on Parent, Family, and Community Engagement, 2013).

Collaborative Goal Setting between Families and Early Intervention Programs

As discussed earlier, the family-centered approach has been incorporated into early childhood education and early intervention programs in order to create collaboration between families and programs. What scholars agree on is that family centeredness requires high levels of partnership and collaboration between the service provider and the parent (Piggot, Hocking, & Patterson, 2003; Novak & Cusick, 2006; Forsingdal et al., 2013). Collaborative goal setting is one example for family-centeredness in these intervention programs.

In the literature, there are a limited number studies looking at the goal setting process in the field of early intervention. Barclay (2002) states that the issues related to goal setting with patients in rehabilitation are varied and complex. Studies of younger children and their families may focus on parents' perceptions, such as Forsingdal et al. (2013) which explores mothers' perspectives of the collaborative goal setting in multidisciplinary child development services involving follow-up home therapy. Other studies consider both parents' and the professionals' perspectives. Øien, Fallang and Østensjø, (2009) examined parents' and professionals' perceptions on setting and implementing goals within a family-centered rehabilitation program for preschoolers with cerebral palsy.

Collaborative goal setting in intervention programs is not limited to younger children and their families. In one case study, Barclay (2002) investigated factors that influenced the goal setting process between an adult patient with a spinal cord injury and his therapist. The findings of the study revealed that the patient's and the therapist's perceived views of independence, and their understanding of the features of a goal may influence the success of the goal setting process. Another study by Smith et al. (2013) attempted to identify and describe the goals set collaboratively between

adult asthma patients and their pharmacists, and to describe the relationship between goal setting and achievement of asthma control and asthma-related quality of life.

Scholars not only explored the perceptions of parents and professionals about collaborative goal setting in intervention programs through qualitative studies, but also investigated tools that were developed to address the need to set goals. Rodger et al. (2012) explored what parents and professionals thought of using a family goal setting tool, which the researchers developed based on their preliminary field observations revealing that parents often have difficulty determining therapy goals for their children.

Other research is focused on the challenges of collaborative goal setting with children and their families. Again, this topic lacks a depth of literature and mainly focuses on children and families with special needs or health issues. Brewer, Pollock and Wright (2014) analyzed the literature focusing on the challenges of goal setting in the context of pediatric rehabilitation services. In their review, they highlighted four theoretical frameworks that may underlie and help to explain the effectiveness of the collaborative goal setting process. The authors pointed out that the impact of collaborative goal setting is sufficiently positive to support investment of organizational and individual time, energy, and resources to make it an integral part of the rehabilitation process. They also stated that participants in their study valued the role of a key-worker who was the coordinator in the goal setting process and played the role of being a bridge between all team members working in rehabilitation services. The other finding that emerged from their study was that the goal-setting process success was linked to the equality of the participants' relationship with the key-worker.

As seen in the literature described above, research on collaborative goal setting between families and programs is very limited and focused mostly on early intervention services for children or adults with special needs and their families,

Family Goal Setting in Early Head Start Programs

Bailey (1987) claims that by following a collaborative approach to goal setting in intervention programs, professionals explicitly recognize the value and importance of the parents' perspectives. The Office of Head Start acknowledges parents as the life-long educators of their children. All Early Head Start programs focus on families' strengths to overcome the risk factors in children's development and care. Professionals who work with families are encouraged to emphasize the collaborative work between parents and professionals in terms of having an equal voice in the care and education of the children.

The Office of Head Start requires Early Head Start programs to engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. They also recommend that this process must be initiated as early as possible and each family's readiness and willingness to participate in the process must be taken into consideration (U.S. Department of Health and Human Services (2003).

Furthermore, there are resources available, such as *The Home Visitor's Handbook for the Head Start Home-Based Program Option*, which give strategies and examples for professionals in order to support them. For example, the "Partnership with Families" section of the home visitors' handbook contains explanations of the necessity and importance of partnership with families as well as suggestions for guiding staff in building a partnership. The handbook has additional resources for

home visitors about home visiting, partnerships with families, cultural competency and reflective supervision and relationship-based work (Early Head Start National Resource Center, n.d.-a).

As part of this ongoing partnership, it is expected that Early Head Start programs offer parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them. In addition, it is expected that Early Head Start programs will cooperate with families and other agencies to support the accomplishment of goals within the time that the families are in the program. Furthermore, it is emphasized that in all meetings and interactions with families, each family's cultural and ethnic background must be respected (U.S. Department of Health and Human Services, Administration for Children and Families, 2003).

Chapter 3

METHODOLOGY

The goal of this exploratory study was to examine the family goal setting process in one Early Head Start program through the perceived experiences of parents and family service providers. Additionally, the study sought to contribute to the limited literature pertaining to research about collaborative goal setting in Early Head Start programs.

In order to better understand the process and the experiences of the family service providers and parents, the following research questions were addressed:

1) How do family service providers (home visitors and family advocates) perceive their experiences with the family goal setting process in the Early Head Start program?

2) How do parents perceive their experiences with the family goal setting process in the Early Head Start program?

Study Design

The design of the study required collecting a variety of data to achieve a full understanding of the family goal setting process in one Early Head Start program. There were two different data collection methods: an online survey for family service providers and individual semi-structured interviews for both family service providers and parents. In addition to the online survey and individual interviews, a reflexive journal was kept to document sampling, recruitment, scheduling, and researcher

reflections throughout the research (Lincoln & Guba, 1985), and field notes were taken during the individual interviews.

In this chapter, the rationale of the study is described followed by description of two important characteristics of the qualitative case study research: the researcher's role and the context of the study. Recruitment and data collection are presented in detail. The chapter ends with an explanation of the data analysis procedures, discussion of what has been done in order to account for bias, and a description of ethical considerations taken into account in order to protect the confidentiality of the participants and the Early Head Start program itself.

The Rationale of the Research Design

Merriam (2009) states that researchers conducting basic qualitative research should be primarily interested in "(1) how people interpret their experiences, (2) how they construct their worlds, and (3) what meaning they attribute to their experiences" (p. 23). Merriam (1998) claims that qualitative researchers are concerned primarily with process, rather than outcomes or products and they are interested in meaning in terms of how people make sense of their lives, experiences, and structures of the world. These aims and the nature of the research questions of this study warranted a qualitative approach to the study to explore and to analyze the family goal setting process in one Early Head Start program. The qualitative case study design fit the aim of the current study in which the researcher explored one process (family goal setting), bounded by the time (one program year), in one agency (an Early Head Start program) and collected detailed information by using variety of data collection procedures (online survey, individual interviews) during a sustained period of time (Creswell, 1994, 2014; Stake, 1995; Yin, 2012).

The Researcher's Role

According to Creswell (1998), "qualitative research is interpretative research" (p. 147). As such, researchers bring their biases, values, judgment and prior experiences to their studies. Locke, Spirduso and Silverman (1987) considered these issues to be potentially useful and positive components of the researcher's role. However, Creswell (1998) states that these biases might lead to ethical issues that could be problematic and he recommends (2013) that a researcher's responsibilities should include divulging past experiences that provide familiarity with the topic, the setting, or the informants. Furthermore, Creswell (2013) points out that it is important how a researcher gains entry to the setting and secures permission to study the informants or situation (Marshall & Rossman, 1989).

Throughout the current research study, the researcher worked in the Early Head Start program in which the study was conducted. She met most of its staff and was familiar with overall program services. The researcher worked with the family service providers who were enrolled in the study for at least one full program year. She visited the childcare sites of the center-based programs prior to beginning her research study for several purposes, such as for events organized for families in the program. The researcher's frequency of contact with family service providers varied based on the physical location of her workplace and theirs. For instance, she saw the family service providers of one home-based program more often because she was asked to attend to program related meetings with this home-based program as well as their staff meetings due to the requirements of her job.

When a new instrument designed to help with family needs assessment and goal setting (The Family Map Inventories) began to be used in the program, the researcher was trained in using the instrument at a half-day training with most of the

family service providers. The researcher served as a consultant when family service providers had questions regarding the Family Map Inventories, especially when the instrument was first applied. The researcher had work relationships with family service providers; however, neither she nor any of them had administrative power and control over each other. In terms of working with families, the researcher neither worked with nor had communication with any family members prior to conducting research.

The Study Context

The Early Head Start program in the current study was funded in the late 1990s during the third national wave of federal support to develop Early Head Start programs across the United States. By its second year, the Early Head Start program began to serve its first group of children and families. The average annual program enrollment of children and pregnant women is around 200.

This Early Head Start program has both home-based and center-based options for families who have children younger than 36 months of age and for pregnant women. Although the numbers may vary by year, the majority of the families (60% of total enrollment based on the last 5 year enrollment numbers) opted for the home-based model. Ten percent of the total enrollment of the program is reserved for families of children with disabilities. The eligibility of the families for the Early Head Start program is determined by Federal Head Start requirements. As stated by The Office Head Start (The Office of the Administration for Children and Families Early Childhood Learning and Knowledge Center, n.d.-b), pregnant women and children from birth to 36 months of age from low-income families (according to the Poverty Guidelines published by the federal government) are eligible for enrollment in any

Early Head Start program. In addition, children in foster care, homeless children, and children from families receiving public assistance from the Federal Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) are eligible for Early Head Start services regardless of income. Early Head Start programs may enroll up to 10% of children from families that have incomes above the Poverty Guidelines. Programs may also serve up to an additional 35% of children from families whose incomes are above the Poverty Guidelines, but below 130% of the poverty line if the program can ensure that certain conditions have been met (The Office of the Administration for Children and Families Early Childhood Learning and Knowledge Center, n.d.-c).

This Early Head Start program provides 40 home visits a year for the families who are enrolled in the home-based model and at least nine home visits for families who are enrolled in center-based model. There are two home-based programs and three early care and education centers for the center-based programs. The three early care and education centers operate five days a week, year-round, providing full-day care in conjunction with a state subsidy program that supports early childhood and after-school education and care for children from birth to age 12 who are within less than 200% of the federal poverty limits. All of the centers are part of the state-based early childhood education quality rating system which is funded and administered by state's Department of Education and managed by an early childhood education institute with conjunction of the state university and its faculty.

Two program-required tools, The Family Map Inventories and Child Plus software, were in use in the Early Head Start program for several purposes including family goal setting. Both have been widely used in Early Head Start programs nation-

wide. Child Plus is an online comprehensive Head Start management software. This software has been used in this Early Head Start for almost ten years to record program-related documentation such as demographic information for the clients and staff, immunization records of the children, home visit reports, attendance of the children in center-based programs, annual program information reports, and enrollment records. All family service providers and program administrators have individual password-protected access to the program database.

The Family Map is a semi-structured interview developed to assess important aspects of the family and home environment associated with well-being in 3 to 5 year-old children for Head Start, and pregnant women, infants, and toddlers in Early Head Start. The areas assessed by the Family Map are targeted by Head Start performance standards. This Early Head Start program used the prenatal and infant-toddler Family Map Inventories. The tool was designed in collaboration with Head Start providers and families to be used during the home visits with Head Start families. The Family Map was developed to help professionals identify areas of families' concerns and strengths in order to design interventions to reduce risk factors or enhance factors associated with healthy development (Whiteside-Mansell, Bradley, Conners, & Bokony, 2007). The Family Map Inventories had been used in the Early Head Start program for a very short time (less than two years) when the data was collected for the current study.

Population of the Early Head Start Program

Participants in one program year constituted the population from this Early Head Start program targeted for participation in the current study. The Early Head Start program year starts on September 1st and ends on August 31st. For the purposes

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of this research, these dates were used to determine the population from which participants in this study were drawn.

Family Service Providers.

During the selected year, 18 of the 54 contracted staff at the Early Head Start program worked directly with families either as home visitors in home-based programs or as family advocates in center-based programs. These 18 family service providers included 11 home visitors (home-based program) and 7 family advocates (center-based program). At the time that individuals were recruited for the study, 1 home visitor and 1 family advocate had left their employment. Of the remaining family service providers, two home visitors did not want to participate to the study due to their busy schedules. Therefore, 14 family service providers agreed to participate in the study; eight from the home-based program model and six from the center-based program model. The ethnicity of the participants was: two were of Hispanic origin, four were Black or African American, six were white, and the remaining two identified as other. Three of the 14 family service providers were proficient in Spanish in addition to English. The work experience of the 14 family service providers in the program varied between one and 15 years. The caseload of the family service providers varied based on the needs of the program.

Families.

A total of 271 children and pregnant women were enrolled in the program during the selected program year, however, not all of them remained in the program for the full year. Of these 271 individuals, 249 were children and 22 were pregnant women. Fifty-five children and pregnant women left the program and did not re-

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enroll. Of these 55 individuals, there were 5 pregnant women who left the program after they delivered their babies, 19 children who left the program after their 3rd birthday or because their families moved away or their parents found more convenient child care, 22 of families were moved out from program due to not meeting the program requirements, and nine parents reported that they were either not interested or not satisfied with the program. Sixty of those 249 children were enrolled in the Early Head Start program for their second year and 26 of them were enrolled in the program for their third year. The ages of the children were almost equal portion in each of the three age groups: 82 of them were younger than one year old, 90 of them were between one and two years old, and 77 of them were between two and three years old.

Of the total participants, 42% were of Hispanic or Latino origin. In terms of race the distribution was as follows: 1% Asian, 36 % Black or African-American, 18% White, 9% Biracial / Multiracial and 36 % Hispanic. English was the primary language that 67% of the families used at home. Thirty-two percent used primarily Spanish and 1% spoke other languages (Middle Eastern & South Asian Languages, East Asian Languages and European & Slavic Languages). There were 27 children who had an Individualized Family Service Plans (IFSP) indicating they have been determined eligible by the Part C agency to receive early intervention services under the Individuals with Disabilities Education Act (IDEA). Nineteen of these children were deemed eligible to receive early intervention prior to enrollment into the program for that enrollment year and 8 were determined to be eligible during the enrollment year.

There were 219 families enrolled, however, some families had more than one child in the program and/or pregnant women decided to stay in the program with their

newborn child and/or pregnant women and their children were both enrolled in the program. Of these 219 families, 91 were two-parent families and 128 were single-parent families. Of these 91 two-parent families, only in nine families were both parents employed, and in 67 families only one parent was employed. Fifteen of the two-parent families were registered as unemployed, retired or disabled. For the 128 single-parent families, in 66 families the parent was working and in the remainder the parent was unemployed, retired, or disabled. Only one family had a parent who was on active duty for the United States military.

Of the 91 two-parent families, there were only two families in which both parents were in job training or school. In 19 families, one parent was in job training or school and in 70 families neither parent was in job training or in school. Of the 128 single-parent families, the number of families in which the parent was in job training or school was 24 whereas 104 single parents reported that they were not in job training or school. The distribution of the highest level of education attained by at least one parent of the 219 families, was as follows: 15 had obtained an advanced degree or baccalaureate degree, 38 received an associate degree, vocational school or some college, 80 obtained high school graduate or General Educational Development (GED) and there were 86 families with parents that achieved an education level that was less than high school graduate.

The number of the foster children in the program was eight. There were 45 families receiving cash benefits or other services under Federal Temporary Assistance for Needy Families (TANF), 19 receiving Supplemental Security Income (SSI), 190 were recipients of services under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and 155 families were receiving services under

Supplemental Nutrition Assistance Program (SNAP). A total of 13 families experienced homelessness during the enrollment year.

Sampling

Two sampling techniques were utilized for the current study. The sampling of family service providers and parents were dependent on each other. All 16 family service providers working with families in both the home-based and center-based program models during the selected program year were eligible for the first phase of data collection in which participants were asked to complete an online survey.

For the second phase data collection of the study, individual interviews were conducted and there were different selection criteria for eligibility applied. First, in the selected program year, families were selected based on their primary language being English, being enrolled for the entire year (between September 1 and August 31), and having worked with the same family service provider during the full program year. Thus, the first step of parent selection was a purposive sampling (Babbie, 2004). Based on these criteria, 25 families were considered eligible to be interviewed. Family service providers who worked with at least one of these 25 families were selected for individual interviews. Thus, according to the criteria given above eight family service providers were chosen for the individual interviews. Finally, families were listed numerically by the family ID's which were assigned by the program. From the 25 parents 8 were randomly selected based on choosing every third name of the children on a numerical list of the eligible parents (Babbie, 2004).

Recruitment

       Different recruitment strategies were applied in the study. The researcher was responsible for meeting with possible participants as well as the administrators of the program. She met with the Director of the Early Head Start program and program coordinators several times in order to arrange a mutually acceptable way to make contact with the family service providers and parents. Prior to data collection, the director requested that the researcher meet with the Policy Council of the Early Head Start program to obtain their official approval for the research before seeking Institutional Review Board (IRB) approval. The Policy Council in an Early Head Start program is the formal group of parents and community representatives required to be established by the agency to assist in decisions about the planning and operation of the program (The Office of the Administration for Children and Families Early Childhood Learning and Knowledge Center, n.d.-b). The Policy Council approved the implementation of the research required for the study. The IRB committee at the researcher's university approved the recruitment steps, methods, and all recruitment materials.

       Family Service Provider Recruitment.

       After IRB approval, an email was sent to all 16 family service providers individually containing a detailed description of the study. In the recruitment email, the family service providers received a consent form, the full explanation of the study and what was expected from them as a participant. In the following week, as requested by the Director of the Early Head Start program, the researcher attended a staff meeting where two center-based and one home-based staff were present. The researcher briefly talked to everyone at the meeting about the study and reminded

them that she had sent emails to those who were eligible to participate to the study. The Director of the Early Head Start program talked to the staff saying that she expected everyone to respond to the emails that the researcher had sent concerning the research. In the same week, the researcher met with the program director again to discuss the recruitment of the family service providers from the other home-based program which is located in another county of the state.

To recruit the family service providers of the other home-based model, following the program director's request, a program coordinator emailed the supervisor of this home-based model to briefly introduce the researcher. In the same week, the supervisor and researcher exchanged emails, and the researcher arranged a visit to the site. On the meeting day, the researcher first introduced herself to the supervisor and explained the study and what was expected from the family service providers as participants in the study. The researcher also asked for suggestions for a possible meeting day for the interviews with the family service providers who agreed to participate in the study. Later that day, the researcher met with family service providers individually and explained the study and discussed the consent form in detail. They all agreed to participate in the study. For logistical reasons, interviews of all family service providers at the site were arranged to be on the same day.

During this period, five of the family service providers replied to the researcher's email and agreed to participate in the study. Four of the family service providers wanted to talk face-to-face before agreeing to participate. During these conversations they asked questions regarding the study such as "*Is it a program study?*" and "*Are you going to work with the administration regarding the data*?" Some providers had concerns about discussing the topic, claiming that this was a very

difficult topic for the population that they work with in terms of legal issues. The researcher talked to five of the family service providers on the phone and answered their questions regarding the study. Their questions included: "*Is this program research*?", "*What type of benefits will I get?"*, and "*Will the interviews be during work hours?"*

Within four weeks, 14 of 16 decided to participate in the study (see Appendix A for the consent forms for family service providers).

Parent Recruitment.

In terms of recruiting parents, several recruitment strategies were implemented. A recruitment flyer was sent to parents including brief information about the study and the researcher's contact information, and stating that the researcher would call the parents. The researcher was able to make contact with two parents and arranged times for their interviews. However, some flyers were returned and some phone numbers were not up to date, so the researcher contacted the program coordinators and family service providers to obtain valid phone numbers for the parents. The researcher called the parents starting from the top of the randomized list and learned that three families had left the program. One parent did not want to participate due to her busy schedule, three parents did not respond to a second phone call. A third recruitment method was employed in which the researcher contacted the family service provider assigned to the parent(s) and asked them to give the parents information about the study and ask them if they would be interested in being interviewed. The researcher then called those parents who had responded positively to the information provided by their family service providers. The interviews were arranged through phone calls as well as text messages. By the end of the recruiting period, the researcher was able to finalize the

eight parents who were interested in participating in the research after contacting 15 parents. In other words, 53 % of the parents were agreed to participate in the study.

Data Collection

To address the research questions of the study, three data collection methods were used: an online survey for family service providers, individual interviews with family service providers, and interviews with parents (see Appendix B for the survey and interview questions for family service providers). Both data collection methods (survey and interview) used open-ended questions to obtain participant perceptions of the family goal setting process.

Online Survey.

The online survey aimed to collect information from every family service provider across the program in both home-based and center-based models. The survey consisted of open-ended questions to explore the family goal setting process from the family service providers' perspective.

The survey questions were developed by the researcher based on the literature on collaborative goal setting between families and professionals (Bailey, 1987; Bailey et al., 1990; Manz et al., 2013; Winton & Bailey, 1988), intervention programs (Barclay, 2002; Brewer et al., 2014; Forsingdal et al., 2013; Øien, et al., 2009; Rodger et al., 2012; Smith et al., 2013); some Early Head Start family partnership agreement related documents, such as *Early Head Start program strategies: The family partnership agreement process* (U.S. Department of Health and Human Services, Administration for Children and Families, 2003); as well as the Early Head Start program's own resources to identify and set family goals, such as Child Plus software

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and Family Map Inventories. The survey questions were read by one of the program coordinators in the Early Head Start program prior to its use by the participants (see Appendix B for the online survey questions).

The online survey link was sent to the participants and the response window was closed after six weeks. During this period two reminder emails were sent to all participants, since the survey was anonymous. A third email was sent to the participants to thank them. Through that third email, participants who were going to be interviewed were also reminded about scheduling the individual interview.

Individual Interviews.

McNamara (2009) notes that the strength of employing an open-ended, semi-structured interview approach is rooted in the researcher's ability to gather information from each participant within the same areas of interest. The challenge in the current study was that while conducting the interviews the researcher needed to elicit meaningful data and ensure that the participants felt sufficiently comfortable to share their personal experiences (Knox & Burkard, 2009). As briefly stated by Eisner (1998), "It is surprising how much people are willing to say to those whom they believe are really willing to listen" (p.183).

Although the interview questions for parents and family service providers differed, for both sets of semi-structured individual interviews there were three types of questions, as Rubin and Rubin (1995) suggest. First, there were the main questions encouraging family service providers and parents to discuss their perceived family goal setting process experiences. The main questions had minor differences in wording to encourage participants to fully answer the questions (see Appendix C for interview protocol and questions).

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The other two types of questions were probes and follow-up questions in response to the answers for the main questions. Probes were used not only to elicit a more detailed response to a question or ensure the interviewer understood what was meant, but also to indicate that the interviewer was paying attention to the interviewees (Rubin & Rubin, 1995). Probes were used to show interest as well as encouraging interviewees to respond to questions.

Participant responses to survey questions might have been used as probes during the interviews; however, since the online survey was anonymous, it was not possible to determine who had completed a particular survey. During the interviews, interviewees were reminded about some of the questions in the survey to keep the conversation flowing and to re-engage the participants' attention on the questions, as suggested by Weiss (1994).

The third question type used in the interview was follow-up questions to keep the respondent on the topic; these questions were linked to the focus of the research questions. For instance, when a family service provider described her relationship with a specific family as "fine" or "good" in answer to the "*How would you describe your relationship with this family?"* question*, additional questions such as,: "*Do you feel close to them?" and "Do you feel they're open to you?"* were asked. And based on their responses, a follow-up question such as *"Would you mind giving me an example where you feel close / open to her?"* was asked in order to obtain more in-depth information.

The family service providers were interviewed after the online survey data collection had been completed and the survey pool had been closed. All eight family service provider interviews were conducted within an 18-day period, and interviewed

at their workplaces. All interviews were held in a private room with no distractions. The length of the interviews ranged from 30 to 74 minutes, with an average of length 51 minutes.

The eight parent interviews were held over 24 days. The length of the parent interviews ranged from 30 to 40 minutes, with the average length 27 minutes. The location of the parent interviews was chosen based on the parents' preferences. Four of the parent interviews were conducted in two different program-run childcare centers, either after parents dropped off their children or in the afternoon before they picked up them. The physical conditions of the interview places were different for some parent interviews. For the four interviews at the childcare centers, a room was arranged for the interview without any distractions. However, three parent interviews, which were conducted in the participants' homes, were conducted around children and other adults who were present at the house at the interview time. The last interview was conducted on the phone due to the limited availability of the parent.

All individual interviews were audio-taped with two different voice recorders to prevent any technical issues and to back-up the data. All participants were asked to give consent for the interviews to be recorded prior to the interviews (see Appendix A for consent forms for family service providers and parents). Field notes and researcher's observations (which were kept in the reflexive journal) during the interview were documented for data analysis.

Throughout data collection, both the survey and individual interviews, there was no major program event or gathering to create an atmosphere for parents to communicate with their family service providers more than their usual interactions.

Neither was there any additional training for the family service providers that might have had an impact on the family goal setting process.

Reflexive Journal

Reflexivity entails the researcher being aware of his effect on the process and outcomes of research based on the premise that 'knowledge cannot be separated from the knower' (Steedman, 1991, p.53). Reflexivity also includes the estimation of influence of the researcher's background, perspective, and interests on the study itself (Agar, 1986; Creswell & Miller, 2000; Shenton, 2004).

Throughout the study the researcher kept a reflexive journal about information related to the interviews and the interviewees. The researcher completed journal entries after every interview. The reflexive journal helped the researcher become aware of, and make explicit, her biases and assumptions (Patton, 2002; Erlandson Harris, Skipper, & Allen, 1993). In addition, this journal aided the researcher in keeping a record of research events, participants, responses, and personal reactions in an organized and chronological order.

The researcher also kept a log of adjustments that needed to be made relating to the logistics of the interviews and data collection in the same reflexive journal. The reflexive journal, along with the log entries, supports the credibility of findings by providing a route regarding decisions about the study, and why and when changes and modifications were made.

Data Analysis

As explained in the previous sections of this chapter, for the current study three different data sets were collected. These data sets were: online surveys for family

service providers, individual interviews of family service providers, and individual interviews with parents. All three data sets consisted of qualitative data. Creswell (2014) posits that because data is so rich and dense in qualitative research, in data analysis the researcher needs to "winnow" the data (Guest, MacQueen & Namey, 2012, p.195). Thus, several steps were taken in order to examine these data sets, starting with preparing them for data analysis. Content relevant to the focus of the study was identified in each data set, which reduced the quantity of data for analysis. Open coding was used to identify each data set's codes, and then categories were created based on the codes in each set. The categories of each data set were then re-tested within other data sets. After analysis, these three primary themes emerged: participants' perceived purposes of the family goal setting process, participants' perceptions of their own and others' roles in the family goal setting process, and participants' perceptions of the relationship between family service providers and parents in the family goal setting process.

Process of Data Analysis.

Preparation of the survey data set for analysis.

Before data analysis was possible, the online survey data set needed to be prepared. In three of the surveys, the participants had only answered the first two questions where the participants were asked about their work site and amount of working experiences. Consequently, these three surveys were excluded from the data analysis. For the remaining 11 surveys, each response was treated as having equal importance and was included in the data analysis. For preparing the data set for the analysis, the eleven survey responses were exported from the online survey database,

typed into a word processing program question by question, and prepared for data coding as suggested by Creswell (1998).

Coding of the Survey Data Set.

Online survey responses were categorized and coded separately. Open coding was used to discover the patterns among participants' responses in the survey data set. Throughout the survey responses, patterns were identified. Similar codes were grouped within the same categories. The codes and categories developed based on the codes, were recorded in the codebook for further data analysis.

Preparation of the Interview Data Sets for Analysis.

In order to prepare the individual interviews for analysis, the same steps were taken for family service provider interviews and parent interviews. First, the family service provider interviews and then parent interviews were checked for any technical issues to ensure the recorders worked properly and there was no data loss. The researcher listened to each interview several times.

Three different transcription and dictation software programs were used to listen to the interviews. These software programs were the Digital Wave Player, the Express Scribe Transcription Software and the Express Dictate Digital Dictation Software. Digital Wave Player was the licensed software of the digital recorder that the researcher used for recording the interviews. This software enabled the researcher to make index marks while listening to the interviews. The researcher used these index marks to save specific topics and statements for possible coding, as well as transcribing direct quotes from the participants. The other two programs were helpful to the researcher when transcribing direct quotes of the participants. A feature of both

programs allowed the researcher to play back the audio recordings at different speeds to ensure accuracy. All three software programs supported the researcher's listening to the interviews and developing an organized and manageable data set for data analysis. Through the use of these digital software programs, detailed notes for each interview were typed in a word processing program, yielding 38 pages of notes from the family service provider interviews and 18 pages from the parent interviews.

Coding of the Interview Data Sets.

In order to identify the initial codes, the researcher identified patterns in the family service provider interview data set and parent interview data set separately. As Creswell (1998) recommended, the researcher developed tentative codes after reading the interview data and detailed notes of the interviews, which were organized question by question, several times. Since a number of the participants in the survey and the interviews were the same people, it was expected to have overlapping codes. At the same time, it was expected to see additional and emerging themes, possibly based on the nature of two different data collection methods. Together these two methods led to the result of having robust data for the current study. These codes were added in the codebook for the final data coding. Each parent interview was listened to thoroughly multiple times, utilizing the guidelines of the detailed notes and the field notes to assist in the process of distinguishing meaningful categories and concepts. The codes that emerged from the parent interview data showed some similarities, as well as differences, with the family service provider data sets. Those new codes were saved in the codebook for the final coding of all three data sets.

Field notes, which were taken during the interviews, were used throughout analysis to provide context and clarifying information. For instance, when there was a

pause in the interview, or when there was too much noise in a section of an interview and the response of the participant was not clear, the researcher used these notes to understand the response.

Final Step for Data Analysis: Final Coding and Themes.

To begin final data analysis, the initial codes were tested across data sets. As Bazeley (2013) points put, it was crucial to review the codes and categories in the light of the research questions. The codebook, which was created in order to record and organize the identified categories and codes, was utilized for the final recoding and categorizing. The literature on goal setting with families, and the Office of Head Start documentation specifically focusing on the topics of working with families, partnership, and goal setting, were taken into consideration in order to re-focus data analysis on the original research questions.

At this point, some of the codes were merged into a theme, others were re-coded, and some of the codes were discarded due to the lack of the support from the rest of the data sets. For instance, while *perceived role* emerged as a theme for all three data sets, the theme of *communication* was added to the *relationship* theme in order to expand upon it. Triangulation across data sets increased the credibility of the findings while also allowing for the inclusion of multiple points of view.

Trustworthiness.

To ensure reliability in qualitative research, an examination of trustworthiness is crucial (Golafshani, 2003). Lincoln and Guba (1985) posit that the trustworthiness of a research study is important in evaluating its worth, and state that trustworthiness

in qualitative research involves establishing credibility, transferability, dependability and conformability.

There were several steps taken to establish and maintain the trustworthiness of this study. To ensure credibility means evaluating how well the interpretation of the findings reflect the participants' actual experience of the phenomena of interest (Lincoln & Guba 1985, p. 296). During the time of the study, the researcher worked in the Early Head Start program, and she was able to consult program coordinators if she needed in order to obtain additional information regarding the use of Child Plus software or to cross-check the state or national policies regarding Early Head Start programs. The researcher attended the training for using the Family Map Inventories, which enabled her to have a proper and official knowledge about the tool, including how it is recommended to be used with families in Early Head Start programs. The researcher also kept a reflexive journal and log to track the process of sampling, recruitment and data collection in order to maintain objectivity as much as possible during data collection. During the interviews, asking follow-up questions also helped the researcher to fully understand what the participants were sharing with her.

Transferability refers to "the evaluation of whether the findings extend beyond the boundaries of the study" (Lincoln & Guba, 1985, p. 296). The current study is an exploratory case study that has a small sample size and should not be generalized. From the beginning of the proposal and IRB approval period to the end of the data collection, the study was presented as a case study focusing on family goal setting in one Early Head Start program. In addition to this assurance, the context of the study was described as fully as possible to ensure that the readers understand the limited parameters of the study.

Dependability is the third essential component of trustworthiness in a qualitative research study. Lincoln and Guba (1985) define dependability as the evaluation of the qualitative process of data collection, analysis, and theory development. Detailed interview notes and direct quotes were checked and double-checked using paper copies and audio files to make sure that they did not contain obvious mistakes. Preliminary data analysis was shared with some of the participants as well with a program coordinator. Moreover, the researcher kept a log to track the process of data collection and analysis, as well as writing reflexive journal entries after each interview. These documents served as a self-audit supporting the dependability of the findings. Furthermore, regular meetings between the researcher and her academic advisor regarding data analysis assured another perspective, adding to the dependability of whole study.

The last essential component to ensure the trustworthiness of qualitative research as stated by Lincoln and Guba (1985) is conformability, which is defined as an evaluation of how well the findings are supported by the data; in other words, the level of independence from the bias of the research processes and results (Guba, 1981; Sandelowski, 1986). To ensure that participants' perceptions were fully transferred into the data analysis, the reflexive journal served as an audit trail in order to have a clear description of the research path. In addition to the written journals, to develop a deeper understanding of the family goal setting process in the Early Head Start program the researcher triangulated multiple data sources. Triangulation was used to ensure that the data sets were rich, robust, comprehensive and well-developed (Creswell, 2013).

Ethical Consideration.

Every effort, to the extent permitted by law, has been made to maintain the confidentiality of all research records that identify the participants. In the dissertation and in the event of any publication or presentation resulting from the research, no personally identifiable information will be shared. The names of the subjects will not be identified; they will be described as "a parent", or "a family service provider" in the written texts.

From the inception of the study several safeguards were put in place to maintain confidentially. First, the proposal for the study was submitted to the University of Delaware's Institutional Review Board for expedited, non-exempt review and approval. The proposal included an abstract and the goal of the study, data collection procedures, information on target population and recruitment, and a description of how confidentially of the participants would be protected and how the data was to be saved and later deleted. IRB approval was given for all the documents and forms used in the study including: the consents forms, recruitment flyers, email and phone scripts, as well as the survey and interview questions. Data collection did not start until the approval was given. Potential participants were contacted as explained in the IRB proposal. Each participant completed a consent form (see Appendix A for consent forms for family service providers and parents).

In order to make contact with family service providers and potential families, certain expectations and requests of the program director and supervisors were also taken into consideration. For instance, the content of the flyer that was to be sent to the potential parent participants was first approved by the program director. However, the fliers were mailed by the researcher in order to protect the confidentially of the potential parent participants. It was a challenge to maintain the anonymity of the

participation status of the family service providers, since the Early Head Start program is a small organization in which the staff have close relationships with each other and work in a close physical environment. However, the researcher did not share information on any participant's involvement with the study with any other participants or with the program administration.

The online survey was uploaded to a university maintained website. The survey was anonymous, and when the survey pool was closed each individual survey form was saved without identifying information on the University maintained server. The interviews were audiotaped; however, only the researcher listened to the audio files and transcribed the responses, no other person was allowed access the audiotapes. Interviews were identified by a number and date. Consent forms and paper data records were locked in file cabinets in the researcher's office on the University campus. Electronic data records were stored in password protected folders, on the University maintained servers with regular back-ups. Audio recordings and other digital files were deleted from the audio recorder and were stored in a password-protected folder on the University servers.

Chapter 4

RESULTS

If we want to know how people feel; what they experience and what
they remember, what their emotions and motives are like, and the
reasons for acting as they do – why not ask them? (Allport, as cited
in Winton, & Bailey, 1988, p. 195).

The current study examines the family goal setting process in one Early Head Start program from the perceptions of family service providers and parents. As Gordon Allport suggests, asking the participants directly was the optimum way to gain a better understanding of their family goal setting experiences in the program.

Three data sets were collected from family service providers and parents through two different data collection methods: online survey and individual interviews. Fourteen family service providers agreed to participate in the online survey, eleven of the surveys were eventually used for data analysis. Eight of the 14 family service providers and eight parents were then interviewed individually. The acceptance rate of the family service providers was % 87.5, and was

Analysis of these three data sets demonstrated that family goal setting is a complex process experienced by family service providers and parents in ways that sometimes appear similar on the surface but differ in details and meanings. Analysis of the data sets yielded three primary themes: participants' perceived *purposes* of the family goal setting process, participants' perceptions of their own and others' *roles* in the family goal setting process and participants' perceptions of the *relationships*

between family service providers and parents in the family goal setting process. Within each primary theme, several subthemes emerged.

In this chapter, these three main themes: purposes, roles, and relationships —in the context of family goal setting process — will be discussed in sections corresponding to the two research questions of the study. Throughout the chapter, findings within each theme will be presented separately from both perceptions of family service providers and parents. Verbatim quotes will be used to better illustrate participants' perceptions. Even though the themes will be discussed separately, these three themes are interconnected and interdependent in the context of the family goal setting process in this Early Head Start program.

Participants' Definitions of 'Family Goal'

Family goal setting in an Early Head Start program is not an optional activity; it is a part of the family partnership requirement as stated in the program documents including *The Head Start Parent, Family, and Community Engagement Framework* (U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, 2011). However, as is discussed in previous chapters, there is no one structured family goal setting process for Early Head Start programs, nor is there a detailed definition of what constitutes a 'family goal'. The vague definitions and approaches regarding family goals were designed for Early Head Start programs to find their own family goal setting system while working with families. It is expected that each Early Head Start program will have a different family goal setting process that is shaped by the family service providers and parents. In other words, the way family service providers and parents defined the family goal setting process as well as afamily goal, are expected to shape the family goal setting process

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in Early Head Start programs. Thus, before reporting how participants perceived the family goal setting process, it was necessary to examine how participants defined a 'family goal'.

Most of the family service providers pointed out that family goals are about moving forward. One family service provider said, "I would say the most important goals are those that contribute to the overall well-being of the family and help them move forward." Her colleagues had similar perspectives on family goals, seeing them as steps to move forward and as opportunities for changes and improvements for families. According to the family service providers, family goals were understood as steps toward moving forward in the "areas on which parents would like to work on to better themselves". They saw family goals as opportunities to change "something that the family is working on to better the family unit" and improve in the direction parents choose since the family goal is the "one that is initiated by the family, not staff".

When family service providers were asked to provide examples of some important family goals, there was a great variety of responses. Some gave material examples such as buying a house or a car, others mentioned something financial, such as getting the bills paid in a timely fashion or building up savings. These examples might be considered as psychological and safety needs in Maslow's Hierarchy of Needs (Maslow, 1943). However, not all examples of family goals given by family service providers were based on material needs. For instance, parents' educational plans such as going back to school, finishing their GED, or taking college classes to improve their education were considered to be important family goals also. In addition to those, other types of goals focused on the needs of the families such as: parents wanting to quit smoking, learning English, spending more time looking at books with

their child, finding health care for the family, or having their 2-year-old discontinuing bottle use at bedtime. As seen in these examples, family service providers' understanding of what constitute family goals covers a wide spectrum including a range of family needs and interests. One of the family service providers explained this variety by emphasizing that family goals are unique to each family. She said, "Family goals can't be same for everyone. Different things are important to different families."

Parents were also asked to describe or define a family goal. Some of the parents defined a family goal very generally, saying a goal was, "A task to work on, such as getting my son to have potty-training before he turns three." Some were more future-oriented as in "basically like getting the families where they wanna be." or "My goal for my family is being successful." Others highlighted the inclusion of the whole family, responding: "Something you wanna accomplish as a family."

Some parents did not sound confident when they were asked to define or give examples of a family goal. Most provided examples rather than definitions. Like the family service providers, parents gave examples for a family goal that had financial impacts on the family's life, such as employment, housing, or getting a bigger car. Interestingly, parents gave examples of child-focused family goals more often than the family service providers did. For instance, half of the parents stated that potty-training is a family goal for them. Others mentioned child-related goals such as: preparing their child for preschool, or helping their child in terms of his speech delay, or having two siblings learn to share toys while playing.

While the examples of a family goal given by parents showed variation, even goals that appeared similar on the surface showed some important differences. For instance, one of the parents who shared "going back to school" as one of her family

goals explained the reason for setting this as a family goal by saying, "It is better for my daughter's future in the long run." Another parent's logic for having the same family goal of her going back to school was: "I know that our family goal is now me going back to school, so when I am finished their dad doesn't need to work that long. He will be able to spend time with the kids." These parents, who shared similar family goals, explained different reasoning for the goals. However, they both made a connection between their family goal and its impacts on the whole family.

Goals related to parents' education such as "going back to school" or "finishing school" were common during the parent interviews. However, not all parents agreed that parental education should be considered a family goal. One parent explained her perspective on what a family goal is and how she perceived her educational goals by saying:

> A family goal is something as a whole family that you wanna do for your whole family. Like buying a house, getting a bigger car for your family. Going back to school and finishing school and getting a bachelor degree is my personal goal whereas looking for a house is a family goal.

The connection between goals and their impact on children and their future was a shared understanding among parents. Similar to the parent quoted above, another parent agreed that "going back to school is a personal goal." She said that she was debating whether to make a decision about it; however, she was not sure if it was a good decision for her. Meanwhile, other parents said, "going back to school" and/or "finding a job" were family goals since they were good for everybody in the

household. One parent, who also believed her educational goals could be family goals, explained her perception by saying, "If I am successful, my whole family is successful." As these examples demonstrate, the underlying reason for the family goal could show variation among parents even when the goal seemed similar on the surface.

According to both family service providers and parents, how a family goal is defined showed a wide range of ideas and reasoning. Bailey (1987) explained the differences between parents and professionals in their goals, or the methods that need to be used to achieve those goals in the context of early intervention, by saying that the source of the disagreement may be over either their priorities for treatment or values [beliefs] related to the treatment (1987). However, there might be another reason for the possible differences in perceptions between professionals and parents. It would not be expected that family service providers and parents would have the same amount of experience with family goal setting. For example, while family service providers may have worked with at least 10 -12 families in a year (Early Head Start Tip Sheet, n.d.), parents' experiences and their time in the Early Head Start program were more limited.

While there were some differences in the perceptions of family service providers and parents, there were shared understandings of family goals as well. Most of the family service providers and parents pointed out the importance of a future-oriented perspective in family goal setting, highlighting its impact lasting longer than the time that families were in the Early Head Start program. This shared understanding was also seen in the ways participants perceived the purpose of the family goals and overall family goal setting process in the Early Head Start program.

Participants' Perceived Purposes for Family Goals and Family Goal Setting

The findings of the study reveal that how participants defined a family goal was associated with participants' perceived purposes for the family goals and the family goal setting process in the Early Head Start program.

Family Service Providers' Perceived Purposes for Family Goals and Family Goal Setting.

The majority of the family service providers reported that the overarching purpose of family goal setting was for parents to improve themselves and their families in the directions they chose. Related purposes included: helping families learn how to set goals, providing opportunities to talk with parents about child and family related issues, and encouraging families to become independent in terms of making decisions regarding their families, which was seen as the development of an important lifelong skill.

Most of the family service providers believed that the purposes of the family goal setting process were to provide opportunities for parents to change and improve themselves. Some family service providers believed that these improvements could be "to make the family unit better," while for others, the purpose of family goal setting was to strengthen "the functioning of the family unit in society." All reported that family goals and the family goal setting process aimed to change families in positive ways. Because most of them also defined family goal setting as a parent-driven process, according to those family service providers it was important that it was the families who defined the directions in which they wanted to change. As one family service provider stated, "Parents need to think about their lives, their children's lives, and what they feel good about and what they would like to change."

Some of the family service providers believed that a related purpose of the family goal setting process was giving support and guidance to those families who did not know how to set goals. They reported that there were some families who had either no or limited experiences with goal setting and they needed guidance and support for setting family goals. One family service provider pointed out that the kind and amount of support and guidance needed was unique to each family. She said, "To expect every parent to have the same skill sets, to even know how to develop a goal, or break down the goal into steps is not realistic at all." Her colleague echoed her perspective by pointing out some characteristics' of parents:

There are families that you might support or give a little more, cause they are more acceptive (sic) or sometimes we have parents who are very resistant. You just try to give them what you need to do to meet the goals.

Another common purpose for the goal setting process according to the family service providers was that it provided opportunities to talk about important issues with families. Family service providers believed that this process enabled them to discuss some topics especially when parents did not see them as options for family goals. One family service provider shared that she felt that she needed to provide additional information to parents to be used when setting goals. She said:

I see a goal that the parent needs to work on, but if it is not something that they're interested in, then me wanting that for them wouldn't be enough. But let's say that it is a serious need, such as a big child still being on the bottle, and parent might not see that, but since we talk about dental health and all, that is gonna be a goal that I am gonna keep

on pushing it and encouraging and keep providing information to keep

talking about.

A colleague supported her perspective on the importance of raising important issues in the context of family goal setting while acknowledging the importance of parents setting their own family goals. She said:

I think we have to be respectful for parents' decision but it doesn't mean that if the child has not had a check-up in a year, and they haven't been to the doctor, then you do emphasize that this goal is important and you talk about that every week without fail. Once even a parent asked me when I will stop bugging her, and I told her that I am there not only for her, but also for her child and these health check-ups are very important for him.

From the perspectives of the family service providers, a final related purpose of the family goals and family goal setting was helping parents become more independent. One family service provider offered:

I am a type of visitor who doesn't always do everything for them. I try to be a resource for them. I know that they have this goal, I still see this as what it is said, "a partnership." They have a part to do, I have a part to do. The goal of Head Start is self-sufficiency. I am not teaching the parent anything if I go and do it for them… I want everything that I do being a part of learning process.

Many of the family service providers took the same approach, believing that the family goal setting in the Early Head Start program is a process where parents get

practice for goal setting for life. Another family service provider echoed this perspective by saying, "I really want parents to become empowered to do it themselves." She reported that parents calling organizations about their needs and to get help is a very good skill. Other family service providers also shared their wishes that parents become more self-sufficient. They underscored the importance of being self-sufficient as a life skill, not something parents only need during their time in the Early Head Start program. One family service provider explained her understanding by saying,

"When parents get practice here, in terms of communicating with teachers and staff in the child care center, and also learn to follow up their children's education, being active in their child's life, then they get practice for future as well not only while they are in the program."

One family service provider echoed a similar perspective while working with her clients. She said:

Sometimes parents get intimated when they get engaging with other people, so when they know that we are here to support them, then they go out and try it more. So building on the parents' strengths and telling them "you can do it" makes it easier.

She shared an example about the positive change in a parent's self-esteem after they worked on some issues regarding her children. She said:

A parent came to me with a concern about a conversation with her child's teacher. I told her to tell her this and that if it happens again, and later she said she took my advice, and it ended good and it made her

feel good. She was armed with some information rather than sitting at

the table being clueless.

As these examples demonstrated, family service providers' perceptions of the purposes of family goal setting were to help the families' achieve what they want for their families now and in the future. They acknowledged parents as essential members of the team and as primary decision makers (McBride, 1999). All other purposes were related to achieving this one primary purpose.

Parents' Perceived Purposes for Family Goals and Family Goal Setting Process.

Parents saw the purpose of the family goal setting process as a program service in which family service providers helped parents to access resources that would help them in reaching the goals which they set for their families. Parents reported many instances in which their family service provider shared resources with them based on their needs and their goals. Some parents pointed out material support such as transportations fares, others said that their family service providers informed them about community resources based on family goals such as by telling them about job and educational opportunities.

As discussed earlier, parents generally reported child-related family goals. One of the perceived purposes of the family goal setting process was setting goals for their children and reaching those goals with the family service providers' guidance and program child assessments. One parent said, "Most of the goals that we set with her are about the children based on what she sees and charts showing how they are doing for their ages." Another parent from a center-based program also said:

As far as your children, we set goals for my son once a month. And we're

trying to reach them by the next time. For instance potty-training. When we

finish it, she [her family service provider] said, "Let's set another goal."

For all parents, the general purpose of family goal setting was a better future of

their children. As one parent said, "Our family goal is to be more successful, to have a

better future". This child-centered and future-oriented focus might be a reason why

parents were more child-centered while setting family goals than family service

providers, who showed more tendency to see the family goals as a means for

addressing the needs of all family members, not only the children. This is consistent

with Early Head Start's comprehensive approach to working with families. One family

service provider pointed out, "The goal and the mission of the Head Start is, we are a

comprehensive program, we care about every aspects of the child's life, including

parents' lives too."

As Bailey (1987) stated, it is not surprising that parents and professionals may

differ in their perception of the purposes of services. The findings of this study

revealed that there were some differences, but mostly similarities in the perceptions of

family service providers and parents regarding their perceptions of the purposes of the

family goal setting process.

It was clear that family service providers and parents shared the perception that

parents are the main actors in the family goal setting process. This belief was aligned

with the Early Head Start emphasis on partnerships with families and that this process

needs to be individualized and family driven (U.S. Department of Health and Human

Services, 2003). In addition to the belief of both family service providers and parents

on families having the major roles in the goal setting process, there were other roles

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that both parties saw for themselves and the others which showed differences even within the family service providers and parents.

Participants' Perceptions of Own and Other's Roles in the Family Goal Setting Process

Dunst, Trivette and Deal (1988) note that "the focus on family and not professionally identified needs and aspirations as the target of intervention recognizes the family's rightful role in deciding what is most important and in the best interest of the family unit and its members" (p.8). Both family service providers and parents in this study had clear ideas of the roles they saw for themselves and each other.

Family Service Providers' Perceived Roles for Themselves.

Family service providers' perceived roles for themselves in the family goal setting process had two main focuses. First, they framed their roles as members of the Early Head Start staff with mandatory tasks and responsibilities, including building relationships with families. Second, they framed their roles as shaped in response to the needs and the characteristics of the individual families.

Family service providers reported that strong relationships formed the foundation for partnership in family goal setting. As Early Head Start staff, building relationships with families was the first and most important element in the goal setting process. In addition to building relationships with parents, family service providers' perceptions of their roles were clearly shaped by their identification as a member of the Early Head Start staff, with obligations to fulfill tasks associated with family goal setting while adhering to the programs purposes and a philosophy of partnership-based relationships with parents.

In this following section, how family service providers constructed their understanding of their roles within these required tasks and program philosophy will be discussed. There were differences in how family service providers experienced being required to complete program tasks, and how these tasks shaped their perceptions of their roles in the goal setting process. Some family service providers believed that program-required tasks were helpful to them in the family goal setting process. For instance, intake forms, which are completed with parents when families enrolled in the program, were believed by most of the family service providers to be a way to learn important information about family situations and needs. A family service provider from a home-based program explained that in addition to yielding information on transportation, education, housing, and the needs families identify, other information may be found indirectly.

> For instance, when you have a parent telling you to set a home visit not on Friday, since she has a job interview on that day, so it tells you that she is looking for a job; and you have a goal even before you meet them.

Family service providers, who identified using program-required forms as part of their roles, expressed that those required tasks helped them to get to know the families better in order to have adequate and accurate information to create goal setting systems with the families. From the beginning of their relationship, these family service providers reported that they tried to take parents' perceptions into consideration, which was an essential step for creating a partnership with parents in order to have the optimum impact on program goals.

While most of the family service providers reported that the program-required forms during the enrollment period of the families were helpful and supportive for family goal setting, one family service provider reported her frustration with not being able to work on family goals with families earlier in the process due to other program required tasks. This family service provider described her program-required tasks and other responsibilities as overwhelming and getting in the way of setting goals with families. She believed that she was responding to the priorities of the program. She added:

> When you get emails we get from the program managers about the things that they need, they become your priorities. For instance, getting allergy information completed, getting your home visits done. Nobody ever said anything about getting goals done. So that's why, it has not been a priority.

There were also differences in the perceptions of family service providers regarding using some program required tools and tasks for family goal setting process. While some family service providers found program-required tools and tasks were "helpful and supportive for the goal setting process", others believed completing those tasks could be "cumbersome" and made them spend a long time "filling out paperwork for somebody else". For instance, using the Child Plus software for data recording was a program-required task that was perceived in two very different ways by family service providers. Some family service providers believed that this system helped them keep track of the goal setting process. As one family service provider said, "Child Plus just keeps me more organized." Another described it as "A great tool, a great documentation. It's good that now they can upload documents. It is also good to

track the goals, it is a great tool to documenting the family goals." However, even those family service providers who described the software as a useful tool commented that they had challenges using it, and there were family service providers who reported that they never used it for the family goal setting process. In general, using the software was perceived as more cumbersome than supportive in the goal setting process. One family service provider summed up this perspective in this way, "I don't like Child Plus. I just think that it's not user friendly." However, although she valued its ability to produce reports of all the goals, she concluded, "It is one of the other things that you need to get used to doing."

Some family service providers also said that they could not use the software effectively for the goal setting process, which made the process slower and much more focused on documenting than actually working with families. One family service provider said, "I have a chart for myself what goals might be for the families, but they have never been transferred to Child Plus and the system [program-purposed reports]". A colleague shared, "I can't translate everything I do in Child Plus." Furthermore, some family service providers expressed their frustration regarding the duplication of work that they were required to do. One of them said:

> I don't have a problem with it [Child Plus]. The issue is it has become
>
> redundant. We're already doing something on paper, and now I am taking the
>
> same information and put it somewhere else for somebody else's benefit, not
>
> necessarily for mine.

Another program required tool, The Family Map Inventories, contributed to how family service providers perceived their roles. There were two different

perceptions regarding Family Map Inventories, and how using the Family Map Inventories impacted their roles. For instance, some family service providers believed that this tool helped them to open up some topics with parents that otherwise they might have some difficulties discussing. As part of their Early Head Start staff role, family service providers are expected to gather information from families about their lives. One family service provider said, "For existing families [families who were enrolled in the program more than one program year], it is a less awkward way to revisit the topics. Like, it is not me asking, it is the tool." She said that the tool played a role as a reminder for her to bring up some of the topics she would like to revisit with the parent.

Another point was made by a family service provider regarding collecting information from families through The Family Map Inventories. She said:

I like Family Map. It actually gets you from here to here in a very quick way. For instance, in terms of neighborhood safety, I can come up with my own judgment while I'm driving down, but I get the families say a lot more, it gives me more information that I might not get on my own.

In addition to gathering information from families to be able to know them better, another family service provider reported that using the tool was helping her in terms of identifying the needs of the family, which guided her in the goal setting process. She said, "It does make it easier when you use it. It is like black and white in front of you. It makes it easy to plan."

In addition to being supportive and helpful, all family service providers reported some challenges using the tool. Some family service providers reported that it

was important for parents to feel comfortable answering questions about their families; however, family service providers reported that asking those questions in the early stages of their relationships would hinder the relationship with parents due to the nature of some questions in the inventory. A family service provider said:

Some of the questions are very sensitive and it is such a huge amount of information that we ask families early in the process; even if you're giving parents the options of not answer any of them; you can't go back and have the impact of questions being asked.

As the experiences demonstrated, family service providers perceived using the program-required tools in some similar ways. Using these program-required tools was accepted as a part of their role. Since there were administrative level requests for them to complete those tasks, they expressed frustration about these requirements keeping them busy when they could be spending their time with families or on other tasks. At the same time, they expressed appreciation about having the support that they needed from these resources when working with families to identify strengths and needs. Most family service providers reported that these tools help them with their job, meaning they providing them with information regarding families that they can use in the family goal setting process. Overall, it can be concluded that while most of the family service providers reported some challenges that they were facing for using the program-required tools and resources, they were also found to be helpful. One of the family service providers explained her understanding of them by saying:

The program-required deadlines help us to collect information and the program assessments allow us to talk about it. I don't think if we don't

have the tools to talk about these issues, we won't remember to talk

about those with families. Cause sometimes we have so many families,

so it helps us to remember where we are with each family.

The second aspect of family service providers' perceptions of their roles focused on being responsive to the uniqueness of the goal setting process for each family. Family service providers pointed out that each family has different dynamics and characteristics that the family service provider needs to take into account while creating a family goal setting system which is meaningful to them. At the same time, they must ensure that this process maintained alignment with the Early Head Start philosophy of family partnership. A family service provider gave an example what her approach is while working with different families. She said:

I don't think that you can do this goal setting in the same way for every

family. 'Cause every family is so different. And their needs are

different. So you have to goal set based upon each family, their

personality. You can't do the same things for every families. It's like

being in a classroom. You can't go to a classroom and say, "We're

gonna do ABCD today." Cause maybe the kids were going crazy and D

was to go outside, and maybe you move to D to A and take them

outside cause they need be soothed first. You gonna work with them

where they at.

According to the majority of the family service providers, adjusting their approaches based on the needs of the families while working on family goals was

something which was considered to be a part of their role in the goal setting process. Family service providers reported that their role included many challenges due to the differences among families. Differences among families required family service providers to create a unique system each time, and family service providers believed that there were several challenges associated with promoting parents' goal setting skills. The first had to do with the fact that many families had limited goal setting experience. A family service provider said:

> For some families, whole idea of intentionally setting goals and following them may be such a foreign concept that they wouldn't do on their own, cause they didn't grow up in a family who did that and they were living day to day. So for some families it takes time for them to begin to develop those skills. For other families, they are setting goals for me and them, and I just have to go along for the ride. So it varies depend on the families that you're working on.

In several cases, mental health issues, such as depression, found in more than half of the national Early Head Start population (Chazan-Cohen, Ayoub, Pan, Roggman, Raikes, 2007), made it challenging for parents to identify, set and accomplish family goals. In addition to goal setting being a foreign concept for some families, and the challenge of dealing with the mental health status of the parents, several family service providers explained how they adjusted their roles in the goal setting process for parents with learning challenges. A family service provider who was working with a parent for almost two years explained how she created a system for working with them. She said:

I helped the mom in all steps including visiting the apartments and

filling out the application. Since the mom has some cognitive

challenges, sometimes she forgot to bring the documents, or lost them;

but she was able to finalize the housing issue. And I helped her in every

step, sometimes I called her to check the status of the things on the days

she was visiting some places.

Another family service provider working with a parent who had learning disabilities said that at each home visit she created notes for the parent and put them on the refrigerator to help the parent remember what to do during the week until the next home visit.

The way family service providers approached families' unique situations and parents' special needs demonstrated that family service providers were in tune with those differences and empathetic towards families. For instance, one family service provider described one of her clients as:

She a single mom with three kids. She lives with her mother who helps

her with the kids but she has serious health issues and regular doctor

visits. So she has to take her mother to the doctor visits, and it is a

challenge for her to take care of her in addition to her own needs, and

her children's. She is not always negative, but I have to keep in mind

her situations, is she is impatient with me.

This family service provider, who had been working with this parent for 1.5 years, was observant about the parent's life and she was sensitive to her special needs in order to work with her.

While family service providers perceived part of their role as being responsive guides for individual families, providing various levels and kinds of support, they also emphasized the importance of families becoming more independent and turning goal setting practices into lifetime goal setting skills. A family service provider expressed this perspective by saying:

I don't wanna hold parents' hands all the way, you know, the goal is

that they become advocates, be able to do certain things. I am just their

support system while they are here in this short period of time when

they are in the program.

Family service providers expressed different approaches to addressing the needs of the families, and in order to create partnerships with families aligned with The Office of Head Start's philosophy on family goal setting. The other part of their perceived role of family service providers focused on providing resources to families based on their identified needs. Family service providers reported that they tried to keep the parents informed about the community resources available to meet their established goals or any possible family goals. One family service provider pointed out the potential impact of family events organized by the Early Head Start program, such as socializations in which parents and children come together. She said:

I think our socializations, when we are able to bring people from

different programs and agencies, it can be also a lightbulb moment for

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families. For instance, a health insurance agency came and talked to the parents, and that they have had information only for Spanish speaking families, and it was great for them. At least they learn it is out there.

Family service providers perceived their roles in the family goal setting process as shaped by both program requirements and the individual needs of the parents. Family service providers, who reported that they took the needs of the families into consideration while working on family goals, did not perceive this need for change and adaptation as a challenge but only as a part of their role in the family goal setting process. However, due to the issues mentioned earlier, all family service providers expressed challenges regarding their program-required tasks as a part of their roles.

Family Service Providers' Perceived Roles for the Parents.

Vosler-Hunter (1989) points out that partnerships between professionals and parents must be based on an understanding and response to family identified needs and priorities. The family service providers in the study expressed similar perspectives that the family goals must be set based on needs and interests that were identified by parents. Family service providers also claimed that the whole family goal setting process was parent-driven. Therefore, in most cases, family service providers perceived that the role of parents should be taking ownership of the process, meaning that parents were responsible for setting goals for their families and working to accomplish those goals. In the course of working with families however, they sometimes found the role of individual families to differ from that perceived ideal.

Family service providers believed that parents have the major role in the family goal setting process, starting with identifying what is most important to their families and what goals they would like to accomplish. A family service provider said, "It is up to the family and how well the parents accomplish their goals. It's up to the parents' effort and their enthusiasm to achieve the goal, and even show progress towards the goal." A colleague of hers supported her idea by saying "Parents need to think about their lives, their children's lives, and what they feel good about and what they would like to change". Another family service provider said that she was expecting parents to take initiative and ownership of the process. She said, "Basically I am encouraging them to do what they want to accomplish, and at the end it depends on how driven the families are."

According to the family service providers, the second perceived role of the parents was to communicate with them and keep them updated with their lives. As one family service provider said, "I am encouraging families to own their lives and partner with me. I keep telling them that these are their family goals, not mine".

Parents' Perceived Roles for Themselves.

Most of the parents in the study reported explicitly that they were the ones who set family goals for their families. Furthermore, all parents believed that they had the major role in the goal setting process, to accomplish the goals. For instance, a parent who has been working with the same family service provider for two years said, "I am the one who accomplishes the goals. I see myself accomplishing those goals for a better job, better living." While this parent was making connections between the family goals and the future of her family, another parent also focused on the being the

major person in the goal setting process. She said, "I set the goal and achieve the goal. As a parent it's my responsibility."

Parents in the study who were married or had fiancés stated that they shared goal setting responsibilities with their significant others by setting goals together, sharing the progress of the goals with them, or taking their thoughts into consideration. However, parents who had less stable significant others did not mention sharing goal setting with them. While parents described having the major role in setting and accomplishing the goals, parents also talked about their partnership with their family service providers.

Parents' Perceived Roles for the Family Service Providers.

According to parents, the first perceived role for their family service providers was helping them to set goals. However, the level of participation of each family service provider varied. One parent, who identified herself as having the major role in the goal setting process, reported, "I do my own little goal setting every day for the simplest things. Like the bigger ones –like jobs, housing—that's more with her. So she can help me." She believed that her family service provider was a helper for her when needed. Another parent when discussing her role in the goal setting process said, "She [her family service provider] can help me to set a goal. All she wants is I follow through. Unless I follow through it is not gonna make any difference." Even though these parents perceived their roles in the process slightly differently, they reported that the family service providers' major role was to help families to set goals.

The second role families saw for their family service providers was providing resources for themselves and their families. Parents reported that those resources are sometimes based on parents' expressed needs for a specific goal or some financial

need of the family, and sometimes based on children's interests. A parent reported that her family service provider gave her information about community resources for her goals and her children's interests. She said, "I've been on the job hunt. She helps me, she tells me where the job fairs are coming. She also gives a list of the events happening nearby for the kids for seeing Santa or playing." Some parents said that one of the best parts of being in the program was getting help when they needed diapers or clothes. One parent mentioned that her family service provider was thinking of them during the holiday season or for a possible family event in the neighborhood, as she wanted this family to connect with their community.

Asking questions about goals was another role that parents saw for their family service providers. Parents said, "She asked me to think about the things that I'd like to achieve" and "She asks me questions like, 'Do you have goals for yourself'?" These two examples pointed out how family service providers used direct questioning to help families identify goals. Another parent described the way her family service provider supported her in goal setting in a way that suited her. She said, "I am very comfortable with her. It is not like 'what is your goal?" She said that instead of direct questioning, her family service provider asked her about issues that she is worrying about in order to gather information about her concerns and needs.

Documenting the family goals and the goal setting process were also seen as part of the family service providers' role. Families described different approaches such as "Sometimes we write them down. She keeps a log of family goals. She writes them in her tablet" or "We have like a ladder thing, showing my progress for the goals. She brings this form and I write down what I'd like to do." or "She writes everything down in the visits. She goes back and refers to this in the visits like 'we talked this last

month'." Clearly, family service providers had different approaches to documenting goals; however, parents did not report how family service providers made those choices and how much parents had contributed to those choices.

As seen in these examples, family service providers and parents described distinct roles for themselves and each other. In addition to their program-required roles for the goal setting process, family service providers reported approaching goal setting with each family differently, supporting the idea that every family is unique and the goal setting process needs to be individualized along with the rest of the Early Head Start program services.

Participants' Perceptions of the Relationship between Family Service Providers and Parents

Relationships between family service providers and parents emerged as the most robust theme of participants' perceived family goal setting process in the Early Head Start program. Relationships were perceived as having five interconnected elements: trust, openness, honesty, respect, and communication.

The Head Start Parent, Family, and Community Engagement Framework (2011) reports that "to make an impact in the area of family partnership, staff and families build ongoing, respectful and goal-oriented relationships" (p.4). In other words, for staff to be able to work with families on family goals, first they are expected to build a relationship that is respectful, goal-oriented, and continuing. It is accentuated that "Once you [family service providers] have established your relationship with the family, you [family service providers] are much more likely to have meaningful conversations about child and family needs, resources, strengths, and goals (Early Head Start National Resource Center. (n.d.-a, p.13)"

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Aligned with the Early Head Start philosophy, most family service providers'

statements illustrated that they value relationship-building with parents as an essential

part of the family goal setting process. For example, one family service provider said:

> I am feeling over time, so much of what I am doing is relationship
>
> building with families. Because parent won't hear what I am saying,
>
> doesn't care what I am suggesting or any of my ideas for possible
>
> goals, if she can't stand me.

One of her colleagues supported her perspective while highlighting the connection

between her relationship with the families and the whole family goal setting process.

She said:

> I don't start the goal setting right away unless it is clearly stated at the
>
> beginning. I try to know them, ask questions but goal setting is not my
>
> first attempt. I wanna get to know them and build this trust and
>
> relationship with them, because some of the goals may be very
>
> personal.

According to the family service providers, relationship-building was also seen as

being an essential first step for parents to open up, share information about their

families, and create a partnership with them and the program.

Keyser (2006) defined partnership in the context of early childhood programs

as a relationship between equals, meaning that each person in a partnership is equally

valued for his or her knowledge and contribution to the relationship. The general idea

of the relationship between family service providers and parents being a partnership is

reflected by a family service provider who said "families have a part to do, we have a part to do." According to the *Parent, Family, and Community Engagement Framework* (2011) strong partnerships can provide a safe place where families can explore their hopes, share their challenges, and let the program know how the staff can help them. One family service provider said, "When you don't have the partnership there, it is really hard to set the goals and get anything accomplished." While family service providers believed that building relationships with parents, which grew into partnerships, is one of the first steps in the family goal setting process, some also acknowledged that establishing partnerships with families is not easy. As one family service provider said, "I understand family partnership but putting this into practice is a whole different experience."

The way parents perceived the goal setting partnership was also linked to their relationship with their family service providers. Parents who expressed positive feelings towards their family service providers either had a system where they felt that they were making progress towards their goals, or feelings that their family service providers were helping and supporting them. The findings of the study revealed that the constructs which had impact on this partnership type of relationship between family service providers and parents were trust, openness, honesty, respect, and communication.

Trust.

A central Head Start document underscores that "staff members in Early Head Start programs should strive to develop relationships with families that are based on respect and trust in order to support family engagement in the program including their engagement with the goal setting" (National Center on Parent, Family, and

Community Engagement, 2013, p.4). The findings of the current study revealed that both family service providers and parents characterized trust as an essential element that made it possible to set family goals together. Family service providers emphasized the time it takes to build trusting relationships with parents and the fragility of it. In addition, according to parents, trust was associated with the dependability of the family service provider and the absence of judgment in their relationship.

Family service providers expressed that trust was at the center of their relationships with their families, not only in the goal setting process, but also in every aspect of the program. As a family service provider said, "It's important to build a good relationship with families so they trust that we can work together to get them where they want to go." Another family service provider's experience illustrated that the length of her relationship with a family might play an important role in terms of parents trusting her. She said, "I've working with this family for almost five years. It is one of my best relationships because I just feel that I've been with them through too much. They know that they can trust me, that I help them." For most of the family service providers, being trusted by parents was essential to having a healthy relationship.

"Building a relationship is a very long process for some families", said a family service provider while she was pointing out how challenging it might be for some families to trust their family service provider. She also added:

> The mom and the previous home visitor were very close; I knew it.
> And it took her almost 3-4 months to understand that I was there to
> help too. There were even times that mom told me that she wanted to
> leave the program since she missed the previous home visitor. I

understand that, it's natural, since parents get used to one home visitor'

style and may not want somebody else in their home.

Another family service provider explained why she thought some families experienced differences in terms of building trust toward them or the program. She said, "A brand new family may not feel comfortable telling you something they need. They don't trust that you can help them." Based on the experiences of the family service providers who believed that building relationships with families was a long process, empathy towards parents could increase the chance of parents trusting them. A family service provider shared her experience of when she started working with a family whose previous family service provider left. She said:

> With every family it takes time to build up a relationship. I wondered
>
> how it was gonna be, when I first started, since she had a relationship
>
> with the previous home visitor, but it has been positive for us. It
>
> definitely took time but we could able to build that relationship and
>
> trust. It has been really beautiful. I love this mother.

Trust was an important trait of relationships between family service providers and parents; however, as mentioned earlier from family service providers' perspective, it was seen that time played important role in terms of building trust in their relationship. This also aligned with parents' experiences. A parent who reported that she had a close relationship with her family service provider said:

> I tell her [the family service provider] pretty much everything. At the
>
> beginning of our relationship I didn't share everything, 'cause she was

new, and I was kinda like reserved a little bit, until I got to know her.

We build that trust.

Trust played an important role in the relationship of this parent and her family service provider, especially since she used to have another family service provider in her life. In addition to being dependent upon time spent building the relationship, according to some parents, trust was also associated with parents sharing issues about their family lives with the family service providers. Some parents reported that they preferred not to share some of the family troubles that they have with their family service providers since they didn't want them [family service providers] to contact authorities; however, none of the parents explicitly stated that there was a trust issue.

The other issue regarding trust in the relationship between family service providers and parents was the fragility of the trust. A family service provider shared an experience with a parent showing how fragile trust could be, not only at the beginning of the relationship, but also throughout the time they worked together. She said:

We have been working together since 5-6 months. I feel like the family

are open to me and she [the parent] is very close to me. But for an

incident, I had to make a professional decision. And I think that it kinda

ruined the relationship a little bit and also her trusting me. But I had to

make it for the safety of the family. I made a phone call which Social

Services was involved. I believe that that phone call helped the family

in terms of moving out of the shelter and moving in the temporary

housing, but when I made that phone call they came to investigate and

our relationship also suffered.

When this family service provider noticed the change in their relationship, she said that she talked to the mother and explained herself and how she wanted to help the family. After this family service provider-led dialogue, the family service provider said that their relationship changed again, but this time in a positive way. The family service provider said that the parent started to include her in some of the meetings, like those about the family's housing situation, and she said that she felt that the parent trusted her again.

These experiences demonstrated that no matter how long the family service provider was working with the family, trust was a sensitive issue to build and maintain in the relationship. These experiences also showed how the relationships between family service providers and parents could be easily damaged. At the same time, some examples showed that issues that had the potential to hinder the relationship between family service providers and parents could be solved through communication.

From the parents' perspective, dependability is another topic that was mentioned in the context of their trustworthy relationship with the family service providers. When parents talked about their family service providers, they used phrases such as "She is very punctual", or "You can go to her and ask her about anything. When I wanna talk, she is always available." or "She is always here when she says she will be here." Parents who described their family service providers in this way also reported other positive attributes such as: "She is very very nice", "She is sweet", and "She is awesome. She is very welcoming." Thus, it was seen that parents' perceptions of the dependability of their family service providers were associated with positive feelings that they had toward them.

Parents reported that an absence of judgment was something that they were looking for in their relationship with their family service providers. One parent who reported feeling judged by her family service provider said, "I know she [her previous family service provider] was supportive. She [her current family service provider] is supportive too, but she could be less judgmental. So there is little impact of the program on my goal setting." This parent expressed her frustration and her feelings when she felt that her family service provider was judging her for the parenting decisions she made. She said, "I feel like she likes to know like everything. Sometimes she should keep some of the things to herself. She doesn't mean to say, but it comes up. Sometimes I felt [she was] judgmental." She did not believe that her current family service provider was a bad person, but she described their relationship as distant. It was obvious that the way she was feeling about her family service providers was closely associated with the level of her partnership in the family goal setting process, which she reported as "none".

  Openness.

  Openness was perceived to be an important element of their relationships by both family service providers and parents. According to the family service providers, having an open relationship enabled parents to share more with their family service providers, sharing which in turn supported the identification of family needs and family goals. A family service provider linked how much parents share with them with the level of relationship as well. She said, "The more you develop a relationship with someone, the more they share more stuff." One family service provider pointed out the importance of building the relationship first in order to gather honest information from

parents. She said, "Making sure that families were feeling comfortable enough to provide honest information" was a challenge.

One family service provider believed that openness was associated with families' feeling safe enough in their relationships with their family service provider, and acknowledged that it "can be hard for some families to open up with their lives". Another family service provider pointed out that sharing information about their lives could be more intimidating to some families than others. She said:

Some families believe in the mission of the program right away. Some families, they don't know us, and trust is a big issue. And there is security, because, you know, revealing something about your family and your life, sometimes there are layers in the issues. Sometimes families don't wanna go in deep.

Moreover this family service provider pointed out that this was especially important when a family was new to the relationship. "Brand new families [families enrolled in the program for the first time] may not feel comfortable telling you something like 'I couldn't pay for food." The other issue that another family service provider pointed out is that the openness of parents towards their family service provider concerned the dynamics of the families. She said, "Sometimes it is hard for families who live with multi-generations in the same household. They sometimes say, 'My mom did it this way, and her mom did it this way; we don't ask for help.' It varies for each family." Those examples showed that having empathy and understanding were some of the strengths of these family service providers in order to be able to create trustworthy and open relationships with families.

Parents saw openness as an important aspect of their relationship with their family service providers as well. They often equated having openness with having a close relationship with their family service provider. When parents were asked to describe their relationship with their family service providers, 7 of the 8 parents used phrases like "She is awesome", "She is a good person", "She is funny, she is very bubbly", "She is like family." Those parents who expressed that they feel close to their family service providers said, "I can be very open with her. If anything bothers me, I can talk to her." and "I feel comfortable with her. I am very open to her." According to those parents, feeling close to their family service providers was also linked to sharing more about their families' lives, which was dependent upon having open relationships with family service providers.

A parent who had worked with another family service provider did not believe that she had a close or open relationship with her current family service provider. She said:

> I don't feel close to her. I felt that there is no relationship there. With the previous family service provider, I was very open, felt very close to her. I used to refer the program to others but now I don't do that. I say, "It is really good program but I really don't care for the lady doing it" kind of. With previous person, I never felt that she was nosy, but this is how I feel with her [her current family service provider] now.

Honesty.

Honesty is a part of any healthy relationship. It is also emphasized in Early Head Start programs, specifically in terms of the relationships between the program staff and parents. Early Head Start staff are encouraged to build their relationships on honesty. In the Early Head Start home visitors' handbook (Early Head Start National Resource Center. (n.d.-a), the significance of the early period in relationships with families to create honest relationships is highlighted: "The first couple of home visits provide an opportunity to establish rapport—a way of being together that is comfortable, builds trust, and inspires honest communication" (p.13). The findings of the current study also revealed that honesty played a huge role in staff and parent relationships, most prominently in the context of family service providers and parents completing the Family Map Inventories together.

The Family Map Inventory includes a number of questions that were perceived by family service providers and parents as potentially uncomfortable. For example, questions such as, "In the last 6 months, were you or someone else in your home separated from the family for more than a week (military, work, or incarceration)?" (UAMS, & Whiteside-Mansell, 2010, p.5) or "How do you feel about your neighborhood?" (UAMS, & Whiteside-Mansell, 2010, p.10) or "When your child has done something wrong, how often do you spank your child with your hand?" (UAMS, & Whiteside-Mansell, 2010, p.12). More than half of the family service providers believed that parents were not being honest with them while answering questions about potentially sensitive subjects such as drug and alcohol usage in the household, discipline practices towards their children, or the TV routines of their children.

Some family service providers who believed parents may not have been fully honest in their communications utilized those incidents as teachable moments. One family service provider said:

> I understand when they are not honest, when what they say does not fit
>
> what I see. For instance, they say they never let the TV on, but when I
>
> go to home visit, the TV is on all the time and the child knows all the
>
> songs from the commercials. Even when they're lying, I'd like to turn
>
> this negative into something positive. I am not saying that lying is
>
> good, but that gives me an opportunity to say, "You know, that's so
>
> good that you're conscious on how much TV you watch, because of
>
> this and this…".

Another family service provider said, "The issue with using Family Map is that for some of the questions, parents are not always honest such as incarceration, drug or alcohol use. Families may wanna disclose that or they may not." With new families, she explained that she wrote down the way they answered those questions; however, after working with the family for a while, she noticed that "something about this is off." Then she said that she would try to create opportunities to talk about it with the parents in a way that might maintain the partnership with them. Another family service provider described how she chose to deal with the times when she believed that a parent was not being honest to her. She said:

> No, no, no. That is not true. I know their difficulties, I know this
>
> family. But I have to take their answers as being said such and such.

Because until they are ready to realize and decide that, then it can

change.

The family service providers who believed that parents are not being honest with them used similar ways to deal with those experiences. Those similar ways could show how as professionals they acknowledge the situations and still try to create a positive attitude towards parents and families to maintain the relationship they built together. These incidents could easily turn into a breaking point for family service providers not trusting their clients, or parents being accused and feeling betrayed if family service providers acted differently.

According to the parents, the relationship between family service providers and parents was important when completing the Family Map Inventory. Moreover it seems that being honest with their family service providers depended on the nature of their relationship. A parent said:

Sometimes I felt uncomfortable. But how do you answer that without

being … [paused, incomplete sentence], you know. I don't want her

[the family service provider] to think less of me but she knows me, our

relationship with my daughter. So I feel like I can answer those

questions honestly without her looking down upon me.

This parent's experience while answering sensitive questions was dependent on her belief that her family service provider knew her. Her openness could also be due to the closeness of their relationship, the trust she had for her family service provider, her perception of having a relationship with the absence of judgment, or all of these reasons. The parent did not explicitly explained why she felt that way. However, based

on her expressions about her family service provider, it was clear that she felt comfortable enough with her family service provider to be honest.

While some parents felt uncomfortable answering questions about more personal and sensitive topics such as alcohol or drug use, and their beliefs about discipline practices towards their children, some parents expressed different perspectives about those types of questions from the Family Map instrument. For instance, a parent explained how she felt comfortable talking to her family service provider even if they did not agree on the topic. She said:

> She doesn't say anything to offend me. I am honest with her. My kids
>
> watch too much TV or they are on iPad too much. I tell her about it,
>
> and she tells me "You gotta stop that, you can't let them do it. You're
>
> the mom. You gotta stand up to it." But I let them play.

On the other hand, another parent reported that she acknowledged these type of questions differently. She said, "I felt comfortable answering the questions. When I get questions like that, it's best for the program that I answer them truthfully. It is best for the program, so the home visitor would know the whole situation about the child." Thus, it was not explicitly clear whether being asked very personal questions caused some parents not to be honest with the family service providers, or if there were other reasons why family service providers felt that parents were not being honest with them. Furthermore, based on parents' experiences, keeping themselves honest with their family service providers was clearly associated with the strength of their relationship and the feeling of being understood by their family service providers.

Respect.

In addition to trust, openness, and honesty, respect was the other essential of the family service provider-parents relationship that emerged in the family goal setting process. Respecting the roles of the families in the programs is one of the essential elements of family-centered practices where parents' voices are treated equally with the program staff (Hinojosa et al., 2001). Family service providers believed that respecting families' cultural differences and parents own decisions were critical for building relationships where they would be able to work together with families on their family goals.

A family service provider described her experiences on working with families from different cultural background. She said:

> I have worked with quite a few Hispanic families where dads are
>
> definitely detached from that. Mom is the one who is providing for the
>
> kids. Or in some Hispanic families dad's money is his and mom has to
>
> earn for the kids and the house. So it depends on the family, their
>
> dynamic, what their beliefs are. That's something I don't feel
>
> comfortable with, but this is what their culture is. I can't tell them my
>
> opinion on it. It is not my place to say "you're not doing right!"

The family service provider explained that the cultural differences of the families were something she was paying attention to in order to maintain the relationship and to be able to work on parents' terms. She said, "I just try to read the parents' cues to make sure that I hear what they are saying to me." A colleague of hers echoed her perspective through her own experiences with families from different cultural beliefs.

She said, "For different cultures, it is important to consider, to find out what is normal for this age for their culture, when is the right time for potty-training, or to stop breastfeeding? So taking them into consideration and not pressuring the parents." Paying attention to parents' values, culture, and personal timeline were important for the sake of the relationship. As a family service provider said, "Pushing might damage your relationship."

According to the family service providers, in addition to respecting parents' cultural beliefs, respecting parents' decisions was critical in order to maintain an ongoing relationship with them. For instance, a family service provider underscored the importance of the timeline of the parent in the goal setting process. She pointed out that keeping the relationship healthy might be a better choice for her than pushing for completion of the goals. She said:

> We might want families to complete something by the next visit, but
>
> they might forget about it. And if it is not life and death, so you have to
>
> be respectful about their situations. Since pushing might damage your
>
> relationship. It is like a dance.

In addition to being respectful to the timeline of families, another family service provider pointed out another aspect of showing respect to families while honoring their roles in the family goal setting process. She said:

> Sometimes as a parent, me and my husband joke about it, parenting is
>
> like giving your child the illusion of them having control, I don't think
>
> it is necessarily applies here since it would be more manipulation, like
>
> saying that you don't know anything about parenting, I'll guide you in

the right direction where you need to be. And I think it is kinda

dangerous to do that, when you're working with people. It is not nice,

and it is not respectful. End of the day, it is their life, it is their kids,

when you lose the sight of that, then you're stepping up over that line.

This family service provider emphasized that knowing the boundaries of her relationships with parents was a way of respecting families' lives and decisions.

From the parents' perspectives, being respected by the family service providers were seen as important as well. None of the parents explicitly reported that they felt they were not treated with respect in their relationship with the family service providers. However, some experiences that the parents shared showed that parents were expecting their family service providers to respect their privacy and personal lives. For example, one parent who described herself as a private person, said that "There may be something outside here what I do and nobody knows cause it is none of their business. I am mindful what I share with others." The only parent who reported not having a relationship with her family service provider shared her frustration that her family service provider commented on some of her parental decisions. She said that she felt judged and preferred to keep her life as private as possible.

Communication.

Communication has been seen as an essential component for forming and maintaining partnership between families and intervention programs (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004). In addition to trusting, being open and honest with each other and respecting families' lives, according to both family service providers and parents communication was the key to their relationships. As

one family service provider reported, "Just having a conversation is a great way to start goal setting."

Some family service providers pointed out the importance of verbal communication for getting to know families and their needs, interests and goals. While using program-required documentation was seen as a part of their role, one of the shared approaches to identifying needs and interests for family goal setting purposes, was directly asking questions about family goals. A family service provider said that she started the process through conversation and asked families, "What type of things are you interested in?" However, she added a challenge that she has been facing:

> It is not always easy, some families are not used to hearing the
>
> terminology, "goal setting." So you have to catch it in the
>
> conversation… for example when they open up about themselves, you
>
> say "Oh, I just heard you are saying that you wanna get on your own.
>
> What steps should we take for it?"

Guiding them through questions was this family service provider's approach to using communication opportunities with parents. As this example demonstrated, sometimes family service providers used a variety of approaches, based on the differences among families and how familiar they were with the family goal setting process. Another family service provider mentioned a different way of asking questions when she thought that families were having difficulty establishing goals. She pointed out that questions might help families identify their needs and also develop a future-oriented perspective. She said:

Sometimes since there has been no issue or problem, it is hard kinda be

like, "So what do we wanna work on next? We did this, so what do we

wanna do next? What is your next step?" That's the question I usually

ask. I try to find a way to say how can we get out of this? Just where do

you see yourself in 10 years? Asking really reflective questions help

parents to think about themselves and their families.

This family service provider believed that reflective questions were helpful in her relationships with the parents. She shared that reflective questions work for each family at different levels. Even when she did not get a response from parents, she still saw those moments as useful, saying "It is good that they think about it. It is like fishing, you're putting the line out there." Similar to her experiences, another family service provider said that she found it useful to give feedback to parents and to ask their feedback on the progress of the goals that were developed in the goal setting partnership with parents. She said:

Sometimes parents agree on a goal that you think it is a great goal only

not be seen as a bad parent saying no. However, one or two months

later, or while you're working on another goal, you see that goal not

completed and you wanna check with the parent if this is something

that you would like to work on.

Getting and giving feedback were other ways of using communication with parents that was shared by family service providers. According to what family service providers. Getting feedback from parents helped keep the parents as the decision

maker in the goal setting process. As one family service provider said, "None of them is written in stone; that's the beauty of the process. You can change it any time. That is ok, it is your family. Not mine, it is your life." A family service provider claimed that verbal communication helped parents to work collaboratively with them, not only on goal setting but also with the program in general. She said, "Parents need to think their lives, their children's lives, and what they feel good about, and what they would like to change. And communicate with their home visitor."

Highlighting giving feedback, a family service provider said that she reminded herself to give positive feedback to parents, believing in the idea of celebrating the successes even when they are little. She said, "We generally focus on the negative, and mothers are especially very hard on themselves. And it's also not always what family members tell them too. Even if it is little things, mothers need to hear the achievements." A couple of other family service providers had similar understandings of how to use verbal feedback and pointing out the little successes to empower parents. One of them said:

> I think that just being in the program, that is a big, you know, a big
>
> thing for them. Just encouraging them and really pointing out the little
>
> successes, just the little things that they do, and celebrate those because
>
> once they find out that any little thing that they do it goes along a long
>
> way, then they really think "maybe I should do this, maybe I should do
>
> that."

The way she saw giving feedback to families was linked to the parents' motivations toward the goals and improving themselves.

While communication played an important role in the relationships, the use of language was another topic that was discussed. A family service provider gave an example about using the right wording in order to create the positive change that she was hoping to get. She said:

> For instance, once they sit on the floor, while playing with the child, I say, "Thank you for sitting on the floor with [name of the child]." And it works, it is better than telling them, "You should sit on the floor, this is the right thing to do."

While talking to parents, the use of tone played an important role in the relationship between a family service provider and a parent with whom she was working for almost 1.5 years. She described her relationship with the parent as complicated and also added that that parent had struggled with deadlines and she felt that the parent was being resistant to her guidance. She said:

> The mom interpreted my attitudes as being pushy so I felt that I needed to be very careful with my tone, how I said things to her, so I didn't unintentionally hinder the parent for following these goals. It is not always easy and it is not always successful, unfortunately.

Similar to her colleague, another family service provider reported that she was also paying attention to the way parents tell her something in order to understand them. She explained that she sometimes uses parents' gestures and the tone of their voices to understand how they think. "I look for the cues, if she is like 'you know, Ms. [family service provider], I am not gonna do that', or if her tone is different." In

addition to considering the appropriate wording and checking for cues from the tone of voice, a family service provider pointed out the need for giving positive feedback to parents in order to motivate and encourage them towards their goals. Encouraging parents through verbal feedback was an effective way for her to keep the parent focused on the family goals. Talking about a parent who was having some challenges in her life, she said:

> It is important when your life is hard, like hers is, because she has so
>
> much on her plate, and I think it really helps her to have somebody
>
> telling her that it is great what she is doing in spite of this and this, you
>
> still got that done.

The tone of voice and wording were also important aspects of the verbal communication from the parents' perspectives. A parent shared one of her experiences regarding a dialog between her and her family service provider about a joke that she made about paying the bills. She stated that the family service provider didn't think she was joking, and her comment made the parent felt uncomfortable. She said:

> Then I thought about it and said to myself, "Alright I guess I can't talk
>
> to you about these things." Since then, I avoid telling her certain things.
>
> Now I don't talk about my bills. I just keep it simple with her now. I
>
> kinda avoid finances and personal things.

According to this parent, the way she felt about the attitudes and comments of her family service provider resulted in her reevaluating their relationship, and it ended up

with her distancing herself from the family service provider and not working on any family goals together.

There were fewer examples of non-verbal communication between family service providers and parents. However, family service providers pointed out the importance of it, especially during the early stages in their relationships with parents. A family service provider said, "You gotta be up in what their body language tells you, since if you lose them you're not gonna get them back, especially if you touch an area of trust." A parent who had been working with the same family service provider for almost two years, but knew her from the program for more than five years and believed that she had a good relationship with her, said:

> When she comes, she sits on the floor with them and does her weekly games and stuff with them. It is important that when they come here, she doesn't just sit on the couch. She sits with the kids and play with them. If they get dirty, she gets dirty too. She is just very friendly. The kind of way she is around that she is just like family.

As this parent expressed, the way her family service provider acts was apparently important to her and played a role in her feelings toward her family service provider and their relationship.

In addition to the communication between family service providers and parents, communication between family service providers and the children also was an important factor for parents' perceptions about their relationship with their family service providers. Most of the parents shared that their children loved the family service providers and looked forward to seeing them at the home visits. Those parents

also reported more positive perceptions toward working on family goals with their family service providers.

The Summary of the Family Goal Setting Process in the Early Head Start Program

"This is a changeable, moving process throughout a family's time in our program that will develop and support a parent's abilities to continue this skill throughout their lifetime." This quote from a family service provider summarizes the family goal setting process in the Early Head Start from the perspectives of most of the family service providers. However, the family service providers agreed that the details of the family goal setting process differed from one parent to another parent. Similarly, those parents who had worked with more than one family service provider shared their experiences which highlighted the uniqueness of each relationship and how this relationship impacted the family goal setting process.

The family service providers believed that in order to work with families on their family goals, the family service provider needs to be aware of the families' needs and motivations towards their goals, their interests, mental health, and the cognitive skills of parents. They also pointed out the importance of parents being open to intervention and having trust in the family service provider, which allowed them to share and communicate, and were essential to their partnerships with families.

Parents expressed that they valued trust and openness in their relationship, and appreciated family service providers who were resourceful, punctual, available and respectful of their decisions and family lives. The family goal setting process was seen as a parent-driven and future-oriented process by both family service providers and parents.

Family service providers were less child-centered when compared to the parents' responses about family goals. All parents' main focus of their family goals was their children, whereas family service providers were more likely to focus on the impact of everyone in the children's' lives, seeing the family as a whole and how all systems around the children have an impact on the children as well.

Participants' Perceived Challenges in the Family Goal Setting Process.

Family service providers and parents alike perceived the goal setting process as challenging. While some of the challenges showed similarities, some were unique to the family service providers' or parents' perspectives. Several family service providers reported challenges related to families' difficulties in setting goals or working on the goals in a timeline. As one family service provider pointed out, "We are working with a very high need population with many different stressors and risk factors in their lives." Sometimes these challenges, as some family service providers highlighted, kept families from seeing beyond the present and kept them stuck in daily struggles, especially housing, financial issues, and food insecurity. As one family service provider said, "It's not easy for them to see beyond the next day."

Additionally, many of the family service providers pointed out how challenging it could be for some families to see the connection between a goal and its impact on the family's future. For instance, a family service provider said:

It is just sometimes getting the parents to see how it benefits them is

challenging. Going back to school and get your GED can help you to

get that better job 'cause you don't wanna clean the bathrooms for the

rest of your life, you know, but you can't get a good job, cause you

don't have the education. Sometimes it's hard to bridge them together

so that parents can see that it will benefit you in the long run.

Bronfenbrenner (1975) noted that when "families live under such oppressive circumstances … they are neither willing nor able to participate in the activities required by a parent intervention program. Inadequate health care, poor housing, lack of education, low income and the necessity of full-time work" (as cited in Dunst et al., 1988, p.1) are a few of the challenges that Early Head Start families face. Aligned with Bronfenbrenner's statement, a family service provider said, "Some families are in survival mode and trying to figure out what the next day plan is, and not focusing on the family goals or future" which could be a reason for those families' lack of engagement in the goal setting process.

Some family service providers expressed the challenge of having parents be less motivated and less enthusiastic towards working on goals. A family service provider explained a possible reason for parents not engaging in the family goal setting in a different ways. According to her, one potential explanation for parents not being engaged with the family goal setting process was families not being aware of the need for the goals. She said, "Sometimes families don't wanna set a goal, they are fine where they are at. They don't feel like they need housing or help with routines. They feel like everything they do is just right."

Another challenge that family service providers reported was creating individual time and attention for each family in order to follow up on their family goals. The number of families that family service providers work with was a common issue that was discussed by family service providers in terms of balancing their work time among the families in the program. The number of the cases in each family

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service provider's caseload was determined by the program under the performance standards of Early Head Start. As stated in the Early Head Start Tip Sheet (n.d.):

> Regulations do not specify the number of children to be served within each home visitor's caseload. Instead, caseloads are determined by the number of families. Each home visitor must maintain an average caseload of 10 –12 families with a maximum of 12 families. It is important for the program to ensure that each child enrolled receives appropriate and individualized services (p.1).

In a study that aimed to understand the needs of staff in Head Start programs, Harden, Denmark and Saul (2010) wrote that home visitors reported being overburdened with responsibilities within the organizations. One common problem that emerged from their study was that home visitors were overwhelmed with the large caseloads they had. A center-based family service provider shared her experiences about her caseloads and how it impacted her daily and weekly work routine:

> In the child center, I have an office but and I can't be at the center in the mornings, when parents and I can see each other while parents dropping off their children or in the evening picking up them. I am missing that opportunity to see them; however, based on a simple math, since I have twenty families in my caseload and each family has a monthly visit, so I have to make a home visits almost every day with a family. I am trying to find a balance to stay here during those times, 'cause parents might wanna see me and share something.

Parents also expressed some challenges about the family goal setting process. Parents reported fewer program-based challenges and concerns regarding family goal setting than family service providers. Parents also discussed less explicit challenges regarding the family goal setting process in the Early Head Start program.

There were three main challenges that parents shared. The first challenge had to do with carrying the full responsibility for the family as well as family goal setting. Parents accepted family goal setting as one of their parental responsibilities; however, some expressed feeling exhausted and overwhelmed since they were the only providers and doing everything in their families on their own since their children's fathers were not around. One parent reported, "I am about to burn out right now. I do everything. I work to provide everything, 'cause their dad can't. He is away..." Another parent expressed similar thoughts; "I am working on one goal at a time, 'cause when I have too many I am overwhelmed. But my role is to be in charge, be active." While some parents expressed their appreciation for working with family service providers, working with their family service providers on family goals could be seen as an additional source of stress for some parents. This could be due to feeling responsibility towards them since they had a relationship and/or seeing the family service provider as an authority figure.

The second perceived challenge by the parents in the family goal setting process was working on multiple goals while they were trying to deal with their daily struggles and children's routine needs. Similar to what family service providers expressed, some parents shared their feelings regarding trying to work on more than one goal, such as looking for a better job and a better neighborhood and helping their children's developmental needs. One of the parents said, "I tried to do multiple goals

at the same time, but it didn't work for me. I work on a goal and when I complete it, we [she and her family service provider] set another goal."

The third and the last challenge that parents were facing in the goal setting process was associated with their relationship with their family service providers. For some parents, the process was challenging if the relationship between the parent and her family service provider was distant due to the busy schedules of the parents. One parent said, "Right now our relationship is distant. It is distant, 'cause I am on the go. But I still stop by in her office and give her a little spark and I am on the go again." This parent also shared that she had missed a couple of her home visits, and she knew that her family service provider wanted to talk to her. As this example showed, sometimes parents' busy schedule played an important role in this relationship where family service provider and the parent faced challenges to meet in person and talk about family goals.

As discussed in detail, the definition of a family goal, purposes of the family goals and the family goal setting process in the Early Head Start program, the roles that participants saw for themselves and others, as well as the relationship between family service providers and parents showed similarities and differences. However, the range of differences in the perspectives did not create a huge contradiction between family service providers and parents. The findings of the study show that there was an overall cohesion and minimal contradiction between these perspectives. Even though the ideas and perceptions of the participants were not identical, they were consistent with Early Head Start's family goal setting approach and family partnership philosophy.

Conclusion of the Study Findings

Participants' perceived purposes of the family goal setting process, participants' perceptions of their own and others' roles in the family goal setting process, and participants' perceptions of the relationship between family service providers and parents in the family goal setting process were discussed in this chapter. These findings were illustrated with quotes from fourteen family service providers and eight parents in an Early Head Start program. The findings suggest that the family goal setting process is a dynamic partnership shaped by how both parties define a family goal, how both parties see the purpose of the process, the roles they perceive for themselves and others, as well as agreement on the importance of trustworthy, open, honest and respectful relationships.

Chapter 5

DISCUSSION

The purpose of this study was to explore how the family goal setting process was experienced by family service providers and parents in one Early Head Start program in order to contribute to the small body of research on family goal setting in Early Head Start programs. This study aimed to address the following research questions:

1. How do family service providers (home visitors and family advocates) perceive their experiences with the family goal setting process in the Early Head Start program?

2. How do parents perceive their experiences with the family goal setting process in the Early Head Start program?

Three data sets were collected in order to address the two research questions of the current study. An online survey was sent out to the 14 family service providers and later 8 of them were interviewed. In addition to this, 8 parents were interviewed individually. Both online survey and semi-structured interviews consisted of qualitative questions. These three data sets provided a wealth of knowledge of the participants' family goal setting experiences in the Early Head Start program.

Open coding was used to examine the data sets in order to understand the perceived experiences of the participants. Data analysis revealed three main themes related to both family service providers' and parents' perceived experiences of the

family goal setting process. In addition to these three themes, how participants defined a family goal was also examined in order to understand participants' perspectives. The findings of the study were illustrated by verbatim quotes of participants and presented in the previous chapter.

In this chapter, the three theoretical frameworks that were utilized to understand the study findings will be re-visited. Then, the themes of the study's findings will be linked to the literature. The chapter will conclude with the limitations and strengths of the study, the implications of the study findings, and concluding thoughts.

Theoretical Considerations

Three theories served as the framework for the current study to guide understanding of the perceived experiences of the participants in the family goal setting process.

Bio-Ecological System Theory.

Using Bio-ecological Theory was helpful for understanding the family goal setting process in an Early Head Start program since the theory highlights all the systems in which families are involved. Garbarino (1992) also claims that bio-ecological systems theory best reflects the dynamic nature of actual family relations. The five ecological systems were helpful in framing the ways both family service providers and parents experienced the family goal setting process. Differences in perceived experiences were mainly rooted in individual preferences, familial preferences, and cultural beliefs about child care and development. Other important factors in experiences were expectations of the family service providers and parents

from the Early Head Start program and of each other, as well as the relationship that they built together.

Using bio-ecological theory was also helpful for seeing both family service providers' and parents' perceptions of their priorities and focuses in the family goal setting process. Family service providers reported having more ecological perspective than parents. For instance, they discussed how a family member impacts the whole family and how they discuss with families the need and importance of seeing those connections while they were working on family goals.

Most parents reported that they set their family goals by considering the needs of their children and families. For instance, the main reason given for going back to school to get their GED or finish a college education was in order to have a better-paid job with more resources for them and their families and to promote a better future for their children. This child-focused perspective was also seen in some family goals such as parents' education and employment. Most of the parents' responses showed that they made connections between their goals and the impact of goals on their children and the whole family.

Working on a goal was a challenge for many parents. These parents described their feelings of being overwhelmed with their living situations, feelings which impacted their family goal setting process in the program. They needed external motivation to push them towards their goals. Bandura (1991) states that people cannot influence their own motivation and actions very well if they do not pay adequate attention to their own performances, the conditions under which they occur, and the immediate and distal effects they produce. Thus, these examples demonstrated how

families play an important role as motivation for parents to make progress towards their goals.

Bio-ecological theory was also useful to understand some of the differences in the perceptions between family service providers and parents based on cultural beliefs. For instance, one family service said, "For a different culture, it is important to consider to find out what is normal in this age for their culture, when is right time for potty-training, or stop breastfeeding? So taking them into consideration and not pressuring the parents." She and some other family service providers pointed out the importance of determining what is normative in the culture of the family, and not basing judgment on her own beliefs.

The comprehensiveness of the Early Head Start program requires individual programs to create partnerships with community agencies and resources. Programs are asked to connect families with community resources based on their needs. Participants reported that some of these resources were community agencies, other early childhood programs, job fairs, clothing and food banks, and financial aid for low-income families. Participants, both family service providers and parents, reported that when working on goals, family service providers act mostly as a resource or bridge between families and resources, creating a partnership between community and families. The community partnership for family goal setting in the Early Head Start program is an important aspect, which can be explained and supported by bio-ecological theory. Perkins, Ferrari, Covey and Keith (2005) state, "Understanding of ecological theory can lead home economist/human ecologist to form collaborative relationship in the community to prevent problems and to create solutions for the situations facing children, youth and families" (p. 355).

Being aware of community resources and creating partnership with other community agencies and programs were some of the ways that family service providers worked with families toward their goals. Erikson and Rutz-Riemer (1999) point out that for human services programs to meet the individual needs of each child and family, agencies must work collaboratively.

Family System Theory.

Family systems theory was helpful in examining how family service providers viewed the families in the family goal setting process. Most family service providers reported the variety of the family goal setting process was due to the uniqueness of each family. The study's findings revealed that family service providers described complex family dynamics as the reason why some families behave the way they do in a given situation, and this understanding enabled them to work with families based on the families' needs and dynamics.

According to family service providers, sometimes families do not realize the interconnectedness of the people in their same household. One family service provider pointed out that she tried to talk to her families in the early stages of their relationships about the idea that everyone in the same household had an impact on each other and certainly on the development of the children. She said that it was important for the families to understand this connection in order to be able to make goals for whole family, and important for family members to be supportive towards each other to meet goals that they set together.

Family system theory focuses on the boundaries of each family. Walsh and Giblin (1989) relate boundaries to limits, togetherness and separateness – what or who is in or out of the family. Most of the family service providers recognized that all

families have different levels of boundaries and these differences impact the way they worked with them on family goals. It takes more time for some families to include their family service providers into their family system of close relationships.

Family Resilience Theory.

McCubbin and McCubbin (1988) define family resilience as "characteristics, dimensions, and properties of families which help families to be resistant to disruption brought about by change and adaptive in the face of crisis situations" (p.247). This perspective is certainly needed when working with families in Early Head Start programs who are buffeted by numerous crises and persistent stresses that might devastate their family and personal functioning (Walsh, 2006).

Shonkoff, Phillips, & National Research Council (U.S.) (2000) point out that not only possible impacts of risk factors such as domestic violence and parental mental illness should be considered, but also that protective factors in families' lives, such as strong family ties, should be taken into account in intervention programs. Having a family resilience approach in the Early Head Start program was seen as an essential perspective that utilized a strength-based approach towards families rather than deficit-based approach. Many family service providers highlighted the importance of a strength-based approach not only for working with families towards their goals, but also to develop partnerships with parents in any program service. However, according to the family service providers, utilizing a strength-based approach was sometimes easier said than done, partly because family service providers had diverse perspectives on what family and parent characteristics of resiliency looked like.

Family resilience theory was also helpful in highlighting the importance of social support and the context of families (White & Klein, 2008). These were concepts

that were instrumental to the success of their family goals. Gatz, Bengtson and Blum (1990) claim that some families may require special support as parents and caregivers take on increasingly higher loads of caregiving. For family service providers, being aware of the risk and protective factors of the families was helpful in order to understand the needs of the families and be more flexible and empathetic towards the families.

Linking the Findings of the Study with Literature

The lack of literature focusing on family goal setting in Early Head Start programs made it challenging to make connections with empirical studies. However, in the following section, findings will be discussed mainly in light of the literature on the partnership between professionals and parents.

Purposes.

According to the family service providers, the primary perceived purpose of family goal setting was to give guidance and support parents. This perspective supported the vision of goal setting as a family-driven process. Providers believed that in order to work with families on their goals, parents should be willing to work on the goals, feel ready for the goal, and see the benefits of the goals for themselves and their families. In other words, all family service providers believed that goals should be set by the families. However, they all also addressed challenges that they have encountered over the years regarding parents struggling to set family goals.

Based on the findings of the study, some of the family service providers claimed that to be able to develop family goals parents needed to have certain skills and abilities. However, according to family service providers, not every parent is

equally skilled in setting and working toward goals. In some cases, this may have been because a parent might have cognitive delays. Azar, Miller and Stevenson (2013) state that the exact prevalence of parents with cognitive challenges in Head Start parent population is unknown, as relatively little attention is paid to the adults with cognitive challenges living in the community after exiting the school system. The authors claim that although Head Start is successful in engaging and involving many parents in their children's educational experiences, parents with cognitive challenges may present unique needs that create challenges to engagement and involvement in their children's education, and they suggest that specific programming is needed to address their needs (Azar et al., 2013).

In addition to parents' cognitive abilities, a family service provider also highlighted another important issues regarding parents' family background related to goal setting abilities. Locke and Latham (2002) claim that people use the knowledge and skills they have already acquired to face new challenges, and if a parent did not grown up in an environment that provided the experiences required to develop essential skills, then it is natural to expect them to struggle. In addition, Finello and Poulsen (2011) claim that parents of infant and toddlers may have limited experience interacting with social services and require additional supports to understand that their contribution to the services is expected and valued.

Adversity among families in Early Head Start programs is very high and Early Head Start programs selects families who are in the highest need. Moreover it is noted that stress and adversity has a great bearing on family mental health (U.S. Department of Health and Human Services, Administration for Children and Families, 2006). For those reasons, it could be expected for Early Head Start staff to keep in mind that

parents with mental health issues may require additional support in the family goal setting process. This might require them to adjust their family goal strategies based on the needs of the families, which naturally would impact the purpose of the family goal setting process for those families. This understanding also aligns with a family-centered approach that sees parents as equal partners to the professional staff in the program.

Roles.

Early Head Start family service providers have a number of roles that they are expected to fill in order to address family needs. The program requires them to: conduct home visits (weekly or monthly), prepare for the home visits, do child assessments, write program reports, attend staff meetings and reflective supervision sessions, and facilitate the family partnership agreement process. Specifically in terms of the family goal setting process, Early Head Start staff is expected to:

> Help families identify a goal is the first step in the process, and then
>
> comes the challenge of figuring out how to make that goal a reality;
>
> encourage families to think through the steps they need to take to reach
>
> their goals; break down large goals into manageable, concrete steps; be
>
> prepared to change direction as the family needs and resources change
>
> and always celebrate achievements, both large and small. (U.S.
>
> Department of Health and Human Services, Administration for
>
> Children and Families, 2003, p.6)

This could mean that family service providers already have assigned roles for the family goal setting process simply by being a member of the Early Head Start staff. However, as stated in Early Head Start documents, including in the Early Head Start program strategies about the family partnership agreement process, staff is encouraged to be prepared to use a variety of opportunities for families to create a partnership and family goal setting process unique to each family.

In addition to the program-required roles, family service providers perceived several other roles for themselves in order to partner with families in the family goal setting process. These roles were based on the needs of the families and shaped through relationships with the families. Family service providers included parents in every step of the family goal setting process, and the findings of the study supported a family-centered approach which emphasized parental involvement in decision-making, collaboration, partnership, acceptance of the family's choices, and empowerment (Law et al., 2003; Law et al., 2005).

In the literature, the role of professionals working in family-focused programs has not been defined in any one way due to the variety of home visiting programs (Riley, Brady, Goldberg, Jacobs, & Easterbrooks, 2008). It is also claimed that each professional's role is based on the goals of the program and is shaped by her/his relationship with her/his clients (Halpern, 1986; Klass, 1996, Riley et al., 2008). As shared by the family service providers in the current study, their relationship with parents had an important impact on the way they saw their role in the goal setting process.

Riley et al. (2008) claim that despite the certain roles assigned for professionals in home visiting programs, the literature highlights the role of the

professionals as a "friend" and equal to the parent. In the current study, none of the family service providers or parents defined the family service providers as being friends to the parents. However, in most cases both parties saw themselves as equal in their partnerships. Some family service providers saw themselves as a helper or a teacher.

The findings of Hebbeler and Gerlach-Downie's (2002) qualitative study showed that the home visitors believed that their role was "vis-à-vis the parent and child development" (p.38), like being a counterpart or their equally-powered partner. Those findings supported the findings of the current study where some family service providers explained their roles as reminding parents about important issues around children's needs and development, even sometimes they felt that parents thought them as pushy.

In terms of perceived roles for parents, by accepting parents as active members and creating opportunities for parents to make contributions to the process, a family-centered understanding was observed in family service providers' approaches to working with families in the family goal setting process. While parents were using their rights to be heard in the program this did not prevent family service providers from sharing their concerns. While it is believed that family-centered service delivery will require that families have more choices and opportunities to tell their stories, this does not mean that professionals must keep quiet about their concerns (Anzola, n.d.; Vincent, 1991).

Family service providers' and parents' perceived roles for parents were also aligned with studies focusing on the partnership between professionals and parents. For instance, the study findings of Øien et al., (2009) about perceptions of parents and

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professionals regarding goal setting in pediatric rehabilitation revealed that parents saw their roles in the rehabilitation program as "drivers" meaning that parents took ownership of the goals and took a lead in the goal setting process. The findings of the current study also pointed out that both family service providers and parents saw parents as having major roles in the family goal setting process. Those perspectives echoed important themes that emerged in other studies, such as Forsingdal et al. (2013) which showed that parents of children in multidisciplinary services saw their roles in a range of various levels including: dependent role, active participator, and collaborator. In the study by Forsingdal et al. (2013) parents who saw themselves as having an active participator role in their relationship with professionals were the ones who "searched for more understanding, followed-up on activities at home, and reported back on their child's progress" (p.5).

Relationships.

According to the participants of the current study, building relationships between family service providers and parents takes a long time but is essential for the family goal setting process (Blue-Banning, et al., 2004; Dinnebeil, Hale, & Rule, 1996, 2000). Most of the family service providers pointed out that identifying the needs and interests of the families was quicker and easier when there was a positive relationship between family service provider and parent(s). Some researchers claim that the parent-provider relationship is dynamic and proceeds through various changes as the client's needs change (Klass, 1996). That claim is supported by some of the experiences the family service providers shared.

The degree to which family service providers are aware of families' needs and parents' characteristics may impact parents' program engagement as well. Ingber, Al-

Yagon and Dromi (2011) stated that, in the context of mothers' engagement in a program for their children with hearing loss, taking mothers' emotional and motivational characteristics and context-based perceptions into consideration may be an important factor in understanding their engagement with the early intervention program. Despite the fact that these studies were conducted in different contexts, this can be applied to the engagement of parents in the family goal process as well.

Matching cultures between the home visitors and the parents may also be an important factor for their relationship and keeping the respectful foundation of the partnership. For instance Wasik (1993) claims that relationships between people of the same race and ethnicity are developed more readily. However, based on the findings of this study, although the family service providers did not have the same cultural background with the family, they reported that they could maintain their professional relationship with the family and respect parents' values and beliefs. These findings were supported by empirical studies that support the idea that a cultural match between providers and parents is not necessary, as long as the providers are respectful of the families' cultural identities (Klass, 1996; Proctor & Davis. 1994; Riley et al, 2008; Wasik, 1993).

Riley et al., (2008) claim that the role of home providers, meaning the professional of the programs who deliver home visiting services, is a challenge since it varies greatly among programs due to the aim and philosophy of the programs. However, they say that the literature on the topic highlights the role of the provider as a "friend" and equal to the parent. The findings of the current study were aligned with this statement, since most of the parents who reported having positive relationships with their family service providers describe them as nice, friendly and/or like a family

and did not report an issue of feeling unequal with the family service providers. The positive expressions of parents about their family service providers were aligned with recent studies of parents who described a close relationship with their home visitors, and compared them to a family member or a friend (Allen, 2007; McCurdy & Jones, 2000; Klass, 2003).

In addition, the presence of equality in the relationship played a critical role in building the relationship between family service provider and parent. Communication was also emphasized by the participants as an essential part of their trustworthy, respectful relationships. Family service providers valued having open verbal communication with the families to create the partnership. They emphasized the important role of frequent and honest communication. Blue-Banning et al. (2004) highlighted similar findings in their study about how parents and professionals emphasized the need of open and frequent communication which was identified as *quality* relationship. The study findings of Blue-Banning et al. (2004) also pointed out similar findings with the current study about parents and professionals' emphasis on *the need of two-way communication, that is, for professionals and parents listen carefully and nonjudgmentally what the other has to say* (p.175).

Sharp, Ispa, Thornburg and Lane (2003) claimed that it could be expected that alignment of positive emotionality between parents and professionals would be associated with more positive relationship quality. Moreover, the literature on family engagement in Early Head Start programs indicated that a close bond between home visitor and parents was a key ingredient for successfully engaging families in the program (Brookes, Summer, Thornburg, Ispa & Lane, 2006). Based on the three robust data sets of the current study, whose findings align with past empirical studies,

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it can be concluded that the relationship between family service providers and parents profoundly influences the perceived experiences of family service providers and parents.

Limitations and Strengths of the Current Study

There are several limitations in this current study. These limitations could potentially be minimized in future studies on the goal setting process in Early Head Start programs.

The researcher's role might be considered a limitation in the current study in two ways. First, during the time of the data collection the researcher was working in the Early Head Start program. As explained in the methodology chapter, the researcher did not have authority over the family service providers and also did not work with families directly. During the data collection period, the researcher did not observe any hesitations from the family service providers about sharing their experiences. However, it is possible that three of the family service providers might have thought differently since they did not complete their surveys even though they agreed to participate in the study. Some of the family service providers shared hesitations they had regarding participating in the study due to the time they needed to spend on the survey, the research being known and supported by the program administration, [as told by a family service provider] and the topic of the study being delicate for some families because of the legal status of the families [as told by another family service provider]. When the researcher discussed those concerns with them, all agreed to participate in the study. However, it is possible that they chose not to answer all the survey questions or not to share all their thoughts during the interview.

The researcher was involved in every step of the study. As Rubin and Rubin (1995) point out, she was not a rootless stranger, meaning she was accepted as someone who had shared experiences with the participants. Starting with the recruitment process with families and earlier work experiences with family service providers, participants appeared to be relaxed and comfortable enough to share their personal experiences, including personal family information and complaints regarding program requirements or administrative issues. Rubin and Rubin (1995) claim that mentioning that you had some relevant job experience or having mutual people in your lives may make interviewees feel more confident that you will understand their answers. During the individual interviews, the researcher could see those benefits. This shared experience was very helpful in understanding participants' experiences as well as making relevant comments and probes during the interviews, giving participants more opportunities to elaborate and explain their responses more fully than they might have if the researcher had not been familiar with their work.

While the researcher was an insider in the study, she had a role as an outsider too, meaning that the researcher was not a person who had power over family service providers and families in the program. Thurgood (2001) highlights the potential benefits of having an outsider speak with participants in an Early Head Start program in order to evaluate and improve their program. While families may be unwilling to share their experiences with the program staff, they might be more willing to do so with an outsider. This might also be considered a strength of the current study as well. As an outsider in this study, the researcher's outsider status may have allowed participants to speak more freely, since she was not representing any authority over the parents and family service providers.

In addition, since the researcher is a non-native speaker of English, during the interviews it was accepted as natural and non-threating when she asked the interviewees to further explain some of the phrases they used during their responses. While participants were explaining what they meant, they talked more, leading to richer and more robust interviews. This led in some cases to the researcher and interviewees developing a shared language during the interview, such as using similar metaphors for an incident or making connections with an issue which they had discussed earlier in the interview. Rubin and Rubin (1995) acknowledge this shared language as a way interviewer and interviewee develop shared understanding as the interview relationship evolves.

Another potential weakness of this study was a lack of diversity in the sample. The lack of diversity among family service providers and parents was due to the selection criteria, the small sample, and the absence of some forms of diversity in the population of the Early Head Start program. All possible efforts were made to increase the diversity in the small sample of the study; however, diversity in gender, race and ethnicity of the participants as well as family type of the parents was lacking.

All family service providers and parents who were interviewed were female. There were not any male family service providers in the Early Head Start program, so having a sample of family service providers who were all females was inevitable. However, for parent interviews, although it was not specifically required that mothers participate, those who responded to the invitation to participate were all mothers. When the recruitment was finished, it turned out that six of the eight parents were single parents. This was not intentionally selected for, however, it was not surprising. The population of the Early Head Start program in the program year for data

collection included 219 families, 91 of whom were two-parent families and 128 were single-parent families. Thus there was not a father figure in their lives that could contribute to the family goal setting process.

The participants were not selected based on their race and ethnicity. However, due to the need to focus on parents whose primary language was English, almost half of the families in the Early Head Start program were excluded. Thus, the perspective of the parents whose primary language was not English, and who likely have a different cultural background, were not included in the study.

Implications of the Study for Future Research

Future studies on family goal setting in Early Head Start programs would benefit from including the perspectives of Early Head Start program administrators and supervisors. In center-based Early Head Start programs, including teachers could also contribute to an examination of the collaboration between parents, family service providers and teachers. For those families who receive other community services in addition to the Early Head Start program — for instance for their children with special needs— including other professionals who work with families could also provide more robust information regarding family goal setting. These additional participants would enable researchers to have more comprehensive data to analyze the goal setting process in Early Head Start programs.

In the current study, the aim was not to correlate the perspectives of family service provider and parents, however it could be a reasonable research proposal for a Early Head Start program to evaluate the match between the perspectives of both partners and program goals. Gomby (2007) claims that when program and family goals do not align, chances for success are limited. For example, one of the four

primary goals of the Healthy Families of Massachusetts program was to defer subsequent pregnancies, but very few mothers selected that as their goal, and more than 90% reported that their home visitors' opinions on the topic did not affect their own decisions about family planning (Jacobs, Esterbrooks, Brady, & Mistry, 2005). Thus, for program improvement purposes, alignment in goals between a family service provider and the parent that she works with would be a contribution not only for improving the quality of the partnership, but also of the program itself.

The aim of the current study did not address the impact of the Early Head Start program on the goal setting of whole family and if there were any positive spillover effects (Gomby, 2005). Positive spillover effects refer to the benefits that the Early Head Start program may provide to other family members. It is reasonable to expect that the goal setting of one parent would likely have an impact on the other parent or any other adult in the same household. Thus including the perspectives of other adults in the household who have impact on the goal setting process would be an additional contribution to study in this area. It would also be advantageous for future research endeavors to include data and information from fathers and father-figures in order to have a better understanding the family dynamics and also increase collaborative work with all parents at the same time for the two-parent households. This could also be a good contribution to Early Head Start's father engagement approach.

The populations served by Early Head Start programs are highly diverse. Most of the Early Head Start families might have similar family characteristics such as family income, educational level of parents, or housing situation of the family. However, there are many different family types in the Early Head Start programs. Accepting the philosophy of uniqueness of each family and its dynamics, future

research could also contribute to the family goal setting process by including a variety of family types such as extended families, grandparent families (grandparents who have the custody of the children in the program), multigenerational families, LGBT families and multiracial families.

Concluding Thoughts

Family goal setting is a mandated component of Early Head Start programs. The aim of this study was to understand how Early Head Start staff and parents experience this process. The study findings indicated that most of the family service providers and parents appreciated the opportunity to set goals together and work toward those goals within trustworthy, respectful partnerships in the Early Head Start program.

As Gerson (2009) states, families are fluid and dynamic: "Family life is a film, not a snapshot (p. 739)". A family service provider of the current study also said, "The family goal setting process with families is a journey." Therefore, it would be accurate to say that no research could ever be enough to capture the whole film; however, each contribution to research in this area adds a step to the journey.

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CONSENT FORMS

University of Delaware
Informed Consent Form for online survey_ Family Service Providers

Title of Project: The Analysis of Family Goal Setting Process in one Early Head Start Program from the Perspectives of Family Service Providers and Parents
Principal Investigator: Sevil Buzcu

Dear family service provider,
      You are being asked to participate in a research study. This form tells you about the study including its purpose, what you will be asked to do if you decide to participate, and any risks and benefits of being in the study. Please read the information below and ask the researcher questions about anything we have not made clear before you decide whether to participate. Your participation is voluntary and you can refuse to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled. If you decide to participate, you will be asked to sign this form and a copy will be given to you to keep for your reference.

WHAT IS THE PURPOSE OF THIS STUDY?
      The aim of this proposed study is to examine the family goal setting process, an important element of the family-program partnership in the Early Head Start program which has home-based and center-based program models. To obtain the information, family service providers who directly work with families on a weekly or monthly home-visits basis have been chosen as the resource. Addition to this, some families will be selected to be heard for their perceptions and experiences of family goal setting in the Early Head Start program. The study is not a program evaluation study; it's a lived-experienced study for a dissertation research.

WHAT WILL YOU BE ASKED TO DO?
      Once the consent forms from all family service providers are collected; you will be receiving an email of a link to the online survey. The survey consist of short answer questions related to family goal setting in the Early Head Start program. The online survey will be anonymous. You will be given one week to complete it. The survey requires approximately 30-35 minutes of your time to complete.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

There is no known risk for you to participate in this survey. It's your right to leave the study any level where you feel uncomfortable answering any of the questions.

WHAT ARE THE POTENTIAL BENEFITS?

You will not benefit directly from taking part in this research. However, the knowledge gained from this study may contribute to our understanding of family goal setting process and eventually family partnership agreement which is one of the key components of Early Head Start and the Early Head Start Program itself as an agency. It is my hope that your answers will help the program and other Early Head Start programs improve the family goal setting process, perhaps through better training and support of family service providers.

HOW WILL CONFIDENTIALITY BE MAINTAINED?

Every effort to keep all research records that identify you confidential to the extent permitted by law will be made. In the dissertation and in the event of any publication or presentation resulting from the research, no personally identifiable information will be shared. The names of the subjects will not be identified; they will be described as "a parent", or "a family service provider" in the written texts.

The online survey will be created on the University maintained website. The survey will be anonymous. When the survey pool is closed the individual survey forms will be saved with no name as another document without revealing any name in a computer on the University maintained server. The online surveys will be deleted permanently, after the completion of the study. Any other paper documents will be shredded after three years.

General findings of the study, without revealing any name and identifiable descriptions, may be shared with the policy council and administrative level of the Early Head Start program, only when the study is complete and approved by the dissertation committee.

Your research records may be viewed by the University of Delaware Institutional Review Board, but the confidentiality of your records will be protected to the extent permitted by law. Since it's a dissertation research, my academic committee will be overseeing my study; however, your name, any information which might reveal your personal information will not be shared.

WILL THERE BE ANY COSTS RELATED TO THE RESEARCH?

There will be no direct or indirect costs for you if you choose to participate in this study, aside from the time needed to fill out the survey.

WILL THERE BE ANY COMPENSATION FOR PARTICIPATION?

There will be no compensation for participation to the study.

DO YOU HAVE TO TAKE PART IN THIS STUDY?

Taking part in this research study is entirely voluntary. You do not have to participate in this research. If you choose to take part, you have the right to stop at any time. If you decide not to participate or if you decide to stop taking part in the research at a later date, there will be no penalty or loss of benefits to which you are otherwise

entitled. Your refusal will not influence current or future relationships with the University of Delaware and the Early Head Start program.

WHO SHOULD YOU CALL IF YOU HAVE QUESTIONS OR CONCERNS?
     If you have any questions about this study, please contact the Principal Investigator, Sevil Buzcu at <u>sevil@udel.edu</u>
     If you have any questions about this stud, you can also contact my academic advisor Dr. Cynthia Paris at <u>cparis@udel.edu</u>
     If you have any questions or concerns about your rights as a research participant, you may contact the University of Delaware Institutional Review Board at 302-831-2137.

_____

Your signature below indicates that you are voluntarily agreeing to take part in this research study. You have been informed about the study's purpose, procedures, possible risks and benefits. You have been given the opportunity to ask questions about the research and those questions have been answered. You will be given a copy of this consent form to keep. Thank you for your time and support.

Signature of Participant   **Date**

_____
Printed Name of Participant

_____

<div align="center">

University of Delaware
Informed Consent Form for online survey and individual interview_
Family Service Providers

</div>

Title of Project: The Analysis of Family Goal Setting Process in one Early Head Start Program from the Perspectives of Family Service Providers and Parents
Principal Investigator: Sevil Buzcu

Dear family service provider,

You are being asked to participate in a research study. This form tells you about the study including its purpose, what you will be asked to do if you decide to participate, and any risks and benefits of being in the study. Please read the information below and ask the researcher questions about anything we have not made clear before you decide whether to participate. Your participation is voluntary and you can refuse to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled. If you decide to participate, you will be asked to sign this form and a copy will be given to you to keep for your reference.

WHAT IS THE PURPOSE OF THIS STUDY?

The aim of this proposed study is to examine the family goal setting process, an important element of the family-program partnership in the Early Head Start program which has home-based and center-based program models. To obtain the information, family service providers who directly work with families on a weekly or monthly home-visits basis have been chosen as the resource. Addition to this, some families will be selected to be heard for their perceptions and experiences of family goal setting in your Early Head Start program. The study is not a program evaluation study; it's a lived-experienced study for a dissertation research.

WHAT WILL YOU BE ASKED TO DO?

Once the consent forms from all family service providers are collected; you will be receiving an email of a link to the online survey. The survey consist of short answer questions related to family goal setting in your Early Head Start program. The online survey will be anonymous. You will be given one week to complete it. The survey requires approximately 30-35 minutes of your time to complete. When the survey pool is closed; you'll be contacted again for our individual interview at a time and in a location convenient to you. The interviews will probably last about 45 minutes and will be audiotaped for the transcription of the conversations.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

There is no known risk for you to participate in this survey. It's your right to leave the study any level where you feel uncomfortable answering any of the questions.

WHAT ARE THE POTENTIAL BENEFITS?

You will not benefit directly from taking part in this research. However, the knowledge gained from this study may contribute to our understanding of family goal setting process and eventually family partnership agreement which is one of the key components of Early Head Start and the program itself as an agency. It is my hope that your answers will help the program and other Early Head Start programs improve the family goal setting process, perhaps through better training and support of family service providers.

HOW WILL CONFIDENTIALITY BE MAINTAINED?

Every effort to keep all research records that identify you confidential to the extent permitted by law will be made. In the dissertation and in the event of any publication or presentation resulting from the research, no personally identifiable information will be shared. The names of the subjects will not be identified; they will be described as "a parent", or "a family service provider" in the written texts.

The online survey will be created on the University maintained website. The survey will be anonymous. When the survey pool is closed the individual survey forms will be saved with no name as another document without revealing any name in a computer on the University maintained server. The online surveys will be deleted permanently, after the completion of the study. Any other paper documents will be shredded after three years.

The interviews will be audiotaped; however, the audio files will be not shared with anyone and will be transcribed by me. The files will be saved as not your name on it. Consent forms and paper data records will be locked in file cabinets in an office on campus. Electronic data records will be stored in password protected folder, on University maintained servers with regular back-up. Audio recordings and other digital files will also be stored in password protected folder on University servers. Audio recorder will be securely stored in locked file cabinets on campus.

All data, including the audio of the interviews will be saved for future academic studies for additional three years. After three years the audio records will be erased from the computer of the researcher where it'll be saved on the University maintained server. The transcripts of the interviews and online survey data will be deleted from the computer. Any paper documents will be shredded.

General findings of the study, without revealing any name and identifiable descriptions, may be shared with the policy council and administrative level of the Early Head Start program, only when the study is complete and approved by the dissertation committee.

Your research records may be viewed by the University of Delaware Institutional Review Board, but the confidentiality of your records will be protected to the extent permitted by law. Since it's a dissertation research, my academic committee will be overseeing my study; however, your name, any information which might reveal your personal information will not be shared.

WILL THERE BE ANY COSTS RELATED TO THE RESEARCH?

There will be no direct or indirect costs for you if you choose to participate in this study, aside from the time needed to fill out the survey and conduct the interview.

WILL THERE BE ANY COMPENSATION FOR PARTICIPATION?

There will be no compensation for participation to the study.

DO YOU HAVE TO TAKE PART IN THIS STUDY?

Taking part in this research study is entirely voluntary. You do not have to participate in this research. If you choose to take part, you have the right to stop at any time. If you decide not to participate or if you decide to stop taking part in the research at a later date, there will be no penalty or loss of benefits to which you are otherwise entitled. Your refusal will not influence current or future relationships with the University of Delaware and the Early Head Start program.

WHO SHOULD YOU CALL IF YOU HAVE QUESTIONS OR CONCERNS?

If you have any questions about this study, please contact the Principal Investigator, Sevil Buzcu at sevil@udel.edu

If you have any questions about this study, you can also contact my academic advisor Dr. Cynthia Paris at cparis@udel.edu

If you have any questions or concerns about your rights as a research participant, you may contact the University of Delaware Institutional Review Board at 302-831-2137.

_____

Your signature below indicates that you are voluntarily agreeing to take part in this research study. You have been informed about the study's purpose, procedures, possible risks and benefits. You have been given the opportunity to ask questions about the research and those questions have been answered. You will be given a copy of this consent form to keep. Thank you for your time and support.

Signature of Participant   Date

_____

Printed Name of Participant

_____

University of Delaware
Informed Consent Form_ Individual Interview_ Parents

Title of Project: The Analysis of Family Goal Setting Process in one Early Head Start Program from the Perspectives of Family Service Providers and Parents
Principal Investigator: Sevil Buzcu

    Dear Parent,

    You are being asked to participate in a research study. This form tells you about the study including its purpose, what you will be asked to do if you decide to participate, and any risks and benefits of being in the study. Please read the information below and ask the research team questions about anything we have not made clear before you decide whether to participate. Your participation is voluntary and you can refuse to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled. If you decide to participate, you will be asked to sign this form and a copy will be given to you to keep for your reference.

WHAT IS THE PURPOSE OF THIS STUDY?

    The purpose of this proposed study is to examine the family goal setting process, an important element of the family-program partnership in your Early Head Start program which has home-based and center-based program models. The study focuses on what factors are important for setting family goals by you and your family service provider. Family service providers who work directly with families and some families will be selected to be heard for their perceptions and experiences of family goal setting in your Early Head Start program. This study is neither a program evaluation nor a mandatory program research project. This is my individual academic project.

WHAT WILL YOU BE ASKED TO DO?

    As a volunteer parent who agrees on participating in the study; we will meet only once for the interview. When we meet for the interview in the location of your choice first if we haven't done, we will spend a few minutes going over this consent form and I'll answer any questions you have. After you sign this form we will do the interview. The whole meeting should take about 45 minutes to an hour. The interview questions will be about your experiences regarding family goal setting in your Early Head Start program.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

There is no known risk for you to participate in this survey. It's your right to leave the study any level where you feel uncomfortable answering any of the questions. Whether you participate in this study will not affect your status in the program. You will still be in the program and continue to get services.

WHAT ARE THE POTENTIAL BENEFITS?

As a parent you will not benefit directly from taking part in this research. However, the knowledge gained from this study may contribute to the understanding of and important concept for the program quality improvement and parent-program partnership in your Early Head Start program which might have impact on the relationship with you and your family service provider as well as the quality of the program you and your family are getting.

HOW WILL CONFIDENTIALITY BE MAINTAINED?

Every effort to keep all research records that identify you confidential to the extent permitted by law will be made. In the dissertation and in the event of any publication or presentation resulting from the research, no personally identifiable information will be shared. The names of the subjects will not be identified; they will be described as "a parent", or "a family service provider" in the written texts.

The interviews will be audiotaped; however, the audio files will be not shared with anyone and will be transcribed by me. The files will be saved as not your name on it. These consent forms will be locked in file cabinets in an office on campus. Electronic Data Records will be stored in password protected files on University maintained servers with regular back-up. Audio recordings and other digital files will also be stored in password protected files on University servers.

All data, including the audio of the interviews will be saved for future academic studies for additional three years. After three years the audio records will be erased from the computer of the researcher where it'll be saved on the University maintained server. The transcripts of the interviews and online survey data will be deleted from the computer. Any paper documents will be shredded...

General findings of the study, without revealing your name and identifiable descriptions of you and your family, may be shared with the policy council and administrative level of the Early Head Start program, only when the study is complete and approved by the dissertation committee.

Your research records may be viewed by the University of Delaware Institutional Review Board, but the confidentiality of your records will be protected to the extent permitted by law. Since it's a dissertation research, my academic committee will be overseeing my study; however, your name, any information which might reveal your personal information will not be shared.

WILL THERE BE ANY COSTS RELATED TO THE RESEARCH?

There are no costs associated with participating in the study.

WILL THERE BE ANY COMPENSATION FOR PARTICIPATION?

There will be a compensation for participation in the study. A $10 gift card will be given to you when we complete the interview.

DO YOU HAVE TO TAKE PART IN THIS STUDY?

Taking part in this research study is entirely voluntary. You do not have to participate in this research. If you choose to take part, you have the right to stop at any time. If you decide not to participate or if you decide to stop taking part in the research at a later date, there will be no penalty or loss of benefits to which you are otherwise entitled. Your refusal will not influence your current or future relationships with the University of Delaware and the Early Head Start program.

WHO SHOULD YOU CALL IF YOU HAVE QUESTIONS OR CONCERNS?

If you have any questions about this study, please contact the Principal Investigator, Sevil Buzcu at sevil@udel.edu

If you have any questions about this study, you can also contact my academic advisor Dr. Cynthia Paris at cparis@udel.edu

If you have any questions or concerns about your rights as a research participant, you may contact the University of Delaware Institutional Review Board at 302-831-2137.

_____

Your signature below indicates that you are voluntarily agreeing to take part in this research study. You have been informed about the study's purpose, procedures, possible risks and benefits. You have been given the opportunity to ask questions about the research and those questions have been answered. You will be given a copy of this consent form to keep. Thank you for your time and support.

Signature of Participant   Date

_____

Printed Name of Participant

_____

EXAMPLE OF ONLINE SURVEY PROTOCOL

"Family service providers' perceptions on the family goal setting in Early Head Start Program" Online Survey Questions

Dear Family Service Provider,

You've received this survey since you have signed the consent form to agree to participate in my dissertation research on "Family Goal Setting Process in Early Head Start". I appreciate your time and support.

The survey will require approximately 30-35 minutes of your time to complete. Please answer all question as honestly as possible. The survey is created in a way that you can save your responses and submit later. There are open-ended questions which might require more time, thus please take your time to answer those questions.

There are four sections in the survey:

questions on family goal setting process in your Early Head Start program,

questions on resources used for family goal setting,

questions on Child Plus and Family Map,

and two final general questions.

There is no compensation for responding nor is there any known risk for participation of this survey. In order to ensure that all information will remain confidential, the surveys will not be seen and shared by any others. The survey is anonymous; either your name or your email will be seen by anyone including me.

I would like remind you that your participation is voluntary and you may refuse to participate at any time. You can skip answering any question that you feel uncomfortable but please still continue and submit your survey.

Thank you again your contribution to the study.

If you have concerns and questions regarding the survey please contact me at the numbers and email listed below:

sevil@udel.edu

Before you begin the survey please answer the following two questions:

1. Which program are you working in the Early Head Start Program? Home-based? Center-based?
2. How long have you been working here?

A. QUESTION on FAMILY GOAL SETTING PROCESS

1. How would you describe a family goal? Can you give at least 3 family goal examples that are the most important to you?

2. Please describe the family goal setting process for families who are new enrolled to the program
3. Please describe the family goal setting process for already enrolled families (families you have been working for at least a program year)
4. Please describe the family goal setting process for expectant families * you can skip this question if you haven't worked with a pregnant woman before
5. Do you feel you can manage family goal setting with all the families in the same way? Would you give some examples for the similarities and differences?
6. Please describe the family goal setting process when any family experience major changes* in their family situation? *Such as divorce, death in the family, become homeless, unemployment, expecting another baby, living with more people, relatives etc.
7. How do you document the family goal setting process for each family?
8. How would you describe the family partnership agreement (FPA)?
9. How would you describe the role of FPA, if any, in the family goal setting process?
10. What do you do when goals are met? How do you finalize this process for each goal?

B. QUESTIONS on RESOURCES USED FOR FAMILY GOAL SETTING
1. What resources do you use for the family goal setting? Please provide at least one example of <u>how you use them</u>. (Please check all that apply!)
    a. Program forms / resources
    b. Professional development opportunities / workshops / resources
    c. The Office of Head Start resources (including its official website)
    d. Online resource
    e. Your supervisor / your colleagues, other family service providers
    f. Other (please specify)

C. QUESTIONS on CHILD PLUS
1. How long have you been using the Child Plus?
2. How did you learn using the software?
3. For what purposes do you use Child Plus?
4. How do you use Child Plus for the family goal setting process?
5. The most helpful part of using Child Plus for family goal setting process is…
6. The most challenging part of using Child Plus for family goal setting process is …
7. What are your general thoughts on using the Child Plus for family goal setting process?

D. QUESTIONS on FAMILY MAP INVENTORIES (Family Map)
1. How long have you been using Family Map?

2. How did you learn using the tool?
3. For what purposes do you use Family Map?
4. How do you use Family Map for the family goal setting process?
5. The most helpful part of using Family Map for family goal setting process is …
6. The most challenging part of using Family Map for family goal setting process is…
7. What are your general thoughts of using the Family Map for the family goals setting process?

E. FINAL COMMENTS
Before completing the survey please answer the following final question.
1. What do you find the most important to you about the family goal setting process in the Early Head Start program?
Before you submit your survey is there anything you would like to add about the family goal setting in the Early Head Start program?

END NOTE:
This is the end of the survey. You can go back and add anything to previous questions. I would like to thank you again for your contribution.
Please feel contact with me if you have any questions and additional comment about the survey or the study.
Best,
Sevil Buzcu

Appendix C

EXAMPLE OF SEMI-STRUCTURED INTERVIEW PROTOCOLS

Individual interview questions _ family service providers

Hi _____

Thank you for meeting me for our interview. I really appreciate your time and input in this study. As you remember I need to record this interview for the data analysis of the research. I'll be taking notes as well. I assure you that I'll be the one who is listening to it and I will not share this audio with anyone else. I also want to assure you that in the study your name and anything personal will not be revealed to maintain the confidentially.

There will be four parts in this interview. The first part is where we discuss the general family goal setting process in your Early Head Start program. The second part, I'd like to talk to you about Family Map Inventories and Child Plus very briefly. The third part will be about a specific family from your client list. The final part of the interview will focus on your personal experiences regarding family goal setting.

I know you're busy and I don't want you to be behind your schedule. I'm trying to keep this interview as 45 minutes. So let's start our interview.

A. QUESTIONS on FAMILY GOAL SETTING PROCESS
1. Please describe how you begin family goal setting process with a new enrolled family?
   a. When do you begin?
   b. Would you tell me what do you generally do for the family goal setting?
   c. What methods/ approaches do you use?
2. And how you begin family goal setting process with an already enrolled family, families who have been in the program for more than 1 year?
   a. When do you begin?
   b. Would you tell me what do you generally do for the family goal setting?
   c. What methods/ approaches do you use?
3. Is it easy to set family goals? What are some general challenges you're facing in general?

B. QUESTIONS on FAMILY GOAL SETTING RESOURCES
Now I would like to talk to you about some of the resources you're using for family goal setting. Family Map Inventories and Child Plus software will be our focus.
1. How is your overall experience of using Family Map for family goals setting process?
2. How are your general thoughts on using the Child Plus for family goal setting process?

C. QUESTIONS on THE SPECIFIC FAMILY
Please now think about a family that you've been working with. I want you to think about this family, your home visits and general relationship while we're discussing the following questions on family goal setting. Please don't mention any name and any identifiable information about the parent(s) and the family.
1. Description of the family
    a. How long you've been working with this family?
    b. How long they've been in the program?
    c. How would you describe this family and the parent?
2. What would you say about the mother's and father's engagement with the program / home visits, participation to program events, socializations? Are they active?
3. What are their strengths and protective factors in this family's lives that help you to engage with the family for family goal setting?
4. What are some challenges in working with this family? What are the risk factors in their lives?
5. How would you describe your relationship with this family? Do you feel close to them? Do you feel they're open to you?
6. How would you describe this family's engagement in the family goal setting process when you compare with your other families?
7. How do you share the progress of family goals with the parents? Do you inform both? Or just the active parent who meets with you for home visits?
8. What do you do if a goal is achieved? How do you finalize it? How do you share with family?

D. QUESTIONS on PERSONAL "FAMILY GOAL SETTING" EXPERIENCES / THOUGHTS
Now let's go back to your personal experiences with all families. These questions are not specific to one family. I want you think about your whole working experiences with families in the Early Head Start program.
1. Do you feel you can manage family goal setting with all the families in the same way? Would you give some examples for the differences and similarities?

2. What are the important factors that you're taking into consideration while setting family goals with each family?
3. What do you think the roles of the families are in the family goal setting process?
4. What would be some ways to empower families to be more actively involved in the family goal setting process? For instance, fathers?
5. If you could change anything in the family goal setting process, what would it be?

Thank you _____ for your time. I really appreciate all the information you've shared with me today. Before you finish our interview is there anything you'd like to add to the topic?

_____

Ok then, thank you again for your contribution.
Please feel free to contact with me with you will have questions about the study, interview. You can find my email and phone number in the copy of the consent form that I gave you for your record.

Individual interview questions _ parents

Hi _____

Thank you for meeting me for our interview. I really appreciate your time. I will record this interview to transcribe for the data analysis of the research as we had discussed earlier. I assure you that I'll be the only one who is listening to it and I will not share this audio with anyone else I will be taking notes as well. And when the study is completed I will delete the records as stated in your consent form. I also want to assure again you that in the study your name and anything personal will not be revealed to maintain the confidentially.

There will be two parts in this interview. The first part is where we will discuss your relationship with family service provider. The second part will be about a family goal setting experiences in the Early Head Start program.

I know you are in a busy parent and don't want to jeopardize your daily schedule. I will keep this interview for 45 minutes as we discussed earlier. So if you are ready, we can begin our interview.

QUESTIONS for warm up
1. Please tell me how you learned about the program
2. How long have you been in the program?
3. What is the best thing you would say about the program?

A. QUESTIONS on PARENT-FAMILY SERVICE PROVIDER RELATIONSHIP
1. How long have you been working with your home visitor / family advocate?
2. How would you describe your home visitor / family advocate?
    How would you describe your relationship with your home visitor / family advocate?
3. Were there times when you may not have told the home visitor / family advocate anything for a specific reason? Can you tell me about one example? What was it? Why didn't/ couldn't share this with your home visitor / family advocate?

B. QUESTIONS on FAMILY GOAL SETTING
1. What would you tell me about family partnership agreement? What have you heard about it? How? When?
2. How would you define a family goal?
3. As a parent, what do you think your role is in the family goal setting process?
4. How do you set your family goals with your home visitor / family advocate?

5. Do you feel that you're working on the goals that most important to you and your families? Or do you feel that these goals are important to your home visitor / family advocate and the program?
6. What do you consider most while setting family goals with your home visitor / family advocate?
7. Do you share these family goals with your family members? Spouse? Children? Other adults living with you?
8. How do you know you are making progress toward the goal that you set with your home visitor / family advocate?
9. You have been using a tool called "Family Map" with your home visitor / family advocate. Do you remember when the last time was that you completed it with your home visitor / family advocate? How was your experience with the tool? Would you tell me how you felt about it?
10. Did Family Map effect you in some way in terms of goal setting? If yes, could you give some examples?
11. How do you feel about the monthly / weekly home visits in terms of goal setting process?
12. What do you do when a goal is achieved?

Thank you _____ for your time. I really appreciate all the information you've shared with me today. Before you finish our interview is there anything you'd like to add to the topic?

_____

Ok then, thank you again for your contribution. I'd like to give you a $10 gift card as a thank you for your time.

Please feel free to contact with me with you will have questions about the study or interview.

You can find my email and phone number in the copy of the consent form that I gave you at the beginning of the interview.

Appendix D

IRB APPROVAL LETTERS

UNIVERSITY OF DELAWARE

RESEARCH OFFICE

210 Hullihen Hall
University of Delaware
Newark, Delaware 19716-1551
Ph: 302/831-2136
Fax: 302/831-2828

DATE: November 14, 2014

TO: Sevil Buzcu
FROM: University of Delaware IRB

STUDY TITLE: [654564-1] The Analysis of Family Goal Setting Process in one Early Head Start Program from the Perspectives of Family Service Providers and Parents

SUBMISSION TYPE: New Project

ACTION: APPROVED
APPROVAL DATE: November 7, 2014
EXPIRATION DATE: November 6, 2015
REVIEW TYPE: Expedited Review

REVIEW CATEGORY: Expedited review category # (6,7)

Thank you for your submission of New Project materials for this research study. The University of Delaware IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the study and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the study via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All SERIOUS and UNEXPECTED adverse events must be reported to this office. Please use the appropriate adverse event forms for this procedure. All sponsor reporting requirements should also be followed.

Please report all NON-COMPLIANCE issues or COMPLAINTS regarding this study to this office.

Please note that all research records must be retained for a minimum of three years.

- 1 -

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UNIVERSITY OF DELAWARE

RESEARCH OFFICE

210 Hullihen Hall
University of Delaware
Newark, Delaware 19716-1551
Ph: 302/831-2136
Fax: 302/831-2828

DATE: May 1, 2015

TO: Sevil Buzcu
FROM: University of Delaware IRB

STUDY TITLE: [654564-2] The Analysis of Family Goal Setting Process in one Early Head Start Program from the Perspectives of Family Service Providers and Parents

SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVED
APPROVAL DATE: May 1, 2015
EXPIRATION DATE: November 6, 2015
REVIEW TYPE: Expedited Review

REVIEW CATEGORY: Expedited review category # *(6,7)*

Thank you for your submission of Amendment/Modification materials for this research study. The University of Delaware IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the study and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the study via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All SERIOUS and UNEXPECTED adverse events must be reported to this office. Please use the appropriate adverse event forms for this procedure. All sponsor reporting requirements should also be followed.

Please report all NON-COMPLIANCE issues or COMPLAINTS regarding this study to this office.

Please note that all research records must be retained for a minimum of three years.

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