

THE INVOLVEMENT OF PARENTS OF STUDENTS WITH DISABILITIES IN RURAL
EARLY HEAD START PROGRAMS: A CASE STUDY

by

Cassandra Justice

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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APPROVED BY:

Shanna Nicole Baker, Ed.D., Committee Chair

Kathleen Mott, Ed.D., Committee Member

Abstract

The purpose of this qualitative collective case study was to describe parent participation for home-based educators and parents at an Early Head Start home-based program in rural Appalachia. Parental participation in the Early Head Start home-based program was generally defined as the active participation of children with disabilities' parents in a home-based program guided by home-based educators through the implementation of early intervention services. Maslow's hierarchy of needs guided this study, as it relates to both identifying barriers that may prevent parents from being involved and illuminates how Early Head Start educators help families meet growth and developmental needs. The Epstein model was also a guiding factor due to the six types of parental involvement outlined in the theory. Data were collected from home-based educators and parents through individual interviews, focus groups, and document analysis. Triangulation and member checking through transcriptions were used to confirm the validity and reliability of the data collected. First cycle coding methods that included description coding and in vivo coding were used with pattern coding, a second cycle coding method, to analyze the data. The major themes of the study included meaningful interactions, building family partnerships, partnerships in the community, and participation. A majority of parents involved in previous and current enrollments have a positive experience with the home-based program. Views differ among home-based educators and parents regarding the barriers preventing parental participation. Further research recommendations and implications are presented for stakeholders to further improve the home-based program.

Keywords: parents, home-based, disabilities, intervention, Maslow, Epstein

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Dedication

This study is first and foremost dedicated to my son Shawn-Michael, who has been my strength and inspiration since I first laid eyes on him. Shawn-Michael motivates and challenges me to be the best that I can be and to lead a life that he can draw his own inspiration from.

I dedicate this manuscript to my parents. They have always laid a solid foundation for me to strive and grow on. Without their love, support, and continuous faith in me, I would not be where I am today. They have always been my biggest fans and a source of inspiration.

To my coworkers who have tolerated my antics along the way and have always been supportive. The work you do is important and changes lives every day.

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List of Abbreviations

Code of Federal Regulations (CFR)

Department of Health and Human Services (HHS)

Early Head Start (EHS)

Early Intervention (EI)

Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA)

Head Start (HS)

Individual Education Plan (IEP)

Individualized Family Service Plan (IFSP)

Individuals with Disabilities Education Act (IDEA)

No Child Left Behind (NCLB)

Part C of Individuals with Disabilities Education Act (Part C)

Teaching Strategies Gold (GOLD)

CHAPTER ONE: INTRODUCTION

Overview

Parental participation in the education of children has a proven positive impact on children in elementary and secondary education and is perceived as having a similarly constructive influence on children in early childhood (Daniel, 2015; Perriel, 2015). Parents often face barriers that can contribute to a lack of participation in the Early Head Start (EHS) home-based programs. Moreover, the educators that work with these families are affected by their own experiences and perspectives in implementing early intervention services (Hubel, 2017). Maslow's hierarchy of needs and Epstein's model guide both the implementation of early intervention services and the educator's role in supporting parental participation. The purpose of this qualitative case study was to synthesize information regarding parental involvement, the implementation of early intervention, and the experiences of home-based educators. The information was integrated from the perspectives of home-based educators and parents whose children are students with disabilities who are receiving early intervention services in a rural Appalachian community action program. The theory of Abraham Maslow's (1943) hierarchy of needs and the Epstein (2001) model guide this study. The historical background and social context of the EHS home-based program is summarized by following an ontological and constructivist perspective in examining the theoretical perspectives to help shape the program. The basis of this study is outlined through the problem statement, the purpose statement, and detailing the significance of this study. My research is shaped by the research questions, and guidance is provided through the definitions and concludes with a summary that ties all the sections together.

Background

The background for my research is based on the historical context of how Head Start came into existence through The War on Poverty and later branched off into the development of the EHS program. The social context of the research examines the mandates that are in place and the responsibility for the growth and development of children. The theoretical perspectives of Abraham Maslow and Joyce Epstein allow a focus to be placed on aligning the theories and practices of home-based educators.

Historical Context

In 1964, President Lyndon B. Johnson declared The War on Poverty during his State of the Union speech, leading to the creation of the comprehensive child development program, Head Start (Bailey & Duquette, 2014; Merritt, 2019; Wessel, 2014). Pediatrician Robert Cooke (Wessel, 2014) and psychology professor Dr. Edward Zigler (Merritt, 2019) led the Head Start program, intending to meet the needs of disadvantaged and at-risk preschool children between 3–5 years old (Ansari & Gershoff, 2016). The goal of Head Start is to break the poverty cycle by providing comprehensive services that address social-emotional, health, nutritional, and psychological needs (Berlin et al., 2018) while being culturally responsive and reaching the families that are the most difficult to reach (Ansari & Gershoff, 2016; Berlin et al., 2018).

In 1995, Head Start expanded by developing the EHS program, which would service children and families from the prenatal stage to the age of 3 (Berlin et al., 2018). Through the EHS program, low-income families receive services through a family-centered approach that supports parents in both developing self-sufficiency and in becoming their child's first and most important teacher (Berlin et al., 2018). EHS offers services through both center-based and home-based options (Head Start Resource Center, 2011). Through the home-based option, services are

provided to families on a weekly basis in the family's home to promote a secure parent-child relationship while providing a high-quality learning experience through social-emotional, physical, cognitive, language, literacy, health, nutrition, and disability services (Ansari & Gershoff, 2016; Head Start Resource Center, 2011; Hubel et al., 2017). Through the home-based program, parents are encouraged to participate in the development of lessons, activities, and ongoing assessments of their child (Ansari & Gershoff, 2016; Hubel et al., 2017). There is an extensive quantity of literature that can be found on the topic of the Head Start program that dates from when it first began and extends to examinations of the program's contemporary impact (Lee, 2019; Morris et al, 2018; Youn, 2016). Literature can also be found on the EHS program. However, little can be found concerning the home-based program and no literature has been observed that relates to the perspectives of home-based educators or parents of students with disabilities in the EHS program.

Social Context

To help students meet their educational goals, the growth and development of children is the shared responsibility of both educators and parents (Ansari & Gershoff, 2016). Current research indicates that the involvement of parents in the education of students with disabilities influences students in a lasting and positive manner and can produce significantly positive outcomes (Daniel, 2015; Perriel, 2015). Positive parental involvement is often supported through parent-teacher collaborations and can occur on several distinct levels but is particularly crucial in the EHS program (Ansari & Gershoff, 2016; Garbacz et al., 2016; Liao, 2019). EHS educators are mandated by policies and procedures to work with the parent on becoming their child's first and most important teacher, and a program goal is to encourage this through the educator and parent being committed to a partnership that supports this idea (Head Start Resource Center,

2011; Hubel, 2017). It is the duty of the home-based educator to provide parents with the resources and support that enables them to grow and develop just as their children do (Hubel, 2017). Home-based educators help families overcome barriers that may restrict them from becoming more productive members of society and model social skills for both the parent and child (Hubel, 2017). The ideology that parent-teacher partnerships are a critical aspect of both the educational process and parental involvement corroborates with Joyce Epstein's six types of parental involvement (Epstein, 2001).

Theoretical Context

It is thought that parents' involvement in the education of their children can lead to children being more motivated to learn and more likely to develop self-efficacy (Perriel, 2015). Research also indicates that there are often barriers that could hinder the ability of families to participate actively in their child's education (Ripoll et al., 2018). Under President Johnson's War on Poverty, it was thought that poverty could be prevented through various programs. (Bailey & Duquette, 2014; Merritt, 2019; Wessel, 2014). Therefore, the Head Start program was designed to address many of the barriers that plague families (Baker et al., 2016; Ripoll et al., 2018). There are many aspects pertaining to the involvement of parents in their children's education, and parents are thought to be the most important person in their child's life (Tekin, 2011; Merritt, 2019). Previous research has revealed that educators generally perceive the lack of participation from families as being due to a lack of both knowledge and skills (Deniz Can & Ginsburg-Block, 2016; Jiang, 2019). The Head Start program sought to change this way of thinking by placing importance on the partnership between educators and families (Zigler, 1992). Through this collaboration, it is thought that parents can be equal partners and that their participation is necessary for children to reach their fullest potential (Deniz Can & Ginsburg-

Block, 2016). It is understood that EHS home-based educators have the critical role of emphasizing the parent-teacher partnership through implementing interventions while working with the unique individual needs of each family (Tekin, 2011; Meng & Cheng, 2017).

Problem Statement

The problem is, in the Early Head Start home-based program, there is a lack of parent participation and engagement in families of students who have disabilities due to a lack of interventions being provided by home-based educators based on enrolled families' individual needs (Ansari & Gershoff, 2016; Baker et al., 2016). It is often thought that parents insufficiently participate in their child's education due to barriers such as education, socioeconomic status, a lack of basic needs being met, and generational circumstances (Baker et al., 2016). The time that students are enrolled in the Head Start and EHS program coincides with the most critical time in the development of the brain: the first 5 years of life (Ansari & Gershoff, 2016; Kauffman, Hallahan, & Pullen, 2017). Head Start uses this development information to teach parents they are the first and most important teachers in their child's life and can have an impact on brain development in those first 5 years (Kauffman, Hallahan, & Pullen, 2017). The Head Start program promotes the involvement of parents as a key priority, particularly of the home-based program (Berlin et al., 2018). Despite this priority, research indicates that parental participation is deficient, and this could be due to extant barriers and a lack of intervention from the educators (Ansari & Gershoff, 2016).

While there is evidence demonstrating that parents do not always participate in the EHS home-based program due to impediments and a dearth of educator-based interventions, there is a gap in the literature on this phenomenon. For students with disabilities enrolled in the EHS program, there is an even larger gap in the research pertaining to parental participation. Through

this study, the lack of parent involvement in the EHS program will be addressed for families who have children with disabilities and require an Individualized Family Service Plan (IFSP). The perspectives of both parents and educators were examined to determine what types of interventions aimed at including parents were being implemented by home-based educators. Furthermore, to help close the gap, barriers and unmet basic needs were examined to determine how and why they affected parental participation.

Purpose Statement

The purpose of this qualitative collective case study was to describe parent participation for home-based educators and parents at an Early Head Start home-based program in rural Appalachia. In the research, parental participation in the EHS home-based program was generally defined as the active participation of parents of children with disabilities in the home-based program guided by home-based educators through their implementation of early intervention services. Abraham Maslow's (1943) hierarchy of needs guided this study, as it relates to identifying barriers and unmet basic needs that may prevent parents from being involved (Fisher & Crawford, 2020). The theory is also useful in understanding how EHS educators help families meet basic growth and developmental needs through identifying strengths and needs (Office of Head Start, 2020). The Epstein (2001) model was also a guiding factor due to the six types of parental involvement the theory outlines. It was the desire that this case study would fill the research gap and provide educators and researchers of the infant and toddler stage with the knowledge and understanding necessary to help close this gap.

Significance of the Study

This qualitative case study has theoretical, empirical, and practical significance for parents of students with disabilities, home-based educators, early childhood administrators, early

childhood professionals, and students. This study examined the perspectives of EHS home-based educators regarding parental involvement and barriers, the implementation of early intervention services, and their own experiences as they relate to the topic.

Theoretical Significance

This study was guided by Maslow's hierarchy of needs, as it relates to basic needs being met before the next needs on the hierarchy can be satisfied (Maslow, 1943). Using Maslow's hierarchy of needs, the perspectives of home-based educators and parents were gathered to determine what they felt were barriers for parents of children with disabilities in being involved in EHS. The study illuminated whether parents were more apt to participate in their child's education if their basic needs are met. This study seeks to theoretically demonstrate that following Maslow's hierarchy of needs, as it relates to parents in the EHS program and the barriers that they face, impacts whether they actively participate in the education of their child with disabilities. It would appear feasible that, when a parent has basic needs that are not met, they are less likely to participate in their child's education. The experiences of parents are likely to impact their degree of participation, just as the experiences of home-based educators likely impact how they view parental participation, implement early intervention services, and encourage parent participation.

Empirical Significance

The perspectives of parents were examined in relation to how they felt their unmet needs and present barriers prevent them from actively participating and how they feel that home-based educators address those implementation areas. Although there are studies that have confirmed the positive impact of parental participation (Daniel, 2015; Perriel, 2015), limited studies were available regarding the desired student age group and none found that addressed the perspectives

of EHS home-based educators and parents of children with disabilities (Ansari & Gershoff, 2016). This case study desired to fill the gap in research to demonstrate that home-based educators could influence the participation of parents of students with disabilities through implementation of early intervention services. Through interventions, home-based educators can form meaningful partnerships with parents of children with disabilities and thereby instigate a significant increase in parental participation through overcoming barriers and meeting basic parental needs.

Practical Significance

The home-based educators in this study were employed by a rural Appalachian community action agency that provided services in four counties to clients ranging from prenatal to 3 years old. The parental participants in this study were families enrolled in a home-based program with students who have disabilities and an Individualized Family Service Plan (IFSP). This study is practically significant in that it addressed limitations that pertain to parental participation in a local EHS home-based program. While this study examined a small population compared to the size of the national program, the intent was to help pave the way for further research that can provide a larger picture of parental participation. Effective implementation of early intervention services through active parental participation can be achieved when stakeholders are aware of deficiencies and what can be done to correct them. More importantly, by being asked for their perspectives, parents can feel as though their input and voices are being considered.

Research Questions

This case study was conducted to develop an in-depth description of the perspectives and experiences of home-based educators and parents of students with disabilities in an EHS

program located in rural Appalachia. The questions researched in this study involved the viewpoints of home-based educators and parents concerning the roles of parents of children with disabilities in the EHS home-based program. The experiences of EHS home-based educators were examined regarding how they consider and implement early intervention services for families and students with disabilities. One of the purposes of these research questions was to discover what factors or events, if any, influenced the experiences of EHS home-based educators.

Research Question One

How do home-based educators in four counties in rural Appalachia describe the role of parent involvement for students with disabilities in an Early Head Start home-based program? Fishman and Nickerson (2015) found that there was a significant relationship between schools and parents in home-based involvement in special education when educators specifically invited parents to participate.

Research Question Two

How do the experiences of Early Head Start home-based educators play a role in considering and implementing early intervention services for students with disabilities and their families? Research has revealed that early childhood educators often have an insufficient understanding of how to implement early intervention services. However, if given the opportunity to learn how to effectively execute early intervention services, they would do so (Zhang, Liu, & Lin, 2019).

Research Question Three

How do unmet basic needs and barriers prevent parents of children with disabilities from actively engaging in the interventions of an Early Head Start home-based program? It has been

demonstrated that families with unmet needs are less likely to participate in their child's education, which can diminish the capacity such parents have in caring for their child fully (Lee & Logan-Greene, 2017).

Research Question Four

How do the parents of students with disabilities view barriers that are present in preventing them from being actively engaged in the Early Head Start home-based program and how do they feel that home-based educators address those barriers? Mohd Nordin, Hui Shan, and Zanudin (2019) found that strategies are urgently required to address the unmet needs of families of children with disabilities. Such strategies can be achieved through actively engaging with parents to allow them to effectively adjust to challenges through support.

Definitions

1. *Early Head Start*—EHS is a federally funded program that provides individualized services and support to low-income families through a family-centered approach that promotes self-sufficiency. It accomplishes this through partnerships and the development of children from birth to 3 years old by promoting physical, social, cognitive, and emotional development and enabling parents to be their child's first and most important teacher (Hubel et al., 2017).
2. *Early intervention*—Early intervention (EI) programs are available under Part C of the Individuals with Disabilities Educational Act (IDEA) and provide services for children who have been identified as being at risk of or having developmental delays from birth to the age of 3 years and who are eligible for services (Feinberg et al., 2011).

3. *Home visiting*—Home visitation programs provide services in family homes to help prevent negative consequences and to improve the outcomes of high-risk families by reducing adversity in early childhood (Hubel et al., 2017).
4. *War on Poverty*—President Lyndon B. Johnson declared an unconditional war on poverty in January 1964 during his first State of the Union Address with the intent to address the symptoms of poverty through curing and preventing it (Bailey, & Duquette, 2014).

Summary

The War on Poverty was declared in 1964 by President Lyndon B. Johnson and led to the development of the federal Head Start program (Bailey & Duquette, 2014; Wessel, 2014). The Head Start program has continued to provide comprehensive services to disadvantaged at-risk preschoolers and their families (Ansari & Gershoff, 2016). The program branched off into the EHS program, which provides services for children under 3 years old (Berlin et al., 2018). Research has revealed parental involvement to be key (Daniel, 2015; Perriel, 2015). However, little research illustrates the views on such involvement from home-based educators and parents of children with disabilities in Early Head Start programs. Moreover, there is scant extant information regarding barriers to implementing early interventions, the unmet needs of parents, and the experiences that helped parents develop such perspectives. Through utilizing Maslow's hierarchy of needs and Epstein's six types of parental involvement, this study aimed to address the perspectives of home-based educators and parents in response to a lack of parental involvement and various barriers that can be present. This study was significant in that it can fill the research gap that was present and provide educators and researchers with the knowledge and understanding to close this gap in the future.

CHAPTER TWO: LITERATURE REVIEW

Overview

This review of the literature explores the barriers that contribute to a lack of parental participation in the EHS home-based program and considers the impact this lack has on the outcomes of students with disabilities. This chapter presents a review of the extant literature related to the topic of study. The theories relevant to Maslow's hierarchy of needs and the Epstein model are discussed in the first section. This is followed by a synthesis of the recent literature on the topics of parental involvement, early childhood education, and early childhood disabilities as related to the EHS home-based program. A viable need for the current study is presented through the identification of a gap in the literature.

Theoretical Framework

The theoretical framework in this qualitative case study is intended to correlate with the research problem and assist in guiding the study process by introducing and describing the theories. Maslow's human motivation theory, which includes Maslow's (1943) hierarchy of needs, is used as a framework in that it helps home-based educators to understand when a family has unmet basic needs that can impact their ability to be involved in their child's education. The framework of the Epstein (2001) model is used as a supplemental framework to Maslow and identifies the six types of parental involvement. This framework is also useful in examining how educators can motivate and encourage parents to be involved in their child's education while considering the unmet needs of families.

Maslow's Hierarchy of Needs

Psychologist Abraham Maslow developed the hierarchy of needs in accordance with the idea that individuals have basic needs that must be met before they can move up on the hierarchy

to the next need (Cross, 2013). Maslow was born in Brooklyn, New York to immigrant parents from Russia. Maslow described his early childhood as lonely and filled with unhappiness (Cross, 2013; Decarvalho, 1991). Maslow later earned degrees in psychology and taught while falling under the influence of psychologist Max Wertheimer and anthropologist Ruth Benedict (Cross, 2013). Under this influence, Maslow developed what would become the basis of his theories, including the hierarchy of needs, the theory of human motivation, and self-actualization. He would become a leading force in human motivation and humanistic psychology (Cross, 2013; Decarvalho, 1991).

In 1943, Maslow released a paper that detailed his theory of human motivation, arguing that individuals could not progress in their motivation to fulfill other needs until their basic needs are met. Maslow (1943) proposed that the actions of individuals are driven by intrinsic goals to achieve self-development and are not responses to external demands and rules (Bland, DeRobertis, Eugene, 2020; Stoyanov, 2017). Maslow (1943) had a mission to demonstrate that human behavior was based on a concept of human potential in which humans are inherently good, have untapped abilities, and perpetually struggle to achieve excellence. Even today, Maslow's theory of human motivation is referenced in the needs of individuals, particularly in education, and serves as a foundation for other theories based on motivation and behavior (Bridgman et al., 2019). Current research continues to reference Maslow on a variety of topics (Abulof, 2017; Bland & DeRobertis, 2020). Moreover, research is available that tests his theories in the contemporary world while attempting to improve upon his original theory (Bland & DeRobertis, 2020).

Maslow believed humans arranged their needs through hierarchies in which one need rests on the satisfaction of a prior need. Motivation classifications should be based not upon

motivated behavior but rather upon goals. Maslow (1943) indicated that “motivation theory is not synonymous with behavior therapy” (p. 370). Maslow further stated that, while behavior is often motivated, behavior is also determined biologically, culturally, and situationally (Maslow, 1943). Maslow’s (1943) earliest hierarchy of needs consisted of five motivational needs that were expanded to include seven and then eight stages in the 1960s and 1970s (Maslow, 1970).

Maslow’s human motivation theory is most often depicted in a five-tier model of human needs, which are visualized on a pyramid and are known as Maslow’s hierarchy of needs (Bridgman et al., 2019; Maslow, 1943; Maslow, 1971; Schunk, 2016). This hierarchy arranges human needs from the bottom of the hierarchy upwards, presenting needs at the bottom that must be satisfied before individuals can attend to needs higher in the hierarchy. The needs displayed on the hierarchy include physiological, safety, love and belonging, esteem, and self-actualization (Schunk, 2016). Physiological needs consist of those that are basic to survival, such as water, shelter, and food, followed by the feeling of safety (Schunk, 2016). Love and belonging consist of the relationships that individuals develop, while esteem is an individual need to feel accomplishment (Schunk, 2016). The longer a need is denied, the stronger the motivation is to fulfill that need (Bridgman et al., 2019; Maslow, 1943). Further research has added extra levels that include cognitive, aesthetic, and transcendent needs. However, these three additional needs are not typically used when referencing early childhood (Noltemeyer et al., 2020).

Maslow (1943) proposed that mentally healthy people shared the same motivations and that the most virtuous and socially constructive need is self-actualization (Stoyanov, 2017). Understanding how Maslow’s hierarchy of needs can impact families and their ability to be involved in their child’s education can allow home-based educators to motivate parents to be more actively involved through their unique needs. Maslow’s hierarchy of needs helps guide this

study, as it is useful in considering how unmet needs impact parents of students with disabilities and their ability to actively participate in the EHS home-based program.

The Epstein Model

Although Maslow's theory of human motivation and hierarchy of needs addresses the barriers that may be present to an individual meeting other needs, Joyce Epstein addressed the actual practice of parental involvement. Joyce Epstein holds a Ph.D. in sociology and serves as the Director of the Center on School, Family, and Community Partnerships and the National Network of Partnership Schools (NNPS). She is a Research Professor of Sociology at Johns Hopkins University and the Principal Research Scientist (Johns Hopkins School of Education). Through the establishment of the NNPS in 1995, Epstein has assisted in the development of research-based programs related to family and community involvement while providing professional development to schools through a large number of publications on the effects and nature of involvement (Johns Hopkins School of Education).

The Epstein (2001) model consists of a framework that defines the six types of parental involvement and details how they can be useful in increasing family involvement through the partnership of educators and parents (Epstein, 2009). The Epstein model is intended to assist educators in the development of programs that support family-school partnerships to help all students succeed in school and later in life (Bower & Griffin, 2018; Epstein, 2001). The six types of parental involvement as outlined by Epstein consist of parenting, communicating, volunteering, learning at home, decision-making, and collaborating with community (Bower & Griffin, 2018; Epstein, 2001).

Epstein's Framework for Six Types of Parental Involvement

Epstein (1995) defined and listed the six types of parental involvement as parenting, communicating, volunteering, learning at home, decision-making, and collaborating with community.

Parenting. Epstein (2005) stated that parenting is to help establish home environments that are supportive of children as students for all families. Epstein (2001) argued that a parent influences the success of students, and it is the family's responsibility to provide an environment that is both safe and healthy, prepare their child for all levels of school, and create a home environment that is supportive of learning. Schools and educators hold a position in which they can help families create a home environment that encourages and influences learning through skill-building, training, and workshops to support the overall wellbeing of a family and to help them understand what is happening in the child's education (Epstein, 2009).

Communicating. Communicating is the second type of parental involvement and has the primary goal of making parents aware of their child's education and progress in order to understand what is happening in their education (Epstein, 2009). Communicating is effectively designing forms of school-to-home and home-to-school communication regarding school programs (Epstein, 2005). Epstein (2001) stated that, while communication opportunities are a two-way process, it is primarily the responsibility of the education system to share information with parents and that this is a vital component in the success of students. Communication should occur between parents and their child's school and, more importantly, between the parent and educator. Parental involvement through communication can help develop a partnership between the family and the educator.

Volunteering. Help and support from parents can be obtained through recruiting and organizing (Epstein, 2005). Epstein (2001) discussed how parents can volunteer for educators,

education programs, and schools to be involved in their child's education. According to Epstein (2001), information should be provided to parents on the ways they can effectively volunteer for the school or education program. Parents can volunteer in several ways that include volunteering in the classroom, being a class parent, being involved in school activities, and helping the educators. Parents who volunteer to help in their child's educational settings often experience increases in confidence, ability, and the skills necessary to helping their children. They also grow comfortable in the education setting (Epstein, 2009).

Learning at Home. This type involves families receiving ideas on ways they can help with learning in the home by supplementing the curriculum or helping with homework (Epstein, 2009). Families can be provided with information and ideas concerning how they can aid students with curriculum-related activities, decisions, planning, and homework (Epstein, 2005). Educators can provide practice samples, interact with parents and students to complete work, assist in growth and development, ensure families understand any expectations of them, and aid in explaining materials that are to be used in the home (Epstein, 2009). Learning at home increases the skills of both parents and opens the door to a more extensive understanding of what their child is studying and what age-appropriate skills should be learned (Epstein, 2009).

Decision-Making. Epstein (2001) stated that there should be equality among stakeholders in order to include educators, administrators, and parents in the education of children and in decision-making for school-level decisions (Epstein, 2009). Parents should be included in school decisions and given the opportunity to develop into parent leaders and representatives (Epstein, 2005). The education community should invite parents to participate in education by being involved in decision-making processes related to their children. By providing workshops geared toward communication skills and decision-making, educators and

administrators can encourage and assist parents in becoming leaders of the school community through parent-teacher organizations, school building management teams, councils, committees, and groups (Epstein, 2001). While it is noted that there are challenges involved in including all families, it is important that they all be involved in offering their perspectives and be included in expected outcomes (Epstein, 2009).

Collaborating with Community. Community resources and services that have been identified and integrated can be used to strengthen student learning and development through school programs and family practices (Epstein, 2005). According to Epstein (2009), the learning environment can be improved in both home and school by collaborating with the community and having programs in the community that work with both schools and families. Community collaborations can be developed with local businesses and organizations to provide effective support to the education system (Epstein, 2001). Through community collaborations, parents can learn about resources that are available for their needs, such as health services and daycare, and consider how they can take advantage of those community programs to secure help and support, resulting in a stronger home environment (Epstein, 2001; 2009).

Although EHS home-based educators recognize parental involvement is important and realize there are numerous methods to encourage such involvement, it does not always occur (Hubel et al., 2017). Epstein (2001) gives effective methods that can be utilized, even in the EHS home-based program, to encourage parents to be more involved in their children's education while considering each family's individual needs. Epstein (1995) stated: "The way schools care about children is reflected in the way schools care about the children's families" (p. 701). Despite this, some impediments can be present and impact the ability of a parent to be involved in the education of their child (Baker et al., 2016). The ideas and concepts behind Maslow's human

motivation theory and hierarchy of needs can assist educators in determining which barriers are present and aid in developing goals to overcome those barriers. Research has revealed that academic achievement can be accurately predicted by the extent to which a child's family can create an environment in which learning is encouraged. Furthermore, expectations must be reasonable and clearly communicated within such an environment and it is helpful if the family is involved in the school and wider community (Bercnik & Devjak, 2017).

Related Literature

The extensive extant research regarding parental involvement, early childhood students with disabilities, and early intervention has confirmed that, while early intervention programs are effective, parental involvement is lacking (Ma et al., 2016). Maslow (1943) stated that individuals are unable to meet higher needs on the hierarchy until previous needs have been satisfied. Research has demonstrated that Maslow's hierarchy of needs can have an impact on special education and parental involvement in their children's education (Bridgman et al., 2019). EHS can break down several of those barriers through a family-oriented approach in the home-based program. Despite this, parental involvement is still not prevalent, particularly in students with disabilities (Bridgman et al., 2019).

Early Childhood Education

Early childhood education encompasses children from birth to the age of 5 (Black et al., 2017). A significant amount of physical, linguistic, cognitive, and social-emotional development occurs during the early childhood span of a child's life (Brown, 2020; Ma et al., 2016). The first 5 years of a child's life has been revealed to be the most critical period for brain development. The foundations for a child's education, social skills, perspective, and self-esteem are developed during these first years of life due in part to how fast the brain grows prior to birth and during the

early childhood years (Brown, 2020; Centers for Disease Control and Prevention [CDC], 2021; Ma et al., 2016). Nurturing healthy growth and development and the formation of these important foundations can be assisted by early childhood education and experiences with people and the community can strongly affect brain development (Brown, 2020; CDC, 2021; Jacobson, 2018; Ma et al., 2016).

Children in early childhood education have unique needs that often require individualization, dedication, and patience (Brown, 2020) in addition to many skills that are learned over the years despite being born “ready to learn” (CDC, 2021). Early childhood education is recognized as being effective by both the National Education Association and the U.S. Department of Education through their support of developmental areas, including health, nutrition, and family needs (Brown, 2020). Several different settings can be utilized in early childhood education that include preschool, home-based, center-based, daycare, and nursery schools, all of which can be undertaken in part- or full-day periods or at a set number of times per week (Ridgley et al., 2020).

Early childhood programs have the important function of helping children develop education-related skills, express their thoughts, adapt behaviors, self-regulate, control impulses, and develop socially and emotionally. Such programs also teach skills that are based in language and mathematics (Brown, 2020; Ridgley et al., 2020; Wessel, 2014). Early childhood education opportunities are important and beneficial for all young children but are notably important for children from disadvantaged and at-risk families (Brown, 2020). Early education for children can play a critical role in how children react to early negative experiences and can reduce the impact of those negative experiences by redirecting the development of children. One of the most

important aspects of early childhood education is that it can help reduce the educational gap between at-risk students and others (Brown, 2020; Ridgley et al., 2020).

Participation in early childhood programs reveals cognitive and social-emotional benefits that increase the intellectual abilities and improve the social behaviors of children (Drifte, 2008). Early childhood participation can lead to a lower likelihood of children having to repeat grades later in life while often aiding students with developmental and learning delays (Drifte, 2008; Kaale, Smith & Sponheim, 2012; Shoshani & Slone, 2017). Intrinsic and extrinsic motivation can inspire children in early childhood education programs to become more motivated by feeling competent and having a consistent and steady experience (Shoshani & Slone, 2017). Long-lasting benefits are often seen in children who have participated in early childhood education. Various early childhood programs, such as the Head Start program, can be funded privately or through federal or state funding through local school systems (Ridgley et al., 2020).

Early Head Start

In 1964, the War on Poverty was declared by President Lyndon B. Johnson during his State of the Union speech, which resulted in the creation of a comprehensive child development program (Bailey & Duquette, 2014; Merritt, 2019; Wessel, 2014). This program would come to be known as the Head Start program and had a goal of meeting the needs of disadvantaged and at-risk preschool children in the community (Ansari & Gershoff, 2016). The Head Start program was led by a pediatrician from John Hopkins University, Dr. Cooke (Wessel, 2014), and a Yale University professor of psychology, Dr. Zigler (Merritt, 2019). The ideology behind Head Start was that there was an obligation to assist children who were disadvantaged and to help break the cycle of poverty by providing comprehensive early childhood education that included social-emotional, health, nutritional, and psychological needs (Berlin et al., 2018). Head Start programs

strive to be culturally responsive and reach those families that are the most difficult to reach (Ansari & Gershoff, 2016; Berlin et al., 2018).

Federal grants are administered to Head Start by the Department of Health and Human Services (HHS) through the Administration for Children and Families (ACF) (Office of Head Start, 2019). EHS programs are mandated to follow the Head Start Program Performance Standards. However, individual granting agencies and grantees can develop their own policies and procedures that are equal to or more strict than federal policy to meet the unique needs of the families in their communities they provide services to (Walsh & Mortensen, 2020). Head Start was originally governed through the Office of Economic Opportunity but transferred to the Office of Child Development within the U. S. Department of Health, Education, and Welfare in 1969. Head Start is currently supervised through the Office of Head Start under the U. S. Department of HHS through the Administration of Children and Families (Berlin et al., 2018; Office of Head Start, 2019).

In 1965, Project Head Start was officially launched through an 8-week summer program that served more than 560,000 children (Berlin et al., 2018; Office of Head Start, 2019; Wessel, 2014). Based on the success of this summer program, Head Start was authorized to operate as a 9-month program the following year. When Congress amended the Economic Opportunity Act in 1972, Head Start expanded the opportunities available to children with disabilities (Bailey & Duquette, 2014; Office of Head Start, 2019). This expansion allowed for collaboration with other federal programs to provide treatments and preventative care to children (Bailey & Duquette, 2014; Office of Head Start, 2019). The Home Start program within Head Start, which is currently known as the home-based option, was initiated in 1973 (Office of Head Start, 2019). In 1984, Head Start was granted reauthorization to ensure that eligible children receive services

for 2 years (Bailey & Duquette, 2014; Office of Head Start, 2019). Until 1995, Head Start services were provided for children aged 3 to 5 but were then expanded to deliver services for children and families from prenatal to the age of 3 through the Early Head Start (EHS) program (Berlin et al., 2018).

As of 2019, Head Start and EHS have served more than 36 million children throughout the United States since beginning as an 8-week demonstration project in 1965 (Office of Head Start, 2019). Services are provided in all 50 states in urban and rural areas, the District of Columbia, Puerto Rico, U.S. territories, as well as communities that include American Indian, Alaskan Native, and Migrant/Seasonal communities. Indeed, over a million families and their children receive services each year (Office of Head Start, 2019). EHS provides services to low-income families through a family-centered approach to enable parents to develop self-sufficiency and teach them that they are their child's first and most important teacher (Berlin et al., 2018). EHS programs promote growth and development in infants and toddlers in the physical, social, emotional, and cognitive domains to prepare these children for future success in their education and lives (Hubel et al., 2017).

Services provided through EHS are individualized to the unique needs of each infant and toddler enrolled in the program while providing support to primary caregivers (Berlin et al., 2018). Primary caregivers are supported in meeting their own goals and self-sufficiency while having a significant role in their children's development. Families can participate in EHS through either a center- or home-based option (Head Start Resource Center, 2011). Both options promote school readiness through various strategies while emphasizing the role of parent-child relationships that are supportive of child development as outlined in the Head Start Performance Standards (Love et al., 2005; West, Aparicio, Berlin, & Jones Harden, 2017).

Head Start/Early Head Start Eligibility

Eligibility requirements in Head Start are prioritized based on those children most in need of the services, and eligibility is one of the most critical steps in helping provide services to those children in need (Office of Head Start, 2020). Eligibility processes in the program help to ensure that enrollment practices and standards are consistent and appropriate, and comprehensive recordkeeping helps track and monitor the Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) practices (Head Start Policy and Regulations, 2020; Office of Head Start, 2020). Through the ERSEA process, staff can enroll children and support family needs through partnerships. Although Head Start and EHS are comprehensive public-education programs, criteria have been put in place to determine the eligibility of children and their families for the program (Bailey & Duquette, 2014; Merritt, 2019; Wessel, 2014; Head Start Policy and Regulations, 2020). Head Start and EHS programs use federal poverty guidelines established by the Department of Health and Human Services (HHS) to determine the income eligibility for participation (Head Start Policy and Regulations, 2020). The HHS poverty guidelines are used in conjunction with Section 645 of the Head Start Act (Head Start Policy and Regulations, 2020). Families with children aged 5 or younger are eligible for Head Start and Early Head Start if they have incomes below the poverty guidelines (Bailey & Duquette, 2014; Merritt, 2019; Wessel, 2014; Head Start Policy and Regulations, 2020).

Being a family that lives in poverty is just one way to be eligible for the program. Families who are considered homeless or receive public assistance in the form of Temporary Assistance for Needy Families or Social Security Disability also qualify. Children who are in a foster home automatically qualify regardless of the foster family's income (Head Start Policy and Regulations, 2020). The HHS poverty guidelines utilized for determining eligibility are

adjusted based on the size of each family (Head Start Policy and Regulations, 2020; U. S. Department of Health and Human Services, 2021). The Department of HHS issue updated guidelines each year in the Federal Register (Head Start Policy and Regulations, 2020; U. S. Department of Health and Human Services, 2021). The 48 contiguous states and the District of Columbia use a single set of poverty guidelines, while separate guidelines are used for Alaska and Hawaii (Head Start Policy and Regulations, 2020; U. S. Department of Health and Human Services, 2021).

In the Head Start and EHS program, 10% of the eligibility requirement is mandated to serving children with disabilities (Head Start Policy and Regulations, 2020; Office of Head Start. 2020). Children with disabilities are included in the 10% eligibility requirement if they (a) have been referred for an evaluation, (b) have been found eligible for services but are not receiving those services, (c) are found eligible for services and are receiving those services from a private therapist or other early intervention program, or (d) have delays but are not eligible to receive services (Head Start Policy and Regulations, 2020; Office of Head Start. 2020). Essentially, children who are eligible under IDEA for services are included in the 10% eligibility for disability while children who are suspected of having disabilities but have not been diagnosed or are not covered under IDEA are not included. The 10% eligibility for disability percentage is calculated on the basis of the number of children funded on the grant award and not on actual enrollment (Office of Head Start, 2020). Regarding the 10% eligibility requirement for disabilities, The Office of Head Start (2020) stated, “The new Standards maintain Head Start’s longstanding commitment to serving children with disabilities, retaining key existing standards, and updating and strengthening other standards” (p. 7). As a requirement of their performance standards, Head Start has a longstanding practice of maintaining the enrollment of children with

disabilities that accounts for a minimum of 10% of admissions. The registration of children with disabilities includes the full inclusion of those children eligible for services under the IDEA.

Home-Based Program

Home-based EHS programs are designed to provide weekly services in a family's most natural setting: their home (Head Start Resource Center, 2011). Home-based programs are designed to promote a secure parent-child relationship while helping parents provide a high-quality learning experience that includes social-emotional, physical, cognitive, language, literacy, health, nutrition, and disability services if necessary (Ansari & Gershoff, 2016; Bower, Nimer, West, & Gross, 2020; Hubel et al., 2017). The home-based program has the purpose of supporting parents through a family-centered approach as they become their child's first teacher through home visits (Head Start Resource Center, 2011; Hubel et al., 2017). Visits through the home-based program can help provide families with a stronger connection to the program due to visits being individualized and occurring within the family home (Bower, Nimer, West, & Gross, 2020; Keyser, 2017). Given such visits take place in the family's most natural environment, this can lead the family to be more at ease with the service providers who are entering their home to work with the children while allowing the home visitor to see the family in a setting that is comfortable to them, allowing their culture and family to be respected (Keyser, 2017).

Home visits are significant and thought to be a worthwhile investment due to being evidence-based and having literature supportive of the effectiveness they have on low-income populations (Bower, Nimer, West, & Gross, 2020). Through the home-based program, educators model evidence-based activities and provide parents or caregivers with information regarding their child's development (Head Start Resource Center, 2011). Due to being at or below the federal poverty guidelines, families are provided with information and activities that are effective

but low in cost (Hubel et al., 2017). Through the home-based program, parents are encouraged to participate in the development of lessons, activities, and the ongoing assessment of their child (Ansari & Gershoff, 2016; Hubel et al., 2017). While research is unavailable, it is suggested that home-visiting programs are generally effective in improving the development and health of children, promoting school readiness, enhancing self-sufficiency in parents, expanding economic conditions in parents, providing community resources and support to families, developing the wellbeing of families, advancing parenting behaviors and practices, reducing the abuse and maltreatment of children, lessening domestic and juvenile legal issues, and diminishing generational poverty (Walsh & Mortensen, 2020). Although there is considerable evidence that supports federally funded home-visiting programs for infants and toddlers, there is also evidence that suggests substantial and persistent challenges exist in enrolling, engaging, and retaining participants and parent involvement (Bower, Nimer, West, & Gross, 2020).

Parental Involvement

Parents often become involved in the education of their children if they have the belief that it is required for their child to develop and be successful (Ansari & Gershoff, 2016; Garbacz et al., 2016). They grow more involved if they feel that the teacher acknowledges them as a vital participant in their child's life and encourages them to feel capable of participation (Ansari & Gershoff, 2016). Educators and parents of students share the responsibility to help children grow and develop while meeting their educational goals (Ansari & Gershoff, 2016). Part C of IDEA views parents as an essential player in the early intervention of children with disabilities and believe that they should be involved in all aspects of their child's early childhood (Raver & Childress, 2015). Parents can assist brain growth and healthy development in infants and toddlers through interactions that include play, care, and language practice while enhancing their own

natural abilities in being a teacher and an influence on their child (CDC, 2021; Raver & Childress, 2015). Indeed, throughout the history of education, it has been assumed that parents have an intricate and vital role in participating in their child's education (Liao, 2019). Once a child begins school, regardless of whether it is early childhood education, primary school, or secondary school, the parents' first point of contact is usually with the teacher who can either create a rapport of trust or cause insecurity (Epstein, 2018). Parental involvement occurs on several distinct levels, such as being involved in the direct education of students, attendance at educational meetings, and volunteering (Ansari & Gershoff, 2016; Garbacz et al., 2016; Liao, 2019).

Parental involvement takes place when parents make the commitment to be involved in their child's life and particularly their education, which primarily occurs through parent-teacher collaboration (Garbacz et al., 2016). Relationships between educators and parents begin prior to students entering a classroom or program, and the interaction that occurs previous to that first day can set the tone for how that partnership develops (Keyser, 2017). The initial dialogue from educators to parents can encourage parents in letting them know that the educator wants two-way communication and that the educator can be empathetic to the needs and expectations of the family (Keyser, 2017). Through initiating two-way communication from the beginning, parents are more likely to feel that they can be more effectively involved in their child's educational experience while also feeling that the educator is professional, competent, and experienced (Keyser, 2017). Educators encourage parents to be involved through providing information and resources that can be utilized in helping students achieve positive educational outcomes (Ansari & Gershoff, 2016; Keyser, 2017). Some parents feel the occasional note or phone call suffices from a teacher, while others prefer more elaborate communication (Epstein, 2018; Garbacz et al.,

2016). However, there is a consensus among researchers that parental contact is optimal when conducted through a face-to-face meeting, which can often eliminate any communication issues between parents and teachers (Ansari & Gershoff, 2016; Garbacz et al., 2016; Liao, 2019). Educators should therefore ensure that parents are aware of the expectations they have and that the educator wants the family to be involved in the decision-making process, program, or classroom and thereby contribute to their child's education (Keyser, 2017; Liao, 2019).

Parental involvement extends beyond being involved in a child's education and can include being proactive in the friendships they have, spending effective time with them, and helping them participate in extracurricular activities. Parental involvement should also be supportive of the child and have the goal of helping them be successful in their development and life while offering guidance (Ansari & Gershoff, 2016; Garbacz et al., 2016; Liao, 2019).

On the topic of parent involvement Epstein (2018) stated that:

Some educators expect parents to become involved in their children's education on their own. If they do, they are "good" parents. If not, they are irresponsible, uninterested, or "bad" parents. Some educators and parents expect the school to "tell parents what to do" and that parents will simply respond. Neither of these approaches—waiting for involvement or dictating it—is effective for informing or involving all families (p. 4).

Although educators can assist parents on educational aspects of involvement, there are perspectives that can be brought to the educator by the parent, as they know things about their child that an educator may not. Effective parental commitment involves the educator and parent working together to identify the child's needs, developing a plan to help the child attain aspirations, and executing the plan together (Epstein, 2018). When parents are effectively and actively involved in their child's education, the child's outcomes are more positive and their

lives more enriched (Ansari & Gershoff, 2016; Liao, 2019). Few individuals dispute the fact that family involvement is important to the education of students and can strengthen both children and their families (Epstein, 2018). Epstein (2018) believes that the source of disagreement and confusion concerning parental involvement derives from not knowing which practices are most important to involvement and how educators are to obtain consistent and high-quality participation from parents.

Specifically, in the EHS home-based program, parental involvement is a key priority, particularly regarding using a family-oriented approach to include every member of a child's immediate family in the home-based program while maintaining an open-door policy in centers (Hubel, 2017). Bower, Nimer, West, and Gross, (2020) have indicated that early research on the involvement of parents in home-visiting programs focused on understanding influences on the characteristics of parents who had mixed findings concerning home visitors. Joyce Epstein (2018) stated that parental involvement has created more rhetoric on the topic of school improvement than any other topic, though the importance of such involvement is widely acknowledged, and much of the literature available on parental involvement aligns with Epstein's model (Perriel, 2015).

Impact on Outcomes

Although it would appear to be a commonly known fact that parental involvement is critical to the growth and development of students, particularly in education, there is extensive research that confirms this (Daniel, 2015; Perriel, 2015). According to Perriel (2015), "the evidence is now beyond dispute that, when schools work together with families to support learning, children tend to succeed, not only in school but also throughout life" (p. 75). It is

notable that the achievement of students is not based on their family income or social status but rather on the extent to which parents are involved in students' education (Perriel, 2015).

The degree that parents are involved in their child's education can be evidenced by a home environment that encourages learning that is realistic but has high expectations (Daniel, 2015). Such an environment can significantly improve the outcomes, achievements, and futures of children's lives even long after they have completed their primary and secondary education and have moved on to college. Research has revealed that parental involvement leads to improvements in student achievement, increases the role parents have in helping their children learn, and helps educators to be more effective in their work (Daniel, 2015; Epstein, 2001). Epstein (2001) substantiates this philosophy that partnerships between schools and parents are a critical aspect of the education process and parental involvement is essential to guarantee that students are successful and productive. Poor outcomes are often associated with a lack of parental involvement and include poor attendance and low attainment. Such a lack has also been demonstrated to lead to higher dropout rates for students, higher criminal records, and a repetition of the same cycle in the next generation (Daniel, 2015; Perriel, 2015).

Barriers

Despite it being known that parental participation can have a positive impact on the educational and life outcomes of students, there are often barriers present that prevent some parents from being involved (Baker et al., 2016; Ripoll et al., 2018). Such barriers can be temporary short-term impediments or long-term obstacles that can often seem permanent, such as financial hardships, language barriers, or time constraints (Ripoll et al., 2018). Parents' involvement can be impacted by the communication they share with schools, which is often not under the school's control, as it can be difficult to reach out to parents and capture their attention

(Epstein, 2018; Ripoll et al., 2018). This can lead to a disconnect that occurs between a child's family and the school, often resulting in incorrect assumptions made by all the stakeholders involved (Baker et al., 2016; Ripoll et al., 2018). Parents often know that being involved in their child's education is important, but they do not always have the means to be involved or understand why it is so important (Baker et al., 2016). Mckelvey (2015) stated that the stress of parenting is often a complex construct that is behavioral, cognitive, neurobiological, and affective in nature and is influenced by characteristics of the child, parent, and family situation.

Certain parents are often stereotyped by educators who have the perspective that such parents do not want to be involved. Realistically, however, those parents simply do not know how to be involved (Ripoll et al., 2018). This mindset can often be traced back to the parents of a child not having their own parents involved as children, or such parents perhaps never being able to experience parental involvement in their own schooling for various reasons (Ripoll et al., 2018). Students from middle- or upper-class families tend to be more supported culturally and through social networks and understanding the vocabulary used in education. Such students also possess the socioeconomic status to have access to transportation, and their parents can easily secure childcare, which can help alleviate stressors on the family (Baker et al., 2016). This allows for more comfort and trust to be constructed between schools and parents, whereas lower income families may not feel the same trust, just as single parents are often more overwhelmed and stressed, resulting in less involvement in school and their child's education.

While there is evidence that illustrates the importance of parental involvement, less is known regarding how to actively enhance and facilitate parental involvement across different cultures and socioeconomic statuses consistently (Ansari & Gershoff, 2016; Epstein, 2018; Garbacz et al., 2016; Liao, 2019). A disconnect between the parents and the educators or schools

is usually one the leading hurdles to parental involvement (Baker et al., 2016). The parents of contemporary students often had an unsatisfactory experience in school, which has led them to be uninvolved as parents themselves. Obstacles to parental involvement in education can also go beyond issues between parents and the school and might include numerous personal issues. Indeed, parents often do not have the time, motivation, or means to be more involved (Baker et al., 2016; Ripoll et al., 2018). Moreover, language barriers can impact communication between parents and educators, leading to a lack of involvement. Children can detect encouragement and support from their families, which can lead to students being more confident in their own abilities and development, notably when parents display an interest. Conversely, students can recognize a lack of interest from parents and perform inadequately academically and have a vulnerable mentality (Ansari & Gershoff, 2016; Garbacz et al., 2016; Liao, 2019). Despite barriers being present, educators and parents want parents to be more involved, particularly for the benefit of the student (Baker et al., 2016).

While the EHS home-based program has commissioned little research demonstrating its effects on infants, toddlers, and their families, it is still considered one of the more prominent home-visiting programs (Baker et al., 2016; Ripoll et al., 2018); Walsh & Mortensen, 2020). Walsh and Mortensen (2020) described an increased focus beginning to develop among researchers to determine how the quality and quantity of the EHS home-based program might promote positive outcomes in families, particularly given the diversity of its home-visiting methods. It is thought that the EHS home-based program will exhibit its effectiveness through the support it offers to vulnerable families by home-based educators addressing stressful situations families face regarding food, hunger, shelter, clothing, and home environment (Baker et al., 2016; Walsh & Mortensen, 2020). Stressors can develop situations that cause families to

be more susceptible to poor life outcomes and create or maintain generational poverty.

Nevertheless, through home-visiting programs, families can be connected to helpful community resources, which can hopefully improve the interactions between parents and children (Ripoll et al., 2018; Walsh & Mortensen, 2020).

Disabilities in Early Childhood

There was a time in the United States when educational disabilities were not commonly accepted and students were often discriminated against and unable to receive school services, particularly when their disability was visibly noticeable (Obiakor & Bakken, 2019; Werner et al., 2016). In the past, if children with disabilities were fortunate enough to receive education at all, it often took place in a private setting or in a special school; if they were unable to receive an education, they often did without or were placed in institutions, receiving only minimal basic requirements (Obiakor & Bakken, 2019). Parents had few options in obtaining education for children with disabilities and would have to educate their children at home or obtain expensive private education. Over time, however, more awareness was brought to children with disabilities, resulting in progress concerning special education (Obiakor & Bakken, 2019).

Special education services for students with disabilities are commonly known about in primary and secondary schools, but it is often an overlooked area for infants and toddlers (Werner et al., 2016). There are children who as early as newborns receive a diagnosis for disabilities that are more often physical in nature (Balikci & Melekoglu, 2020). Developmental and learning disabilities are not usually prevalent until the child is older (Balikci & Melekoglu, 2020; French & Kennedy, 2018; Werner et al., 2016), although the CDC (2021) has stated that one in every six children has disabilities. Despite the CDC numbers, parents and educators will usually notice any concerning aspects of a child and seek early intervention services for

developmental and learning disabilities. Disabilities in infants and toddlers often impact their ability to interact, develop, grow, learn, and properly move (Balikci & Melekoglu, 2020).

Identifying physical disabilities and developmental delays is crucial in the care of these children and can impact their ability to overcome their disabilities later in life, as research demonstrates that early intervention services correlate with improved outcomes (Balikci & Melekoglu, 2020; Mozolic-Staunton, Barbaro, Yoxall, Donnelly, 2021; Werner et al., 2016).

While parents often perceive disabilities differently to professionals and can exhibit feelings of denial or confusion regarding how to process those disabilities mentally, they usually want to gather information and obtain social support (Raver & Childress, 2015). Raver and Childress (2015) believe that professionals should be mindful of reactions and adjustment periods being different for each child and family. early intervention services are available for infants and toddlers to either diagnose disabilities or assist families in supporting the needs of their child with disabilities.

Part C of the Individuals with Disabilities with Education Act

Early intervention services are available to infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (IDEA) from birth to the age of 3 (Ansari & Gershoff, 2016; Berlin et al., 2018; Daniel, 2015; Individuals with Disabilities Education Act, 2004; Liao et al., 2019; Swanson, Harris, & Graham, 2013). To be eligible to receive early intervention services under IDEA, a child must have a disability or delay (Ansari & Gershoff, 2016; Berlin et al., 2018; Daniel, 2015; Kauffman, Hallahan, & Pullen, 2017; Liao et al., 2019). Part C of the IDEA, sometimes known as the Program for Infants and Toddlers with Disabilities, is a federal grant program established by Congress in 1986 due to being seen as a

need that was urgent and substantial (Colker, 2013; Edwards & Gallagher, 2016; Individuals with Disabilities Education Act, 2004; Traube, & Mamey, 2021).

The establishment of Part C of IDEA was sought so that the development of infants and toddlers who have disabilities can be enhanced while also improving a family's capacity to meet the needs of their child (Colker, 2013; Edwards & Gallagher, 2016; Individuals with Disabilities Education Act, 2004; Wolf, 2019). Early childhood development is promoted enhancing the quality of environments related to parenting and family through early intervention programs (Mckelvey et al., 2015). Congress also thought the need for special education could be minimized through reducing educational costs by utilizing EIs, which could result in maximizing the independent living of individuals with disabilities while decreasing the possibility of institutionalization (Edwards & Gallagher, 2016). Part C of IDEA assists U.S. states in providing comprehensive statewide programs that provide early intervention services for families and children with disabilities aged 3 and below (Colker, 2013; Individuals with Disabilities Education Act, 2004). States can participate in the program only if they ensure that early intervention services are made available to every child and family deemed eligible (Ansari & Gershoff, 2016; Berlin et al., 2018; Daniel, 2015; Kauffman, Hallahan, & Pullen, 2017; Liao et al., 2019).

IDEA, including Part C, is governed by rules in the Code of Federal Regulations issued by the U.S. Department of Education that define how the program's implementation is to be conducted (Gray, Zraick, & Atcherson, 2019). Individual states are obligated to ensure there is a process in place for implementing the regulations and meeting federal requirements. While states cannot have protections for infants and toddlers that are less restrictive than federal requirements, states can have regulations that are more strenuous than the federal level (Gray, Zraick, &

Atcherson, 2019). All U.S. states and eligible territories are presently participants in Part C of the IDEA program, providing services for children from birth through the age of 2 (Ansari & Gershoff, 2016; Berlin et al., 2018; Daniel, 2015; Kauffman, Hallahan, & Pullen, 2017; Liao et al., 2019).

Part C of IDEA recognizes that significant brain development occurs during a child's first 3 years and that providing early intervention can assist in minimizing potential delays by enhancing development (Ansari & Gershoff, 2016; Kauffman, Hallahan, & Pullen, 2017; Liao et al., 2019; Wolf, 2019). A key component of Part C is that parents, professionals, service providers, and advocates all collaborate in meeting the goals set for an infant or toddler in order to help minimize and sometimes even eliminate those delays and disabilities that are present (Kauffman, Hallahan, & Pullen, 2017; Swanson, Harris, & Graham, 2013). To accomplish this, infants and toddlers are to be viewed as whole persons with needs that require strategies that often do not meet the traditional service and funding methods. An environment that involves a family-centered approach is promoted as being optimally beneficial to the development of infants and toddlers through Part C, and parents should be respected and empowered as part of any early intervention collaboration (Ansari & Gershoff, 2016; Kauffman, Hallahan, & Pullen, 2017; Liao et al., 2019). This can be accomplished through the building of partnerships among agencies, professionals, and families.

Part C of IDEA contains 16 specific components that statewide programs must provide in servicing infants and toddlers with disabilities (Colker, 2013; Individuals with Disabilities Education Act, 2004; Wolf, 2019). These components can be found in IDEA regulations 303.110 through 303.126 (Individuals with Disabilities Education Act, 2004), and all funding applications

submitted by states must outline how the implementation of all 16 required components is being met.

Development services under Part C of IDEA are defined as being provided under supervision that is public, enables parents to help select services through collaboration, provided at no cost, ensures federal or state law provides a system for payment, and includes a sliding scale for fees. Services provided under Part C are designed to use the IFSP to meet the child's developmental needs, align with state standards, qualified personnel provide services, and align with the IFSP (Ansari & Gershoff, 2016; Berlin et al., 2018; Daniel, 2015; Kauffman, Hallahan, & Pullen, 2017; Liao et al., 2019). Services that must be made available by early intervention services must, at a minimum, include screening, evaluation, and assessment, audiology, assistive technology, training for families, counseling, home visits, nursing, nutrition, and medical services, physical therapy, occupational therapy, psychological services, service coordination, speech-language pathology, vision services, social work, special instruction, and transportation (Ansari & Gershoff, 2016; Batshaw, Roizen, & Lotrecchiano, 2012; Berlin et al., 2018; Daniel, 2015; Liao et al., 2019; McManus, 2020). The services that children and their families receive are dependent upon their unique needs determined by their IFSP.

Infants and toddlers who receive early intervention services often catch up in their development and make progress in life skills, and services are also provided for families (Berlin et al., 2018; Liao et al., 2019). Early intervention services focus on physical, communication, cognitive, adaptive, and social-emotional skills and are similar to home-based programs in that they provide services in the family home (Batshaw, Roizen, & Lotrecchiano, 2012; Berlin et al., 2018). In correlation with the Head Start program, early intervention often provides services to families at a low or no cost (Liao et al., 2019). Services for early intervention use a family-

oriented approach and are individualized to a child's unique needs (Batshaw, Roizen, & Lotrecchiano, 2012; Daniel, 2015, Liao et al., 2019)

Individualized Family Service Plan

When a child is eligible for early intervention services, service providers work with the child's family to develop an Individualized Family Service Plan (IFSP) (Ansari & Gershoff, 2016; Ridgley et al., 2020). Part C of IDEA guides the process of obtaining an IFSP and provides individualized documentation of the process for a family and outlines the goals, outcomes, services, support, and progress of an eligible child (Ansari & Gershoff, 2016; Raver & Childress, 2015). An IFSP outlines the types of services that a child will receive and the goals that are put into place for that child. The plan is a collaboration between all individuals involved in a child's early intervention and will change as the child progresses and family priorities change (Ansari & Gershoff, 2016; Raver & Childress, 2015). An IFSP is the equivalent of Individualized Education Plan (IEP) but is put into place for children from birth to 3 years old (Ridgley et al., 2020).

Services that can be included in the IFSP are speech and language therapy, occupational therapy, physical therapy, psychological services, transportation, assistive technology, or any service that a child may require. An IFSP established for a child is appropriate for use until the child turns 3 years of age (Ansari & Gershoff, 2016; Ridgley et al., 2020). The development of an IFSP consists of monitoring, gathering information, and a synthesis that revolves around the child's development while focusing on what a child is capable of and what their needs are (Raver & Childress, 2015). Prior to the IFSP being written, information is gathered immediately after a child is referred for early intervention, and the process continues throughout intake, evaluation,

and assessment while considering what is important to the child's family (Brown, 2020; Raver & Childress, 2015).

The first 5 years of a child's life is the most critical for brain development. During this time, a significant amount of physical, language, cognitive, and social development occurs (Brown, 2020; Ma et al., 2016). Individualization, dedication, and patience are necessary because children in early childhood education have unique needs (Brown, 2020). Poverty and being at-risk represent some of the unique issues children in early childhood face. Both were addressed through President Johnson's War on Poverty, in which the federal Head Start program came into existence through addressing the comprehensive needs and development of these children (Ansari & Gershoff, 2016; Bailey & Duquette, 2014; Merritt, 2019; Wessel, 2014). Under the Head Start program, EHS was developed to help the most difficult-to-reach families of infants and toddlers (Ansari & Gershoff, 2016; Berlin et al., 2018). Through the EHS home-based program, educators can provide family-centered services (Head Start Resource Center, 2011) that promote a secure parent-child relationship and encourage parental involvement while concentrating on the needs of children in their daily activities and routines (Ansari & Gershoff, 2016; Hubel et al., 2017; Raver & Childress, 2015).

Educators can assist parents in several different aspects of involvement. This assistance includes the educator and parents cooperating for the greater good of the child through the development of goals (Ansari & Gershoff, 2016; Liao, 2019). Evidence reveals that parental involvement is critical to students' growth and development (Daniel, 2015; Perriel, 2015). Despite the positive impact that parental involvement can have on students, there are often barriers that are present that prevent families from being involved in their child's education (Baker et al., 2016; Ripoll et al., 2018). Maslow (1943) stated that individuals cannot meet

certain needs until their basic needs have been met, and the barriers that are present can be due to parents having their own needs unmet (Ripoll et al., 2018).

Summary

Current research suggests that parental involvement in the education of students with disabilities results in more significant constructive outcomes (Daniel, 2015; Perriel, 2015). As a result, the impact on students is more positive and long lasting (Perriel, 2015). Research also suggests that parental involvement is often hindered due to barriers that families may experience (Ripoll et al., 2018). Maslow's hierarchy of needs corresponds with this idea in that certain needs must be met before an individual can move on to the next need (Maslow, 1943). Head Start was created as a component of President Lyndon B. Johnson's War on Poverty (Bailey & Duquette, 2014; Merritt, 2019; Wessel, 2014) and the program works with families to address many of those barriers through establishing partnerships (Baker et al., 2016; Ripoll et al., 2018). The home-based Early Head Start program utilizes the same concepts that are present in Epstein's model theory and the six types of parental involvement (Bower & Griffin, 2018; Epstein, 2001). This is particularly useful when home-based educators can pass their own knowledge to parents of students with disabilities to help them learn how to work with their own children more effectively.

Despite what is known on this topic, there is little valid and reliable research that addresses parental involvement and its impact on children with disabilities from birth to the age of 3. This case study's goal is to fill this research gap and provide educators and researchers of the infant and toddler stage an understanding to close this gap. This study will attempt to close this gap through identifying how parents and educators view barriers to preventing active parental participation in the EHS home-based program. To help further close this gap in research,

the perspectives of both educators and parents are examined regarding how educators implement early interventions and encourage parental participation.

CHAPTER THREE: METHODS

Overview

The purpose of this qualitative collective case study was to examine the perspectives of both home-based educators and the parents of students with disabilities in an EHS program in rural Appalachia. The information collected from this study was used to answer research questions concerning how home-based educators view parents' involvement, how home-based educators' experiences influence intervention, how unmet needs and barriers influence parental involvement, and how parents view those barriers to being involved. Evidence has revealed that parental participation has been proven to have a positive impact on children in elementary and secondary education and is perceived as having the same impact on children in early childhood education (Daniel, 2015; Perriel, 2015). Hubel (2017) has shared research on there being a lack of parental participation in the EHS home-based program due to various barriers, particularly in the implementation of early intervention services for disabilities. This chapter describes the research design of this study in alignment with the research questions. The setting of the study and the participants in the study are described in addition to the procedures that have taken place. The researcher's role in the research is then described, the process of data collection explained, and the analysis that has been conducted on the data detailed. This chapter concludes with a discussion of the trustworthiness of this study before addressing ethical considerations.

Research Design

The purpose of qualitative research is to study a group or population to identify a phenomenon that cannot be measured simply (Creswell & Poth, 2018). A qualitative approach was appropriate, as the researcher obtained the perspectives of home-based educators on a specific phenomenon that has multiple variables and wished to obtain authentic evidence (Yin,

2018). Of the five major approaches identified by Creswell and Poth (2018), a case study is the qualitative approach due to it being designed to provide an in-depth description of real-life phenomena and to answer the how or why of phenomena that researchers have little to no control over (Yin, 2018). It was rational to conduct a case study for this research due to the information that was sought and based on the participants consisting of one specific group. A collective case study was used as I was seeking, through the desire to garner perspectives from both home-based educators and parents of children with disabilities, a more in-depth understanding of the phenomena than a single case study could provide. Conducting a case study provided a deeper understanding of the perspectives of home-based educators and the parents of children with disabilities and of how the program can be improved through the guidance of Maslow's hierarchy of needs and the Epstein model.

Research Questions

This case study examined the perspectives and experiences of home-based educators and parents of students with disabilities in the EHS program to develop an understanding sufficient to answering the following research questions:

Research Question One

How do home-based educators in four counties in rural Appalachia describe the role of parent involvement for students with disabilities in an Early Head Start home-based program?

Research Question Two

How do the experiences of Early Head Start home-based educators play a role in considering and implementing early intervention services for students with disabilities and their families?

Research Question Three

How do unmet basic needs and barriers prevent parents of children with disabilities from actively engaging in the interventions of an Early Head Start home-based program?

Research Question Four

How do the parents of students with disabilities view barriers that are present in preventing them from being actively engaged in the Early Head Start home-based program, and how do they feel that home-based educators address those barriers?

Setting and Participants

The purpose of this study was to gain perspectives from both home-based educators in the EHS program and the parents of enrolled children with disabilities. This study took place in an EHS home-based program in rural Appalachia and consisted of the purposive sampling of educators and parents. This section explores the setting and participants while detailing the sampling strategy utilized.

Setting

This study occurred in an EHS home-based program founded by a community action that was based in rural Virginia. For confidentiality purposes, a pseudonym was used to identify the community action used in this study. The Duncan River Community Action (pseudonym) is located in a rural area of the Appalachian Mountains in which a limited number of community services are available, with EHS providing services to families who live at or below the federal poverty guidelines. Home-based educators had offices located in the main office of the community action, but education services were provided in the homes of clients or via Zoom video calls if necessary. The EHS home-based program provided instructional time on a weekly basis for 90 minutes inside the family's home (Hubel et al., 2017; Office of Head Start, 2020). Head Start mandated that home visits must include the home educator, the child, and the child's

caregiver and that home visits must occur in the child's natural setting as much as possible (Hubel et al., 2017; Office of Head Start, 2020). Socializations were provided twice a month (Hubel et al., 2017; Office of Head Start, 2020) at various locations throughout the local area and could include places such as the park, corn maze, or movie theater. The setting for this study was chosen due to the mandates in place on where home visits must occur and because it is a natural setting for the child and family. Home educators communicate directly with families when scheduling home visits while providing notes and documentation to the Education and Disabilities Coordinator, who was the immediate supervisor.

Participants

The Head Start program referenced in this study spanned four counties and could serve a total of 379 children. However, low enrollment due to the COVID-19 pandemic caused only 352 children to be served (Head Start Program, 2021). The EHS home-based program is a sub-program of the Head Start program and provides services to 42 children. It is available in one of the four counties (Head Start Program, 2021). The participants in this study are home-based educators and the parents of students with disabilities in a rural Appalachian program. They were recruited through utilizing a maximum variation purposive sampling method to select 10–15 participants. In the entire program, 67% of enrolled children came from families that were at or below federal poverty guidelines, 13.5% of families were homeless, 7.5% of families received TANF, 6.5% of children were in foster care, and 5.5% of families were considered over-income. (Head Start Program, 2021). Ten percent of enrolled children were Hispanic/Latino, with 90% of children being non-Hispanic/non-Latino (Head Start Program, 2021). Enrolled children were predominantly White, with the remainder being 18% Black, 25% biracial/multiracial, and no children identified as Native American, Native Alaskan, Asian, or other (Head Start Program,

2021). Thirty-four percent of children enrolled in the program had one or both parents unemployed (Head Start Program, 2021). Five percent of parents did not complete high school or a GED program, while 71% of parents finished high school or a GED program but did not pursue higher education, and 24 % of parents had some college or a college degree (Head Start Program, 2021). The sample size for this study was limited to 10–15 participants, with recruiting attempts securing 10 participants: four home-based educators and six parents of children with disabilities.

Researcher Positionality

When I was 4 years old in 1989, I was a home-based student in the Head Start program, and I can remember my teacher coming to see me every week at my family home to teach me school-readiness skills. I can remember that my father was a hard worker who had obtained his GED, and my mother was a stay-at-home mom who had dropped out of school in the eighth grade. I remember my dad made sure we had a roof over our heads and food on the table. However, by federal guidelines, we were still considered a struggling, low-income family. After a further 22 years, I was a student at a rural community college in Appalachia, during which I obtained a teacher's aide position in the same Head Start program in which I had been enrolled. Three years later, I became a home-based educator for the EHS program within the same agency in which my Head Start teacher had become my coworker. The circle had been completed from that 4-year-old little girl in 1989 to a first-generation college graduate with a master's degree in education.

My passion for working with children, particularly children with disabilities, and their families developed from my own life experience. As a home-based educator, I see families living in poverty and struggling to have their most basic needs met. I see families who are lacking the education and skills to prosper, which in turn would help their children prosper, particularly in

relation to the disabilities their children may have. The circumstances I witness among the families with whom I work are reminiscent of what I saw growing up. It has become my mission to offer those families a hand up instead of a handout and skills that they can use to improve their own lives. My motivation for conducting this study is to understand how the experiences of other home-based educators have developed their perspectives on barriers to parental participation and consider how those perspectives determine their implementation of early intervention services. I feel that it is equally important to examine the perceptions of parents concerning how services are being provided to meet their unique needs. It is intended to complete this study primarily through an ontological approach. This method allows data points to be observed and collected to demonstrate how they relate to the research questions. Further, this approach facilitates the gathering of information on what there is to be known regarding the phenomenon being studied while utilizing an interpretive framework that focuses on pragmatism (Creswell and Poth, 2018).

Interpretive Framework

This study was conducted utilizing an interpretive framework based on pragmatism to view the outcomes of the research based on the perspectives of the participants. Creswell and Poth (2018) mention that the problem that is being studied and the problem being explored by asking questions are important standpoints of research. Through pragmatism, the researcher has the freedom to choose the methods, techniques, and procedures of the research most suited to their purpose and needs while using multiple qualitative approaches (Creswell & Poth, 2018). Based on the goal of looking at the “what” and “how” of the study, pragmatism therefore aligned with the researcher and the direction of this study. To answer the research questions, data were collected for this study through individual interviews, document analysis, and focus groups.

Through this paradigm, I relied on the varied views of my participants to examine the phenomenon (Creswell and Poth, 2018).

Philosophical Assumptions

Creswell and Poth (2018) stated that philosophical assumptions are important to articulate in research and assist in understanding qualitative research. Philosophical assumptions help formulate the direction of goals and outcomes in research and are useful in examining the scope of training and research experiences. They are also used as the basis of evaluative criteria for research-related decisions. While there are four widely used philosophical assumptions in qualitative research (Creswell & Poth, 2018), only three were addressed: ontological, epistemological, and axiological assumptions.

Ontological Assumption

An ontological approach was utilized to allow the data points to be observed and collected to reveal how they related to the research questions. The approach was also helpful in gathering information on what there was to be known about the phenomenon being studied (Creswell and Poth, 2018). Through an ontological assumption, I simply wanted to know what already exists in relation to this phenomenon. Using an ontological approach allowed the reality of the phenomenon to be examined as it was seen through the perspectives (Creswell and Poth, 2018) of both home-based educators and the parents of students with disabilities. Creswell and Poth (2018) discussed how researchers examine the multiple realities of participants through a variety of evidence that demonstrates the different perspectives that each participant has. Through an ontological assumption the researcher was able to construct knowledge related to the research and through the experiences of home-based educators and parents of students with disabilities served in the Early Head Start home-based program by considering the “nature of

reality” through reporting themes based on different perspectives (Creswell & Poth, 2018, p. 19).

Epistemological Assumption

The epistemological assumption of qualitative research examines what counts as knowledge and how those claims regarding knowledge are justified while considering the relationship between the researcher and what is being researched (Creswell & Poth, 2018). The researcher becomes an “insider” by spending time in the field collaborating and relying on quotes from participants while lessening the distance between themselves and the research by getting as close as possible to the participants (Creswell & Poth, 2018). The epistemology was present in this study through the researcher collecting evidence directly from the participants based on their own experiences and perspectives. Firsthand information was gathered from where the participants lived and worked through interviews and document analysis, resulting in evidence that arose directly from the participants.

Axiological Assumption

Axiological assumptions are characterized by the researcher and the values that they bring to the study while declaring those values throughout the study and making them known (Creswell & Poth, 2018). Information that is value-laden in relation to the researcher’s values and biases, in addition to that gathered from the field, is disclosed. The researchers also identify their positionality as it relates to the study’s context and setting (Creswell & Poth, 2018). Aspects of the researcher’s positionality include their demographics, experiences, and professional and political beliefs (Creswell & Poth, 2018). The researcher’s motivation for the study has been discussed previously and the researcher’s role and any biases are addressed below.

Researcher’s Role

As the researcher, it was my desire to engage in this study with morally sound ethics while representing the population through an accurate, diverse lens. Throughout this case study, I acted as the “human instrument” through conducting semi-structured, open-ended interview questions, focus groups, and document analysis (Prabowo, 2020). As the researcher, I was the only individual taking notes and conducting interviews. Therefore, it was critical that I report any potential biases that I encountered and be self-aware throughout my research. I have been with the national Head Start program for 11 years, with 7 of those years being an educator for the EHS home-based program (I was an aide in the classroom for the first 4 years). My duties in the EHS program include contacting families for weekly home visits, providing assessments to students (most of whom have IFSPs), partnering with families and service providers, and using a family-centered approach to assess development and implement interventions and education plans that are individualized to the needs of the family and student.

Although an educator in the program in which I conducted research, I did not know or have any knowledge of the families enrolled with other educators—nor did I know how they conducted home visits and implemented interventions. I did not hold any supervisory or administrative roles that would interfere with researching the home-based educators in this program. As an EHS home-based educator, I did feel there was a stigma associated with families living in poverty. When home-based educators provide the right tools and support to families despite their circumstances, they can empower families and help them improve through goals and partnerships. When provided with the support to do so, families can learn how to be effective in being their child’s first and most important teacher.

Procedures

Procedures have been put into place to ensure that data collection and analysis processes were valid, reliable, and credible throughout the entire research period. Site permission was obtained prior to submitting for authorization from the Institutional Review Board (IRB). Once the IRB had given approval to conduct research, consent was obtained from each participant. Recruitment of participants utilized a maximum variation purposive sampling method to select 10–15 participants for this study. Data were collected using semi-structured, open-ended interviews that were conducted either in person or, due to the current pandemic, by Zoom. With consent, both in-person and Zoom interviews were audio-recorded for transcription, analysis, and coding. Interviews took place with both home-based educators and the parents of students with disabilities. The software application Notiv was used to assist in recording and transcribing interviews.

Following completion of the interviews, the focus group interviews were the next step in data collection. The focus group interviews occurred with the home-based educator participants as one group and with parent participants as a second group. An email was sent to the participants with the date and time that the focus group interview would take place. The focus group interview allowed participants to contribute in a group to allow for interactions between the participants and their perspectives (Creswell & Poth, 2018). The focus group interviews were audio recorded and transcribed through the Notiv software for analysis.

Document analysis was conducted as the final step of the data collection process. Documentation was collected on the EHS's home-based program policies and procedures to demonstrate the parent-teacher partnerships desired in the program and the policies concerning family involvement in the education of the child. Further documentation was collected to

illustrate the ways home-based educators provide individualized interventions to families of children with disabilities and the families' responses to such interventions. The participant interviews were utilized to generate findings connected through theory, practice, and historical significance (Yin, 2018). Through collecting data and transcribing interviews, strategies were implemented throughout this study to ensure that the handling of information was appropriate and confidential (Creswell, 2018). To prevent misrepresentations of data, the participants were allowed to review and approve transcriptions prior to analysis and coding.

Permissions

Prior to obtaining IRB approval, a written request (see Appendix A) was sent via email to the program director of the EHS program at Duncan River Community Action to obtain site permission. Site permission was requested to conduct interviews and focus groups, recruit participants, and to obtain data from the local EHS program in which my study took place. A permission letter template was included with the request to obtain permission (see Appendix B) in order to save the organization time and effort in responding. After site permission (see Appendix C) was obtained, an application to conduct research for this study was submitted to the Liberty University IRB, and approval was granted (see Appendix D).

Recruitment Plan

This study purposefully sampled participants who were home-based educators and parents of children with disabilities enrolled in the local EHS home-based program to understand their perspectives regarding the parental involvement of families with children who have disabilities. Purposive sampling was used, as the participants can provide an in-depth perspective regarding the phenomenon being investigated (Creswell & Poth, 2018). The sampling procedure for this study was convenient because the EHS program was nearby and included children with

disabilities who had an IFSP or IEP. A maximum variation sampling strategy was utilized because it “documents diverse variations of individuals or sites based on specific characteristics” (Creswell & Poth, 2018, p. 159). Maximum variation ensured that participants were offered diversity based on previous experiences and ethnic, educational, and socioeconomic backgrounds (Creswell & Poth, 2018). There were 10 participants in this study: 4 home-based educators and 6 parents. This study selected home-based educators based on their roles in the EHS program and parents who had children enrolled in EHS due to a disability that required an IFSP or IEP. This number was appropriate for this study, as it took place in a smaller agency and was reflective of the number of home-based educators and children with IFSPs in the program generally. The sample size was reached when the amount of data collected was considered adequate based on when saturation was accomplished and the data were satisfied (Tran et al., 2016). Further data collection was not necessary, as enough data had been collected from the participants to allow for replication of the study, resulting in saturation (Tran et al., 2016). Recruitment letters were emailed to potential participants in the study through information that was provided by the study site. A consent form was attached to the recruitment letter for those individuals to return to me by email if they chose to participate in this study. Recruitment letters and consent forms for home-based educators (see Appendix E) differed from recruitment letters and consent forms for parents (see Appendix F). This study assigned pseudonyms to the program being studied, the participants, and any demographic information that is narrated.

Data Collection Plan

Data collection is a core component of research that allows for the research to be meaningful, valid, and reliable (Yin, 2018). The strength of the research is based on the validity

of the data collected and the sources of those data (Yin, 2018). For this study, data were collected from open-ended interview questions, focus groups, and document analysis.

Individual Interviews

The first data collection method was conducting interviews face-to-face or, if the participant desired, via a video call due to the COVID-19 pandemic, using open-ended questions (see Appendix G). Through these interviews, the researcher was able to obtain a deeper understanding of parental involvement, the experiences of home-based educators, barriers to parental involvement, and the perspectives of parents (Creswell & Poth, 2018). Because interviews are “considered social interaction based on a conversation” (Creswell & Poth, 2018, p. 162), questions that required open-ended answers were used while the researcher remained neutral. Interviews were audiotaped to ensure they could be transcribed verbatim. Home-based educators were interviewed for their perspectives on parental involvement, their implementation of interventions, and experiences that might impact their points of view. The open-ended questions for the interviews are listed below:

Home-Based Educator Questions

1. Please introduce yourself. RQ2
2. How long have you been a home-based educator for Early Head Start? RQ2
3. What has drawn you to become a home-based educator for Early Head Start? RQ2
4. Tell me about home visits. RQ2
5. How do you feel about how parents are involved in those home visits? RQ1
6. What are ways that you encourage parent participation? RQ1
7. How does the program work with families that have children with disabilities? RQ1
8. Tell me about how you implement interventions for children who have an IFSP? RQ1

9. What do you feel are barriers that may prevent parents from being actively involved in their children's home visits? RQ3
10. What do you do to help families overcome those barriers? RQ3
11. In what ways do you feel that you relate to the families that you work with? RQ2
12. What are events that have happened in your life that have impacted how you interact with families? RQ2
13. How do those events impact how you do interact with families? RQ2
14. What support do you have in implementing early intervention services? RQ1
15. What do you feel could be done differently to help parents become more interactive with their child's education? RQ3
16. How do you think the child's disability impacts how families are involved? RQ1
17. What else would you like to share about home visits with families that have children with disabilities? RQ1

Parent Participant Questions

1. Please introduce yourself. RQ4
2. How long have you been receiving services from Early Head Start? RQ4
3. Tell me about your child's disabilities. RQ4
4. What has drawn you to become enrolled in the Early Head Start program? RQ4
5. Tell me about home visits. RQ4
6. How do you feel about how being involved in those home visits? RQ4
7. What are ways that you are encouraged to participate in the program as a parent? RQ4
8. How does the program work with your family regarding the disabilities that your child has? RQ4

9. How are interventions implemented to go along with your child's IFSP? RQ4
10. What are barriers that you feel prevent you from being actively involved in the home visits with your child? RQ3
11. What is your perspective on how the program addressed those barriers and assisted you in overcoming them? RQ3
12. How do you feel that prior events in your own life have impacted how you participate in your child's education and early intervention services? RQ4
13. How do the home-based educators support you in participating in the early intervention of your child? RQ4
14. What do you feel could be done differently to help you be more interactive in your child's education? RQ4
15. How does your child's disability impact how you participate in the program? RQ4
16. What else would you like to share about home visits with the program, early intervention, and your participation? RQ4

All questions relate directly to the research questions and accord with Patton's (2015) six types of questions to use during interviews. Background and demographic issues are addressed in Questions 1 and 2 to determine the background and demographic information of educators. Opinion and belief questions are utilized for Questions 3, 5, 9, 12, and 13 of the home-based educator's interview. Questions 13 and 15 of the parent's interview were developed to gain parental perspectives. These questions allowed the researcher to develop an understanding of the perspectives of participants to help gain an in-depth explanation of the phenomenon under examination. Questions concerning home-based educators' experiences and behavior include Questions 4, 6, 8, and 10. Parents are addressed in Question 9 regarding their views on

intervention implementation. Questions 11, 14, 15, and 16 allowed for feeling questions to be asked of educators. Questions 6, 10, 12 (and Question 14 for parents) gathered in-depth data on how the participants felt concerning parental participation, barriers, and interventions.

Knowledge questions require facts (Patton, 2015), and Question 7 for educators and Question 9 for parents helped determine how participants perceived the regulations that were put into place for EHS. The final question allowed participants to provide any final thoughts or information they felt was not addressed by the previous questions. Yin (2018) tells us that interview questions can often be one of the most important data collection techniques because they provides the “how” and “why” of events.

Individual Interview Data Analysis Plan

The best fit for this study was in-depth data collection that employed a qualitative approach and included individual interviews conducted with both home-based educators and the parents of children with disabilities (Creswell & Poth, 2018; Yin, 2016). Yin’s (2016) steps for data analysis were used to analyze the data collected and to develop themes from the perspectives of the participants. Transcriptions were developed from the audio recordings of the individual interviews, which were then sent to participants to confirm the accuracy of the transcription. Notiv software transcriptions were used to determine any themes in the experiences of the participants once transcriptions were confirmed. Content analysis determined whether there were certain words, themes, or concepts present in the given qualitative data (Creswell & Poth, 2018; Yin, 2016). I used Saldana’s Coding Manual to guide my coding. Through descriptive coding, I identified several primary topics from the semi-structured, open-ended interview questions, focus groups, and document analysis. While coding for patterns, I was able to find common phenomena among home-based educators and the parents (Saldana,

2021). From the coding of the data, I was then able to develop themes and categories (Saldana, 2021). I used content analysis to determine whether there were any common themes within the data I collected on the perspectives of the participants. Use of the Notiv software and content analysis allowed for a study with quality and validity through the accuracy of analyzing the data.

Focus Groups

Focus groups are group interviews that are often used in qualitative research (Creswell & Poth, 2018) and generally consist of a group of six to ten people who share a common phenomenon (Yin, 2016). Focus groups allow participants to interact with each other and hear the responses of others, allowing for higher quality data to be collected (Yin, 2016). Participants are more likely to provide additional information as a focus group when like-minded individuals surround them than they are with one-on-one interviews (William, 2015; Yin, 2016). The purpose of using a focus group to collect data was to allow participants to hear and react to each other's responses in a round table approach to determine whether consistent themes and patterns could be identified (Patton, 2015). The primary goal of the focus group in this study was to support communication among home-based educators and parents and to be interactive in nature (William, 2015). Certain focus group questions (see Appendix H) were reminiscent of interview questions to also determine patterns and to ascertain whether data from interviews remained consistent. Two focus groups were conducted: with home-based educators in person and with parents via Zoom (due to the COVID-19 pandemic). Focus groups were divided between a parent group and an educator group and included the following open-ended questions:

Focus Group Questions

1. What is your perspective on parents being involved in home visits? RQ1

2. How do your experiences with one another impact how home visits are geared to get parents involved? RQ2
3. What has been one of the most challenging aspects of parents being able to be involved in home visits? RQ1
4. How do you feel support from partnerships impact the implementation of early intervention services? RQ1
5. What do you feel are barriers that prevent families of children with disabilities from being more involved during home visits? RQ3
6. What do you feel is essential to know about how barriers can prevent parents from being involved? RQ3
7. Describe one of your most memorable home visits. RQ2
8. How are home visits impactful to you, especially when the child has a disability that involved IFSP goals? RQ2

The rationale for choosing which questions to ask during the focus group interview aligned loosely with Patton's (2015) six types of questions for research and were intended to facilitate open-ended group discussion. Patton's (2015) six types of questions include behavior/experience, opinion/belief, feelings, knowledge, sensory, and background/demographic. Question 1 addressed the participants opinion/belief on the involvement of parents. Questions 2, 3, and 4 addressed the participant's opinions on the various aspects of home visiting and early intervention. Questions 5 and 6 concerned the participant's feelings on barriers to parental involvement. The participant's experiences were examined with Question 7, while Question 8 investigated both the experience and opinion of the participant.

Focus Group Data Analysis Plan

As with the individual interviews, analysis of the focus group data utilized Yin's (2016) steps for data analysis. Themes from the focus group data were developed from the responses of participants. Transcriptions of the focus group sessions were developed and sent to the participant to confirm accuracy. Once participants confirmed the focus group transcriptions, Notiv software was used to determine any emergent themes from the experiences of participants. The focus group analysis also utilized content analysis and Saldana's coding manual to determine whether there were certain words, themes, or concepts present in the given qualitative data (Creswell & Poth, 2018; Yin, 2016). To develop themes and categories, descriptive coding was then utilized to determine any primary topics, patterns, and common phenomena from the focus groups (Saldana, 2021).

Document Analysis

Documentation was gathered and reviewed from the files home-based educators are mandated to maintain (Office of Head Start, 2020) and any information used for data collection was documented by keeping notes (see Appendix I). Information gathered from these files included the child's IFSP to determine the interventions and goals in place for a child, documentation that home-based educators collected from weekly visits, and information related to the partnerships developed between parents and home-based educators. The data collected from documentation was used to corroborate and augment (Yin, 2018) the evidence collected from other sources. The documentation gathered for this study was organized into five groups that included demographics, strengths and needs, IEP or IFSP, documentation of interventions and progress, and screenings. Document analysis was appropriate for this study in that it provided the expectations that were in place for enrolled students with disabilities and the interventions that home-based educators were implementing to encourage parental involvement

while considering what parents consider barriers. To ensure participant confidentiality, all collected documents for this research were kept in a locked cabinet and a password-protected laptop only accessible by the researcher.

Document Analysis Data Analysis Plan

Evaluating the document analysis data utilized a systemic procedure to review documents and answer the research questions. To maintain the reliability and validity of the data collected, document analysis was used to continue triangulation of the data collected. The same methods used for analyzing the focus groups and interviews were also used for evaluating the document analysis, including Yin's (2016) data analysis steps. Documents were reviewed, and themes were developed from the data collected. Based on what was found during the document analysis, Notiv software transcriptions were used to determine any themes that emerged in the documents based on words, themes, and concepts. Saldana's coding manual was used to assist in the descriptive coding to determine the presence of primary topics and patterns among the phenomena (Saldana, 2021).

Data Synthesis

Once transcriptions were confirmed and could be reviewed and decoded, Notiv software was used to record and transcribe interviews and focus groups in order to assist in identifying any themes in the experiences of the participants. Content analysis was used to determine whether there were certain words, themes, or concepts present in given qualitative data (Creswell & Poth, 2018; Yin, 2016). Saldana's coding manual guided my use of descriptive and in vivo coding; both being a first cycle coding method. Through descriptive coding, a detailed inventory was developed from the content of the documents I utilized in the document analysis and to develop a deeper understanding of the interview and focus group transcripts. In vivo coding was

utilized to gain the perspectives of the educators and parents. I identified the primary topics from the semi-structured, open-ended interview questions, the focus groups, and the document analysis. Moreover, while coding for patterns, I was able to ascertain common phenomena among home-based educators and parents (Saldana, 2021). According to Saldana (2021), descriptive coding is similar to using hashtags on social media to point out the basic topic of a passage using a word or short phrase (usually a noun). Descriptive coding can be used to identify what is transpiring in a study and what the study relates to (Saldana, 2021). Field notes and analysis from documents should be written in a way that is as factual and objective as possible. Descriptive codes were extracted from the main body of data and then reassembled in an organized and categorized narrative. Using in vivo coding, the participant's voice was honored and prioritized (Saldana, 2021). The in vivo coding was based on citing the data verbatim in the same manner it was given from participants in interviews and focus groups. Saldana (2021) recommended using in vivo coding to draw attention to words and phrases that stand out in a way that warrants the data being bolded, underlined, highlighted, or italicized. In vivo codes include words and phrases often used by a participant. Saldana (2021) stated that when "the data appears to stand out, apply it as a code" (p. 140).

From the coding of the data, I was able to develop themes and categories (Saldana, 2021). To assist in developing themes and categories, the second cycle coding method of pattern coding was used. Pattern coding allowed me to take the coding from the first cycle coding method and organize it into themes and categories by exploring the major themes that were present. Rules, causes, and explanations can be searched for in the data (Saldana, 2021). I used content analysis to determine whether there were any common themes among the data I collected through open-ended interviews on the perspectives of the participants. Use of the Notiv software and content

analysis allowed for this study to display quality and validity through accurately analyzing the data to synthesize the evidence into a single body of information.

Trustworthiness

Credibility, dependability, transferability, and confirmability are critical to developing research that is valid and reliable (Creswell & Poth, 2018; Lincoln, & Guba, 1985; Nyirenda, 2020). Korstjens and Moser (2018) defined the concept of trustworthiness as simply being whether the findings of a study can be trusted. To ensure that my research had the necessary trustworthiness, I utilized member checks, triangulation, and memoing.

Credibility

Internal research validity represents the credibility of a study. To ensure validity and credibility in this study, I used triangulation and member checks (Creswell & Poth, 2018). Triangulation of data uses more than one method of data collection to determine validity and allows for consistency in data collection (Yin, 2018). The triangulation of data was obtained through semi-structured, open-ended interview questions, focus groups, and document analysis. Member checks is a technique that relates to the credibility of results through validation (Creswell & Poth, 2018). In this technique, data and results are presented to the participants of a study to ensure they can check the accuracy and resonance of their experiences as told to the data collector (Creswell & Poth, 2018). Member checks allowed me to receive feedback to validate the accuracy, credibility, and authenticity of my study (Creswell & Poth, 2018; Yin, 2016).

Transferability

The transferability of qualitative research refers to the external validity and generalization of research (Yin, 2018). To establish transferability, evidence concerning the findings of a study can be applicable to other situations, contexts, times, and populations (Yin, 2018). According to

Lincoln and Guba (1985), it is not the researcher's responsibility to prove transferability. Rather, it is their responsibility to provide data to allow transferability to be applicable. To assist in increasing the transferability of my study, I used thick, descriptive data (Creswell & Poth, 2018; Yin, 2018).

Dependability

Dependability helps to establish the findings in research as being consistent and repeatable by ensuring results are consistent with the data collected (Yin, 2016). To ensure that my findings were not misguided and are stable, I used thorough and in-depth descriptions and ensured that all my data is descriptive. Creswell and Poth (2018) recommend the use of direct quotes from participants to increase dependability. All procedures were thoroughly described and followed to allow for repetition in similar studies (Creswell & Poth, 2018).

Confirmability

Through objectivity and remaining neutral, confirmability helps to verify the research findings of the participants rather than affect how the study is shaped by the researcher and their biases (Yin, 2016). To establish confirmability, I utilized triangulation, member checks, and accurate rich descriptions of the perspectives of home-based educators and parents. All steps taken during the research process have been described transparently throughout the development, research, collection, and analysis stages. Records were maintained throughout the process.

Ethical Considerations

Ethical considerations are critical to the validity and reliability of qualitative research (Creswell & Poth, 2018; Yin, 2016). It was my goal to provide multiple perspectives and conflicting views (Yin, 2018). Prior to beginning research, appropriate protocols were utilized to obtain permission to conduct the research (Creswell & Poth, 2018) from the local EHS program

and an IRB. Informed consent was obtained from all participants, and it was specifically stated that participation was voluntary and without persuasion or deception. Pseudonyms were used for all participants to prevent identification (Creswell & Poth, 2018; Yin, 2018) and align with the strict confidentiality policies of the Head Start program (Head Start Policy and Regulations, 2020). Participants in the research did not include the researcher's own home-based families but only the data collected from other home-based educators and their families. To ensure protection of data, computer backups were stored in password-protected folders only I have access to. All data will be stored for three years after final publication, after which all data will be destroyed. Print materials will be shredded, and the digital data stored on an external hard drive will be overwritten and reset to factory settings to prevent data being retrieved. All outside sources and documents used were accurately cited and referenced to prevent plagiarism.

Summary

This qualitative research used a case study method to obtain the perspectives of EHS home-based educators. A case study was chosen to provide an in-depth description of this specific program and group (Creswell & Poth, 2018) in Appalachia. Data was collected via semi-structured, open-ended interview questions, focus groups, and document analysis to gain a detailed description of home-based educators' viewpoints on parental involvement, the implementation of early intervention services, and their experiences that contributed to their views. Perspectives from the parents of enrolled children with disabilities were also examined. Data was analyzed through transcription, coding, and content analysis to uncover any common themes. My goal is that this study provides information that might help improve the EHS home-based program while increasing parental involvement in early intervention services.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this qualitative collective case study is to describe parental participation from the perspectives of home-based educators and parents at an EHS home-based program in rural Appalachia. Data for this study was collected via individual interviews, focus groups, and document analysis and includes home-based educators and parents with children with disabilities. Descriptive and in vivo coding were used as a first cycle method, whereas pattern coding was employed as a second cycle method. This chapter presents the brief backgrounds and current roles of the home-based educators and parents of children with disabilities. Chapter four also discusses the development of themes and the research questions in relation to the collected data before being finalized by a summary.

Participants

The participants of this study included four home-based educators of an EHS program in rural Appalachia and six parents of students with disabilities who are enrolled in the same program and have either an IEP or IFSP. All participants were female and identified as White and non-Hispanic. The six parents who participated had a total of seven enrolled children. Five of those children were identified as White, two identified as biracial, and all seven as non-Hispanic. The years of experience for the home-based educators ranged from 5 to 7 years, with years of experience in their current role ranging from 7 months to 4 years. Parental participants represented enrollment in the home-based program for a cumulative total ranging from less than a year to 6 years. The perspectives of both home-based educators and parents were considered while using culturally appropriate pseudonyms. Pseudonyms were assigned randomly as parental consent forms were received. Descriptions include demographic information and a narrative of

the participants' beliefs, experiences, and perspectives on home visits and the EHS home-based program. Table 1 and Table 2 provide the demographics of the participants.

Table 1

Home-Based Educator Participants

Home-Based Educator Participant	Age	Highest Degree Earned	Years in Education	Years in Home-Base
Cindy	35	Associate in General Studies in Psychology	5	2
Renae	39	Bachelor of Science in Human Services	7	<1
Reese	30	Associate in Early Childhood Development	5	1
Willa	46	Bachelor of Science in Education Pre-K to 8	12	4

Table 2

Parent Participants

Parent Participant	Age	Education	Employment	Years Enrolled in Home-Base	Enrollment Criteria
Cynthia	32	High School Diploma	Unemployed	2	Foster Child
Emma	27	Some College	Unemployed	<1	Below Federal Poverty Guidelines
Jillian	25	High School Diploma	Part Time	<1	Homeless
Cathy	30	Some College	Unemployed	6	Social Security Disability

Leigh	42	GED	Unemployed	<1	Foster Child
Vanessa	23	High School Diploma	Unemployed	1	Below Federal Poverty Guidelines

Cindy

Cindy is a 35-year-old single mother of two girls who has an associate degree in general studies in psychology. She has been employed by the Head Start/Early Head Program for 5 years, with the last two years being in the role of a home-based educator for the home-based program. Cindy had a desire to work for the Head Start center after both of her daughters were enrolled as young children. Cindy said that she was not drawn to the home-based program or to being a home-based educator, but it was strongly suggested that she fill a vacant spot to get the home visits caught up. After two months of filling in she “decided that I did like to be a home-based teacher and that made me change my mind to continue to do it.” It was a desirable position due to being able to create her own schedule and interact one-on-one with families with similar backgrounds to her.

On the topic of parental participation, Cindy said that it depends on the parent. While certain parents are extensively involved in sitting and leading activities, other parents are standoffish and choose to do household activities or partake in their own activities. She tries to encourage parents to be more engaged. For students with disabilities, Cindy said that she “asks a lot of questions upfront to see what is the best way for me to approach things.” She said that she often finds that those parents of her students with disabilities have a barrier in that they see her as a teacher for the children and not as a “coach” for the family. Rather than the parents seeing themselves as their child’s most important teacher, they do not want to cross boundaries they feel are present.

Renae

Renae is a 39-year-old female who is a mother to two grown children and has a Bachelor of Science in Human Services. She has worked in the public school system for 4 years and recently became a home-based educator and has been doing home visits for 7 months. Prior to working in the public school system, she had worked in the Head Start program and various daycares for a total of 7 years in education. Renae has worked with both young children and middle-school-age children. She wanted to return to Head Start and the home-based program because she has always worked with children and prefers to work with younger children.

Renae said that going into homes to conduct home visits was unpredictable, as some parents are serious about interacting during the visit while others “just don’t interact at all.” She thinks that it is important that parents get involved so that the educator and parent are on the “same page” when addressing the child’s disabilities and education. A few of the children that Renae works with are non-verbal, and she has found it to be a challenge to work with those children. She also feels that it is a barrier for the parents of those children because they feel they do not have the knowledge to work with them. Renae said that a common barrier to participation for her families is that they are afraid they are parenting wrong and not helping in an effective manner. Renae says that she tries to reassure parents that there is no right or wrong way, and each child is unique in his or her needs.

Reese

Reese is a 30-year-old female who has three sons and lives with her husband. She has an associate degree in early childhood development and has worked with the EHS home-based program for 5 years. Four of those years were with a different program in a different state, whereas she has been with the program under examination for a year. Reese is in a unique

situation, as she is not only a home-based educator but has also previously participated in the program as a client with her 2-year-old son. To guide her in providing services for her clients, she draws from her own experiences in the program and on having a child with an IEP.

Reese says that those experiences are a factor in her wanting to work with the EHS home-based program and she enjoys working one-on-one with children to provide them with experiences that they may not receive in a classroom setting. She feels that some parents are highly involved but there is a struggle to get other parents engaged in the home visits. Social media and phones are a barrier that she sees as an issue for getting parents to be more involved. She says, "I am a guest in a family's home and, while I try to encourage the parents to participate, when they won't put away the phone, I work around it the best that I can." She also feels that other barriers that prevent parents from participating include parents having a lack of education and knowledge in that they just do not know how to interact with their children nor feel they have the resources. This is addressed by individualizing everything for a family and their home visits.

Willa

Willa is a 46-year-old female who has obtained a Bachelor of Science in Education, specializing in Pre-Kindergarten to Grade 8. She began working in the public school system 12 years ago, before becoming a teacher in the Head Start classroom working with children aged 3 to 5. She has been a home-based educator for the past 4 years, that time being split between the Head Start home-based and EHS home-based programs. Willa has had custody of numerous children in her family and feels that this has given her experience to draw from in assisting families in the program, particularly given some of those children had disabilities.

Willa was drawn to work in the home-based program because she enjoys working with children one-on-one to help them get to where they need to be developmentally to be ready for preschool and kindergarten. She feels that, when parents are involved in home visits, the children thrive and interact more effectively. She tries to employ activities that require the parents' help "because if they feel like they are not needed, they are going to walk away and go do something else." Willa says that she feels a major barrier for families is that they have a lot on their mind when dealing with a lack of resources and finances and then worrying if their children who have disabilities will progress and develop to where they should be.

Cynthia

Cynthia is a 32-year-old stay-at-home mom who lives with her husband and three adopted children. She has had her children enrolled in the home-based program previously and currently has her youngest son, who is 2 years old, enrolled. Cynthia took her son into her home when he was 7 weeks old and enrolled him in the program before he was 12 months of age under the enrollment qualification of being a foster child. Her son has an IFSP to receive occupational and speech therapy for a sensory processing disorder and speech delay. He recently met his goals in physical therapy and discontinued it.

Cynthia feels that the EHS program and a partnership with another local agency have been wonderful assets for her family. She wanted to get her son into the program as early as possible so that any delays he had could be addressed and hopefully correctly before entering primary school. While she does feel that the program is beneficial, she does not get to participate as much as she would like due to her son having a considerable number of weekly appointments. She feels that the home-based program works with that barrier as much as they can but cannot

fix that barrier for her because “it is what it is, and the appointments are not going anywhere for a while.”

Emma

Emma is a 27-year-old, stay-at-home mother with some college experience who resides with her husband, 5-year-old daughter, 3-year-old daughter, and 22-month-old son. Emma has enrolled all three of her children in the EHS and Head Start home-based programs. Her youngest daughter and son are currently enrolled in the program being studied under the qualification of being below the federal poverty guidelines, while her older daughter was enrolled in a different program in their prior county of residence. Emma’s 3-year-old daughter currently has an IEP due to having a speech-language impairment and developmental delay. She is dual enrolled in the EHS program and the local early childhood special education classroom 2 days per week through the public school system.

Emma says that she does not feel that her daughter’s disabilities have a negative impact on her family, as they are, “just a stumbling block in the road and a part of who she is.” She feels that all three of her children have always been her main priority and that she has no barriers preventing her from being involved in any of their educations. She was not happy with the services her family received from the EHS program they used to be enrolled in, but she feels the current program is a wonderful asset for her family. With her home-based educator, her daughter has grown significantly in her development and her speech has improved substantially. Emma feels that this primarily due to the home-based educator individualizing instruction for her daughter and catering to her needs in education while making it fun.

Jillian

Jillian is a 25-year-old female who lives with her husband and three children. She and her husband work full time, and they qualify for EHS services because, living with her grandmother, they are considered homeless. Jillian's oldest son is in center-based Head Start, her 2-year-old son is enrolled in an EHS home-based program, and her 1-year-old daughter is not enrolled in any programs. Her 2-year-old son has been enrolled in the home-based program for only a few months. However, through the program, he was able to obtain an IFSP for a speech delay due to cleft lip and a bone and teeth deformity.

Jillian feels that her son does not necessarily have a speech delay, as he can be understood by most individuals, but agreed to services as a preventative measure. She thinks that the EHS home-based educator has been a considerable influence and helped her son developmentally and educationally and she "absolutely loves home visits for him and herself." Regarding the speech services from a partnering agency, she does not feel that her son is receiving the help and services he should. Jillian loves to be involved in the home-based program but feels that not having her driver's license and having to rely on others and work around their schedules has been a barrier. She feels that the home-based program is supportive of this barrier by encouraging her to get her license and providing services in the family home.

Cathy

Cathy is a 30-year-old female with some college education who stays at home with her children and lives with her significant other. She is unemployed and automatically qualified for EHS services due to receiving social security disability. With prior early intervention experience, Cathy's family has been intermittently enrolled in both home- and center-based EHS and Head Start programs over the last 6 years. She has five children who have all enrolled at some point, and her 8-month-old daughter and 2-year-old son are both currently enrolled in the home-based

program. Her son has an IFSP to receive speech therapy for a speech delay. Her 8-month-old daughter was in the hospital for an extended period after birth and has tightened muscles without a determined cause, also resulting in her having an IFSP.

Cathy says that “she likes the Head Start program, because she can make sure her kids get help to help them develop before getting into public school.” She likes that her home-based educator comes to the house to work with the kids and that the educator does help them and targets their disabilities. She does not feel that anything keeps her from being involved in home visits and the program and recalled that she used to be more involved in the program through volunteering in the classroom and serving on the policy council. Her involvement did lessen after a personal tragedy, but EHS or the home-based educator cannot assist in that particular matter. Both she and the home-based educator currently have communication issues with her son’s speech therapist.

Leigh

Leigh is a 42-year-old married female who has previously obtained her GED. She has recently been unemployed due to not having a babysitter but plans to return to work when her daughter starts daycare. Leigh has previous experience with the EHS and Head Start program through her three older children. Nine months ago, she gained custody of her youngest adopted son’s sister immediately after birth and enrolled her into the home-based program under the enrollment qualification of collecting TANF on her. Jillian classifies this child as her daughter and indicated that she was born addicted to methamphetamine, heroin, and opioids. She had also contracted congenital syphilis from her biological mother and was exposed to Hepatitis C in utero. As a result, the child was hospitalized upon birth for an extended period due to withdrawal

symptoms, her muscles not developing correctly, and corresponding issues with her eyes. Her daughter is now 9 months old and has an IFSP for physical and occupational therapy.

Jillian has a highly positive opinion of the EHS program based on her previous experience with this particular program and another in a different state. She specified that she “loves” her current home-based educator and the home-based program. This positive regard rests principally on the convenience of not having to take her daughter away from home, the skills her daughter is learning from her educator, and particularly the one-on-one interaction. The home-based program allows her to take a more hands-on approach and, now that she is not working, she no longer has an obstacle to being involved. Jillian spoke highly of her home-based educator and mentioned that she works closely with the early intervention provider by incorporating what the therapists are working on into her daughter’s weekly home visits. Jillian had only praise for the EHS home-based program.

Vanessa

Vanessa is a 23-year-old female who lives with her husband and two children. She graduated from high school and is a stay-at-home mother, while her husband works part time. She enrolled both her 3-year-old son and 2-year-old daughter into the EHS home-based program a year ago under the enrollment qualification of being below federal poverty guidelines.

Vanessa’s son is no longer in the program due to his age but did have an IFSP while enrolled because of a speech delay and behavioral concerns. Her daughter is currently enrolled in the home-based program and has an IFSP for a speech delay, in accordance with which she receives therapy from a speech therapist who has a partnership with the EHS program.

Vanessa had disabilities during her childhood that she feels she did not receive the appropriate intervention for, leading to her wanting to obtain intervention for her children as

early as possible. She believes that her mental health illness and lack of a driver's license leads to her not being able to participate in home visits as much as she would prefer. She feels as though her children's disabilities have an impact on her mental health. She enjoys home visits with her home-based educator and while "she feels some encouragement from the educator, she feels that they could take her needs a little more serious." Home visits have been productive and effective in helping both her son and daughter with their disabilities, but she feels the agencies that EHS partners with do not provide effective services.

Results

The purpose of this case study was to describe the participation of home-based educators and parents in an EHS home-based program in rural Appalachia. Data were collected through document analysis, individual interviews conducted both in person and by Zoom, a focus group for home-based educators conducted in person, and a focus group for parents conducted via Zoom. Data were collected, transcribed, organized, and coded, and themes were identified. This section contains major themes and sub-themes that were developed from analyzing the raw data. The table below exhibits the major themes, sub-themes, and keywords.

Table 3

Major Themes and Sub-themes

Major Theme	Sub-themes	Keywords
Interactions are Meaningful	Individualized Interactions	One-on-one, individualized, support, collaborate, important, focus, acknowledge, discouraged, family home, immersive, interactive, involved, treated as individuals, designated time, family culture and background
	Goal-Oriented and Purposeful	IFSP/IEP goals, goal-oriented, milestone, modeling,

		meaningful, unique needs, corroboration, purposeful, works hand-in-hand, incorporation, partnership, interconnected, progress
Building Family Relationships	Building Confidence	Encouragement, help, support, friend, sympathetic, build relationships, validation, availability, open line of communication, strong connection, no right or wrong way, model, mentor, grow and develop, voice that is heard
	Prior History with Program	Family, positive experience, develop, involved, effective, helps, same opportunity, friendship, past history, comfortable, provide help
Partnerships in the Community	Referrals and Resources	Collaborate, develop partnerships, comprehensive services, resources, referrals, screenings, needs, early intervention
	Communication and Reliability	Communication, initiative, effectiveness, reliability, lacking, cancellation, unreachable
Participation	Barriers that Parents Face	Transportation, appointments, time, mental health, making time, busy, essential, effective, difficult, time constraints, overwhelmed, flexibility, availability, scheduling
	Distractions as Barriers	Phones, social media, television, distracted, errands, worry, stress, overstimulated, hurdles, pre-occupied, hesitant, uneducated, support parents, first and most important teacher, afraid, do things wrong

Interactions that are Meaningful

Home-based educators and parents of students with disabilities faced an array of interactions during weekly home visits conducted in the home. Most participants had the perspective that interactions between the educator and family were important and should be the focus of the visit. Five out of six of the parent participants felt that home-based educators can create meaningful interactions, while one parent felt that interactions with their home-based educator were neither effective nor successful. Vanessa said, “I feel like our home visitor don’t encourage us to be involved and don’t consider my depression.” The other four parents talked about how much they appreciated home visits with their home-based educator and stated that their children adored their “teacher.”

All four of the home-based educator participants felt that parents throughout the entire program were either fully immersed and interactive in the visits, which led to more meaningful interactions, or they used the home visit time to play on their phones and take care of other tasks. This perspective did not change based on whether the child had disabilities and an IEP/IFSP. Reese shared: “Some parents are involved. They will get down on the floor. They will play with you. They will talk to you. And some homes, you don’t have that. You have parents that will talk to you, but they’ll sit on the couch and play on their phone while you interact with the child.” During the interviews, all participants were asked about their most memorable home visit. All participants mentioned a visit that involved a major milestone, a goal being met, or a visit that had a significant impact on them.

Individualized Interactions

An aspect that made interactions meaningful for all home-based educators and most of the parents was that home visits included individualized interactions that provided one-on-one instruction. Willa said, “I enjoy going and working one-on-one with them. I enjoy working with

them in the home.” Anything that takes place during home visits is geared toward the unique needs of that family and the child’s disabilities. Document analysis indicated that each child received a weekly lesson plan that included activities based on the social/emotional, physical, cognitive, language/literacy, and health/nutrition domains. While lesson plans were determined to be similar, no two were identical. The home-based educator was required to review the lesson plan with the parent, obtain a signature, and make inquiries regarding whether the parent had any goals or activities that they would like to work on with their child. Leigh stated, “Like, it’s really convenient for us and that one-on-one attention between the child and the teacher is amazing.”

Home visits for this program occur in the family home and only the home visitor and enrolled family are present during visits, eliminating any outside interference. This allows for the parent and the child to be treated as individuals while also granting a parent with other children a designated time to concentrate on one individual child’s education. Individualized interactions in a family’s home allow the home-based educator to learn the culture and background of a family and personalize the materials used to represent these elements. Topics can be addressed with families through one-on-one interactions that would be otherwise inappropriate if others were present.

Goal-Oriented and Purposeful

All participants felt that the home-based educators conduct visits that are goal-oriented and purposeful. Home-based educators plan activities and visits around the IEP/IFSP goals of the children. Leigh said, “the home visitor works hand-in-hand with the goals that are on her IFSP and will ask what PT and OT are doing with her this week so that she can incorporate that into our visit.” Home-based educators are mandated to keep a copy in the child’s file of IFSPs prepared by a partnership agency or IEPs prepared by the local public school system. During

document analysis, it was found that all children with disabilities had either an IEP or IFSP in their file. The goals in the document were interconnected with other documents in the child's file.

Each child had an Individual Development Plan (IDP) that is continually updated with new goals after the child meets previous objectives. The goals in the IDP incorporated those listed in the IEP/IFSP, and the weekly lesson plan included activities to help children reach their developmental goals. In the children's files, the home-based educators documented anecdotes and progress that demonstrated students were making developmental progress based on their unique and individual needs and corresponding with the IEP/IFSP. Jillian said, "I have seen such a big improvement in his speech just from the teacher working with him every week because she works on what he needs and encourages him to use his words."

Building Family Relationships

A prominent theme among several of the participants revolved around the building of relationships between the home-based educators and the families. Home-based educators feel it is important to be available for resources and support to parents outside of home visits. Renae said, "I feel that families often have things come up that they need assistance on when we are not in their homes, and we should have an open line of communication for them to contact us if they feel they need to." During the focus group, Cindy expanded on that idea by saying, "I have parents who have aged out of the program, and they continue to text me about things going on in their lives now and about accomplishments their kids are making because we formed such a strong relationship when they were a client." While families contact home-based educators when they need assistance, they also do so when a child takes their first step, finally says a word, or reaches another milestone. Several of the parent participants mentioned that they felt a strong

connection to their home-based educators. “My son loves when his teacher comes for visits, but I love it just as much because I feel like his teacher is also my friend and someone I can talk to,” says Jillian. Cynthia and Leigh both agreed with Jillian’s statement and said they felt the same.

Building Confidence

Encouraging and supporting parents enrolled in the EHS program is essential to helping them build confidence in their parenting skills and supporting their children. “Parents need to see that we are all human and we all make mistakes, and it is okay for them to make mistakes too because there is no right or wrong way to parent and be active in their kid’s education,” Reese explained. Parents consider the home-based educators professionals in working with disabilities and their children and often look to them for modeling and mentoring. Home-based educators can either build parents’ abilities or hinder them from growing and developing confidence as their child’s first teacher. During individual interviews, Vanessa stated, “I feel that they could take my needs a little more serious.” Parents feel less capable and as though they do not amount to much when they do not have a voice in their child’s education that is heard. On the other hand, parents who feel that home-based educators listen to their voice and encourage them feel more excited and comfortable in participating in home visits and socialization. Emma explained, “There was a time that I would not attend socializations because I have a different background, but my home visitor encouraged me to come out of my shell and attend events and now I love taking the kids to the socials.” Several parent participants indicated that they felt comfortable stating their opinions to the home-based educators and giving their input on skills and activities to work on with their children.

Prior History with Program

A common theme among all home-based educators and parent participants is that every one of them had a type of history with the Head Start or EHS program. Three home-based educators had their children enrolled in Head Start centers before being employed with the program, and one home-based educator enrolled her son after being hired by the program. Five of the parent participants had other children that were enrolled before enrolling their currently eligible child in various programs in different geographical locations. One of the parent participants had been enrolled in the program being studied as a child herself. A majority of parent participants enrolled their current children into the home-based program based on their previous experience with the program. They feel that the program helped their older children developmentally and wanted the same benefits for the children currently enrolled. Leigh had her older son enrolled in a program and registered her daughter because “he’s extremely book smart and how much the program helped him develop was amazing, and I want to give her the exact same opportunity.” Four of the parent participants also have other children currently enrolled in Head Start or EHS who have no disabilities.

Partnerships in the Community

The federal Head Start program can develop partnerships within communities to expand on the opportunities available to children and families in the program. Through interviews, focus groups, and document analysis, a theme was found of utilizing and forming partnerships with other agencies and programs in the community. The EHS program provides a wide variety of comprehensive services but has also formed partnerships with other early intervention services, the public school system, community programs, and other programs within the same agency not directly associated with EHS. “There are times that we need outside resources to assist our

families with the various needs that they have, and we have a lot of resources that we can refer them to,” Willa said during her interview. While both home-based educators and parents had perspectives on the use of partnerships in their community, assessments varied regarding the effectiveness of those partnerships based on the agency used and the services sought.

Referrals and Resources

Document analysis indicated that home-based educators had provided parents with referrals and resources based on their needs. Referrals for the parent participants of this study included diaper drives, utility assistance, pediatricians, dentists, optometrists, the local health department for Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and medical assistance, housing and rental assistance, and early intervention providers. Home-based educators are required to complete medical screenings on every child—which include assessing behavior, speech, vision, and hearing—and conduct referrals on those children if they fail any of the required screenings. Reese said, “I have had to submit several referrals for children who fail screenings when they are enrolled into the program, but I mostly help parents with resources for needs they have and are unable to provide for.” There were seven children with disabilities and an IEP or IFSP among the six parent participants. Three of those children were already receiving early intervention services from other agencies and providers before enrolling in the program being studied. Four of those seven children had no previous diagnosis before entering the program but were referred for services upon failing the required screenings.

Communication and Reliability

The EHS home-based program under examination documented four referrals due to children failing screenings. Three children were referred to speech therapy and one was referred to the early childhood special education classroom for both a speech delay and developmental

delay. A common sub-theme surrounding partnerships was that communication and reliability were lacking with the early intervention partner responsible for those referrals. The families of the three children who were already receiving early intervention services also had communication issues with the early intervention partner. Jillian mentioned during the focus group that “The process to get speech started was not bad and went quickly, but once speech started, the speech therapist constantly cancelled or would call in the morning and ask to come that same day in an hour or two. Which just did not work for me with other plans.” Willa had a similar complaint when working to obtain a referral for Cathy’s son, who had failed his speech screening. Willa tried for several weeks to get the speech therapist to return her call and organize the speech evaluation. During the parent’s focus group, Vanessa added that “The speech therapist for my daughter wanted to use Zoom for speech because of COVID-19, even though my internet don’t work much. She would miss a lot of speech because of it.” Vanessa’s home-based educator was able to make a referral to a different agency to provide speech therapy in person. Documentation in the children’s files therefore reflects the fact that home-based educators and parents have experienced considerable reliability and communication issues with early intervention services.

Participation

Participation in the EHS home-based program was a major and concerning theme for both home-based educators and the parents of children with disabilities. All participants believed that parental engagement in home visits was essential to making such visits effective. Cindy indicated that a goal of the home-based program was to support parents in learning that they are their child’s first and most important teacher. During her interview, Cynthia talked about how she wanted her son in the program to help him catch up on his development and be a more

productive citizen when he is older. Cynthia proceeded to say, “I mean, it doesn't bother me to be involved, especially because most of the time I know what he wants, whereas everybody else doesn't really understand what I would want or what I was expecting with him.” Renae discussed during a focus group that her most memorable home visit as a home-based educator involved Cynthia’s son. She said, “Because of his sensory processing disorder, he would not play in shaving cream. But with his mom’s modeling and encouragement, he finally played with and loved it.” All the home-based educators agreed that they encouraged parents to participate in home visits, although results vary. Five of the parent participants indicated through both interviews and the focus group that the home-based educators did encourage them to be active in the home visits while Vanessa felt that her home-based educator did not encourage her to participate in home visits.

Barriers Parents Face

Five of the parents agreed that barriers existed that made participating in home visits and socializations difficult. Cynthia and Emma both said that time constraints made it difficult to schedule home visits. When Cynthia was asked what barriers prevented her from being actively involved, she replied,

We have a lot of appointments. We have appointments three to four days a week and so that does make it difficult to be involved. It is a lot, and you don't want to overwhelm him. That's one of the things that are really hard not to do. If you have more than one or two appointments in a day, you're taking up all of his time and that's not fair to him.

And, I mean, even though the appointments are for him still, he deserves the chance to be a kid. Absolutely. And I try really hard not to take up all of his time. We try to do one or two appointments a day and then schedule everything else outside of that.

Cynthia proceeded to say that her home-based educator was excellent about scheduling home visits around her son's appointments, stating, "When I tell her we can't do a certain day, she is great and will not bat an eye at my requests." Emma presented a similar experience to Cynthia's: "Sometimes getting home visits in are hard because I have to take my kids and so many of my family to doctors and other appointments, but the kid's teacher will schedule our visit for whatever day I am available."

Vanessa indicated that she had multiple barriers that kept her from participating in the program as much as she wanted to. She is unable to attend monthly socializations because she has neither her driver's license nor anyone who can take her to them. The home-based educator is unable to address this barrier directly, as they are no longer allowed to provide transportation to families due to the COVID-19 pandemic. Moreover, Vanessa mentioned another barrier: "My depression and mental health keeps me from participating in home visits, because I just don't feel like it. I want to, but I am always sad and have no interest." Vanessa has also said that she feels her home-based educator does not address the barriers she has.

Jillian says that she has no barriers that prevent her from participating in home visits with her home-based educator. However, due to not having her driver's license, she has to rely on other people to take her to events. She finds this to be difficult because she must work her schedule around everyone else's and is not always able to secure transportation.

Leigh indicated that she does not have any barriers preventing her from attending events or interacting in home visits. Leigh said, "When I used to work, it was a struggle getting visits in, but now that I am not working, I am fully able to participate, and everyone even notices a difference with the baby now that I can participate."

Cathy would not say whether she had barriers that impacted how she interacted in the program other than to say, “Things have changed. We used to have six. Now we only have five.”

Distractions as Barriers

When the home-based educators shared what they perceived as barriers preventing parents being active during home visits, they differed from what parents thought their barriers were. Home-based educators felt there were both intrinsic and extrinsic barriers present. When asked about barriers, Renae stated, “Social media and TV. Some parents keep their TVs on when we go into the home, distracting both them and their child, or they want to keep their attention on their phone.” In agreement with Renae, Willa also felt that parents take advantage of the educator being in the home and “will use that time to play on their phones.” There was a consensus among all four home-based educators that families are often uneducated and do not know how to participate. Further, the educators feel that the parents do not feel they should get involved. Cindy said, “I think some barriers is the fact that they see us as teacher, and they want their child to learn from us instead of looking at us as kind of a coach for them. And they see that separation as they would in a classroom where they wouldn't take over a classroom for their kid. They don't want to do the same in their home.” Reese corroborated this statement by saying, “I sometimes feel like that they're afraid that they will do things wrong.”

During the individual interview, Willa mentioned that she felt families were stressed because of other matters on their minds. Willa also mentioned that idea during the focus group, saying, “I feel like a lot of parents sometimes are stressed out and they've got so many other things on their mind that they take the time while I'm there to go figure out some of these problems and maybe they needed to call the power company all morning because their power bill's behind or something.” This being mentioned during the focus group resulted in the other

home-based educators agreeing with her. Renae also mentioned, “I have had families that ask if it’s okay if they step outside for a minute to take a breather because they have problems stressing them out and they just need a minute.” Documentation reviewed from files indicated that families in the program have been referred to other agencies for assistance and have partnership goals that align with issues that can cause stress.

Outlier Data and Findings

Whereas the themes present in this study were consistent with the data collected from the home-based educators and parent participants, there was one exception to this thematic consistency. All participants, whether they were a parent in the program or an educator who visits homes to provide services, were asked how the EHS program had been impactful to them. Nine of the ten participants indicated that the EHS home-based program and home visits had been impactful for them and were positive in their responses. Reese was an exception to this, however. When Reese responded to the question, she said, “I have no idea. No. No they haven’t been impactful to me because I just do my job and go on.”

Research Question Responses

This study was conducted to develop an in-depth description of the perspectives and experiences of both home-based educators and parents of students with disabilities in an Early Head Start program that is located in rural Appalachia. This section serves as an overview of the research question responses based on the themes and sub-themes that occurred as a result of the data collection. Individual interviews, focus groups, and data analysis were used to collect data to address each of the research questions.

Research Question One

How do home-based educators in four counties in rural Appalachia describe the role of parent involvement for students with disabilities in an Early Head Start home-based program? There was a consensus among all home-based educators in this study that, when the parents of children with disabilities were actively involved, the home visits were effective and proceeded effectively. Home visits were a struggle for home-based educators when the parents were not involved or distanced themselves during the visit. Each of the home-based educators described parental involvement in a variety of ways that nonetheless shared a degree of similarity. Cindy said, “It depends on the parent itself. Some parents are very involved. They want to sit, they want to draw, they want to lead an activity.” Overall, the home-based educators described parental involvement as parents being actively involved in home visits and attended program socializations and meetings through participation that led to interactions being meaningful as seen in the themes. Parents who completed weekly activity sheets and story times were also considered involved by the home-based educators. Parents enrolled in the program were considered actively involved when they would sit on the floor with the home-based educator and their child to partake in activities. Parents are therefore involved when they model how to undertake activities, take the lead with their child, present ideas for activities and future visits, and engage their children.

Research Question Two

How do the experiences of Early Head Start home-based educators play a role in considering and implementing early intervention services for students with disabilities and their families? All home-based educators in this study had prior experience with the Head Start/EHS program as clients in home-based and center-based options as seen throughout the theme of prior history with program and building relationships. Three out of four home-based educators had

experiences with their children having disabilities that required an IEP, contributing to them also having a perspective on interventions as parents. Home-based educators coordinate and implement services using available resources that include early intervention providers, speech therapists, physical therapists, and occupational therapists. Willa said, “I’ve been through some of it because I’ve helped take care of kids and I’ve come across some of the hurdles that they come across. And I try to help them, tell them what I did or what I think I would do.” Being able to relate to a family on a personal level offers support to them and demonstrates that educators can help implement interventions geared toward a child’s disabilities.

Research Question Three

How do unmet basic needs and barriers prevent parents of children with disabilities from actively engaging in the interventions of an Early Head Start home-based program? Home-based educators perceived that there were barriers that did prevent the parents from being involved or being as involved as the educators would have liked the parents to be. Barriers that are present for families can cause them to become withdrawn and not interact during home visits or use the home visit period to complete other tasks and errands. Barriers that parents face were explored throughout the thematic development of participation, building relationships, and partnerships in the community. Willa stated,

I feel like a lot of parents sometimes are stressed out and they have got so many other things on their mind that they take the time while I'm there to go figure out some of these problems. Maybe they needed to call the power company all morning because their power bill is behind. Well, I'm there now and, the baby's been screaming, and I am there now to take care of the baby. They are going to go back here and make that phone call

they need to make, or maybe they are just so stressed out. They want to go back in the back room and shut the door on the world and even just take a nap.

Research Question Four

How do the parents of students with disabilities view barriers that are present in preventing them from being actively engaged in the Early Head Start home-based program and how do they feel that home-based educators address those barriers? Parent participants in this study felt that there were barriers that either were currently or had been present that prevented them from being actively engaged in the EHS home-based program. Parents described barriers that were intrinsic, extrinsic, or a mixture of both as seen in the theme development of participation and partnerships in the community. Working home visits and socializations into the parent's daily schedule was a frequent issue due to a lack of transportation and many weekly appointments, while mental health issues were a barrier for several participants. Parent participants had the overall opinion that home-based educators in this particular program were adaptive to parental barriers and would seek to find solutions, resources, or support to aid in overcoming those barriers. Emma stated:

I am not as involved as much as I would like to be because I am always taking my grandmother to doctor appointments or doing things for other family members and then the girls have school through the week. But the kid's teacher always works around our schedule when scheduling our visits and always asks if there is anything that she can do to help make things easier. If I need to reschedule last minute, she always asks what time works best for me.

Summary

Chapter four provided an overview of the background and demographics of the four home-based educators and six parents who participated in this study. All 10 participants were either employed by the study site or enrolled as a client in the program. The children of the parent participants had disabilities that required either an IEP or IFSP. This study focused on examining the perspectives of the participants on the involvement of parents in an EHS program in rural Appalachia through the collection of data via individual interviews, focus groups, and document analysis. Through the utilization of description, in vivo coding, and pattern coding, four major themes were identified: interactions are meaningful, building family relationships, partnerships in the community, and participation. All home-based educators indicated that home visits were effective when parents of children with disabilities were actively involved and modeled activities and skills for their children. All the home-based educators had experience with Head Start/EHS as previous clients because their own children had disabilities, which impacted how they implemented early intervention services as educators. All participants felt that there were barriers that had prevented parents from being actively involved in home visits, although parents felt that the barriers present differed from those perceived by home-based educators. One parent participant felt that their home-based educator failed to address the barriers that were at hand, while the other five parent participants felt that the home-based educator worked with them to be supportive and find solutions to those barriers. Overall, data analysis indicated that a majority of the parents who participated in this study were pleased with how the program addressed barriers and implemented early intervention services.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this qualitative collective case study was to describe parental participation in an EHS home-based program in rural Appalachia. Chapter Five begins with a discussion of the study's findings. The themes present are briefly examined, and interpretations of the findings are explained. Implications for policy and practice are described alongside recommendations for actions for stakeholders. The implications section outlines the theoretical and empirical implications, including the relation to previous research and the theoretical framework. Limitations and delimitations present in this study are identified before recommendations for future research are suggested. Chapter five's conclusion includes a summary of this study's essential information.

Discussion

Using Maslow's hierarchy of needs and human motivation theory as a framework, this study gathers the perspectives of home-based educators and parents of students with disabilities in an EHS program. The Epstein model is used as a supplementing framework. Four major themes were identified in response to the four research questions. The themes highlight the findings of this study while connecting them to those of previous research.

Interpretation of Findings

The findings of this study were developed from collecting data from home-based educators and the parents of children with disabilities in an EHS home-based program in rural Appalachia. Four major themes were developed from the collected data and include interactions that are meaningful, building family partnerships, partnerships in the community, and participation. Sub-themes included individualized interactions, goal-oriented and purposeful

interactions, building confidence, prior history with the program, referrals, and resources, communication and reliability, barriers that parents face, and distractions as barriers. The findings from this study can be used to improve the EHS home-based program for parents and their children with disabilities by assisting home-based educators through the use of the findings.

Summary of Thematic Findings

While there were four major themes developed from the data that was collected for this study, five interpretations were made of those major themes. Interpretations are grouped into meaningful interactions; family-educator partnerships; history with the program; early intervention and partnerships; and barriers, needs, and communication. Interpretations of the themes do overlap with the major themes but are representative of the study's content in describing parental participation in an EHS program for children with disabilities.

Meaningful Interactions. EHS provides individualized services and support to low-income families in order to promote self-sufficiency in parents. EHS also concentrates on the development of children from birth to the age of 3 years, providing home-based services in the form of one-on-one instruction (Hubel et al., 2017). Primary caregivers are given the opportunity to meet their own goals and develop self-sufficiency while having a significant role in their child's development. Both home-based educators and parents of students with disabilities view the interactions that occur during home visits as being important and the foundation that home visits are built around. Educators and parents both have a responsibility to create interactions based on the needs of families and their children. As part of the Head Start program performance standards, home-based educators hold a position in which they are responsible for mentoring parents to become the first and most important teachers of their children (Office of Head Start, 2020).

Not all parents are interactive and immersed in the home visits. Nevertheless, home-based educators feel that visits are more meaningful and have a more extensive impact on the family when parents do get involved. Parents who sit on the floor with the child and home-based educator provide a model that encourages their children to become engaged, which is ideal when a child has a disability and their goals are being targeted to improve development. These one-on-one interactions are ideal for both parents and home-based educators as specific family, child, and IEP/IFSP goals are being pursued during time designated to an individual family. More importantly, the parents of children with disabilities are encouraged to offer suggestions and help plan the weekly lessons for their child. This allows the parents to work with their child's disabilities and provides parents with a voice in their child's education. This one-on-one interaction permits the home-based educator to be more mindful of a family's background and culture and ensure they can meaningfully incorporate these elements into home visits.

Family-Educator Partnerships. As with students in the public school system or a classroom setting, partnerships are formed between the educator and parent and between the school/program and parent. Interactions occurring during the home visits are meaningful, and partnerships are also formed during those home visits. Home-based educators have indicated that, while they are present in person for home visits, they also feel it is important that they are available to families outside of those home visits on a professional level. Given that parents have situations arise outside of the 90 minutes per week in which a home visit occurs, it is important that parents feel comfortable contacting their child's educator beyond this designated time. Parents feel as though partnerships are more effectively developed if they feel they have someone they can contact concerning their child's development and any barriers parents encounter. Home-based educators have been contacted by parents outside of visits when a child

meets a milestone or a goal that the program and parent set. Such contact is usually prompted by excitement and because parents feel they have the kind of partnership with a home-based educator that often develops over a long period. Women can enroll in the program as pregnant mothers and keep their children enrolled until the age of 3, allowing for a span of 3 years or more during which a family has worked with a home-based educator. This period facilitates the creation of a supportive, consistent, and reliable partnership.

History with Program. An important discovery is that it was not the first time that the families being studied had been enrolled in the Head Start/EHS program. The program is an asset to many families that enroll, and it leaves a lasting impact on them. The older siblings of enrolled children had been themselves enrolled in either EHS up to the age of 3 or through the Head Start program from the ages of 3 to 5. Families had previously enrolled in the program for a variety of reasons. Certain parents enrolled their children in the program to further preparations to enter the public school system. The program was not, therefore, a brand-new experience. Other families enrolled their children to help them catch up and hopefully not, because of disabilities, be as behind when they start primary school. For several parents, enrolling their age-appropriate children into the program ties back to the meaningful interactions and partnerships they built when they were previously enrolled in the program. Home-based educators also had a history with Head Start/EHS in that their children were previously enrolled. This experience led to one of the home-based educators wanting to be employed in the program in order to work with families as the program had worked with her children.

Early Intervention and Partnerships. EHS is considered an early intervention program itself, but it does partner with other early intervention providers that are local to the program. The Head Start program's performance standards mandate that every child enrolled in the

program be given vision, hearing, development, speech, and behavioral screenings to detect any delays or disabilities (Office of Head Start, 2020). The home-based educators or family-service advocates administer these screenings. If a child fails a screening, a referral is completed to the appropriate service provider. Children who fail speech, development, and behavioral screenings are referred to a local early intervention provider that EHS has an ongoing partnership with and work closely with the service providers at that agency. The partnership agency develops the child's IFSP or refers them to the local early childhood special education program if more strenuous therapy is needed for which the school system must develop an IEP. EHS then obtains a copy of the IEP or IFSP to work in collaboration with other providers to deliver efficient, effective, and meaningful services to families.

Partnerships are a two-way street for EHS. The outside early intervention provider often refers a child to the EHS program for educational services and support for the family. In certain situations, the Department of Social Services even stipulates registration in the EHS program as a condition of custody. While both home-based educators and parents of children with disabilities feel the additional assistance is a benefit, they often find that services are not effectively rendered by the outside agencies due to a lack of communication.

Barriers, Needs, and Communication. Research has indicated that barriers are often present that prevent parents from being involved in their child's education despite the positive impact that parental participation can have on educational and life outcomes (Baker et al., 2016; Ripoll et al., 2018). Families enrolled in EHS experience barriers and have both long- and short-term needs, with several impediments being more permanent. A majority of parents enrolled in this EHS program indicated that they did experience barriers but that their home-based educator was persistent in addressing them. However, this is not always the case and a number of parents

felt that home-based educators do not address any barriers or needs they may have, making participation in their child's education more difficult. Research has revealed there are times in which communication between educators and parents is not taking place or proceeds at a rate that results in miscommunications and misconceptions. This can result in a parent feeling they cannot or should not become involved.

Parents are often aware that being involved in their child's education is important but do not know how to be involved or feel barriers exist that prevent them from doing so (Baker et al., 2016). This often leads to home-based educators making their assumptions about why parents are not involved in their child's education. Parents reported barriers being present in the forms of mental health, a lack of transportation, and a restricted schedule due to having many appointments. Home-based educators perceived such barriers as parents being distracted by social media, phones, and situations on parents' minds consisting of needs they were unable to meet. Several home-based educators also felt that parents do not know how to be involved or are afraid to be. The EHS home-based program is considered a prominent home-visiting program but has little research to show the full extent of its effectiveness on infants, toddlers, and their families (Baker et al., 2016; Ripoll et al., 2018; Walsh & Mortensen, 2020).

Implications for Policy and Practice

The purpose of this case study was to describe parental participation from the perspectives of home-based educators and parents of children with disabilities in an EHS program in rural Appalachia. Previous research has stressed the importance of parental involvement and the impact it has on the education of children (Daniel, 2015; Perriel, 2015). However, barriers are often present that can hinder parents from being involved (Baker et al., 2016; Ripoll et al., 2018). This qualitative case study explored the perspectives of both home-

based educators and parents regarding parental participation, barriers for parents, and the way in which educators implement interventions to address those barriers. While policies and laws are already in place for both EHS and children with disabilities, several further policy and practical implications can be suggested.

Implications for Policy

The Head Start program on a federal level is already governed by a collection of performance standards that lay the foundations of policies and procedures that place mandates on all local Head Start and EHS programs. The program also receives federal funding determined by policymakers. The performance standards provide mandates regarding the home-based program and the role home-based educators have in encouraging parents to participate (Head Start Policy and Regulations, 2020) while IDEA (2004) addresses the rights of parents to participate in the education of their children with disabilities. While there are already policies in place for Head Start and children with disabilities, it would be helpful for policymakers to consider the input of home-based educators and parents and include it in policies that govern home-based programs and EI. To assist in including such input, policymakers could update policies more frequently. This would ensure that the current needs and perspectives of parents and educators are integrated, as those needs continually evolve. Policymakers should consider how they can help more meaningful relationships and interactions to occur between parents and educators to help alleviate the stress related to existing barriers. Policies should continually be updated to support parental participation and the methods home-based educators use to address barriers preventing such participation.

Implications for Practice

Parents, home-based educators, and administrators from other home-based programs could benefit from the description of parental participation depicted in this study. The perspectives presented in this study could assist other stakeholders to improve and expand upon practices used to encourage parental participation and address barriers to implementing early intervention services. Research has demonstrated that parental involvement is critical in education and substantially impacts the growth and development of students (Daniel, 2015; Perriell, 2015). However, little is known specific to EHS regarding the perspectives of home-based educators and parents of students with disabilities. More knowledge concerning how home-based educators and parents feel about being involved and the barriers that may prevent them from such involvement may be able to help other programs develop more accountability and processes for addressing those barriers more effectively. Home-based educators should do whatever is within reason to build relationships with the families that receive program services. Building those positive relationships may result in partnerships that are stronger and more encouraging to parents, potentially prompting further parental involvement and allowing home-based educators to more effectively address barriers. Such safe and supportive relationships may also help those children with disabilities more successfully meet their goals and respond more proficiently to interventions. Administrators may also benefit from this study in that they can develop more accountability by developing processes that allow for additional observation of home-based educators to ensure effective practices are being executed. Administrators may also wish to review files to ensure barriers are being comprehensively addressed and parental involvement encouraged.

Theoretical and Empirical Implications

While prior research has addressed parental participation and its impact on students, little to no research has been conducted on the age group or program studied in this research. This qualitative case study addresses this gap in the research literature by providing the perspectives of home-based educators and the parents of children with disabilities in an EHS program. The theoretical and empirical implications are intended to assist home-based educators and program stakeholders in implementing best practices in interventions to encourage parental participation regarding children with disabilities.

Theoretical Implications

Maslow's (1943, 1970, 1971) hierarchy of needs aligns with his human motivation theory, which is the idea that individuals have basic needs that must be satisfied before they can move to the next need on the hierarchy. Maslow (1943) indicated that behavior is often motivated, but it is also determined biologically, culturally, and situationally and consists of five motivational elements: physiological, safety, love and belonging, esteem, and self-actualization needs. When educators understand the impact that meeting Maslow's hierarchy of needs can have on families, home-based educators can more effectively motivate those parents to be involved through addressing their unique requirements. The ideas of Maslow's human motivation theory and hierarchy of needs can help educators determine the barriers present for parents of children with disabilities and help them overcome those unmet needs and barriers. Once those unmet needs are met through the development of goals, new goals can be created to address the next need of that family. This study confirmed the concepts of Maslow's hierarchy of needs and human motivation theory concerning meeting one need before moving to the next. The home-based educators who addressed the needs and barriers of the parents in this study were more likely to see parents be actively involved in the program and home visits. This is crucial

given that prior research has confirmed that the academic achievements of a child can be accurately predicted by the extent to which the parents are involved in education and create an environment that encourages learning (Bercnik & Devjak, 2017).

While Maslow's theory addresses barriers to meeting basic needs, Joyce Epstein's focus on parental involvement has also helped guide this study as a supplemental framework through the Epstein (2001) model. The Epstein (2001) model is a framework that incorporates family involvement through educator-parent partnerships by defining six types of parental involvement: parenting, communicating, volunteering, learning at home, decision-making, and collaborating with community (Epstein, 2009). These six types are intended to assist educators in developing programs that support partnerships between families and schools (Bower & Griffin, 2018; Epstein, 2001).

This study confirmed the ideas of the Epstein (2001) model in that EHS has mandates in place that align with the six types of parental involvement. Even if subconsciously, the home-based educators follow the six types and implement them regularly. While Maslow's hierarchy of needs and human motivation theory was used as the primary theoretical framework, the Epstein (2001) model was more ideal based on the findings and foundation of the EHS program. The six types of parental involvement can connect directly to the EHS home-based program. Parenting in the program helps the home-based educators sustain home environments that are supportive of the children learning through one-on-one instruction provided in the home. The one-on-one instruction also ties into the aspect of communicating and volunteering, as it allows the home-based educators to make the child's progress and education known to the parent while also encouraging them to be involved during home visits. The home-based program automatically addresses parental involvement in learning at home. This is because the home-

based educators provide services in the home to supplement their activities and leave activities with the family to accomplish outside of visits. The EHS program also has mandates in place that require parents to have opportunities to participate and provide input into the education of their children. The six types of parental involvement are a major aspect of the home-based program, particularly regarding children who have disabilities that require an IEP or IFSP and involve partnerships with other agencies and programs that also engage parents.

Empirical Implications

This study produced empirical implications that are notable in relation to the gap in research on parental participation in EHS programs. While there has been significant research conducted on parental participation, there has been little to no research specifically on parental participation in EHS home-based programs for children with disabilities. This study was able to offer insight into the perspectives of home-based educators and parents of children with disabilities enrolled in the EHS home-based program. The findings of this study gave a voice to both home-based educators and the parents of children with disabilities.

Home-based educators go into the homes of families that they serve with the intent to develop a relationship with that family which aligns with the intent of the Head Start program to provide support to caregivers through a family-centered approach (Head Start Resource Center, 2011; Hubel et al., 2017). Research has established that home-based educators help mentor parents on being their child's first and most important teacher through home visits (Berlin et al., 2018). This is also supported through mandates that the program has in place (Head Start Policy and Regulations, 2020) and by the knowledge and perspectives that home-based educators and parents have on the importance of parental participation. A supportive environment allowing parents to feel more comfortable in being involved in home visits is formed from the positive

relationships developed between educators and parents. This finding is supported by research showing that parent involvement can be impacted by communication and relationships that are formed with a child's school (Epstein, 2018; Ripoll et al., 2018). These positive relationships are also developed by home-based educators addressing a family's barriers in order to encourage more interaction. Children who see the relationships that form between their home-based educator and parents responded to the educator more effectively and form deeper connections. While parents stated they had barriers that prevented them from being as involved as they would prefer, in most cases, the home-based educator was sympathetic to such barriers and would offer solutions while providing appropriate interventions to the child which was also noted in the research (Ansari & Gershoff, 2016; Keyser, 2017; Liao, 2019). Indeed, an increase in parental participation was observed when home-based educators addressed barriers preventing parents from being active.

Home-based educators can therefore form meaningful partnerships and encourage a significant increase in parental participation through overcoming barriers and meeting the basic needs of parents through interventions (Ansari & Gershoff, 2016; Keyser, 2017). This study also found that home-based educators were not always in a position to assist a family in overcoming barriers caused by either a lack of resources or effort from the parent coinciding with the findings of Baker et al. (2016). The findings also indicated a lack of communication from partnering agencies and programs despite resources often being available for implementing early intervention services and helping families overcome barriers which was not addressed in prior research. While this study has diverged from previous research based on the program and sample being studied, it does corroborate with prior research geared toward the topic while aligning with Maslow's (1943) hierarchy of needs and Epstein's (1995) Framework for Six Types of Parental

Involvement. Therefore, these findings can be used by the EHS program to improve the areas of weakness that have been encountered.

Limitations and Delimitations

The major limitations present in this study center around the demographics of the participants. The sample for this study was homogenous, as all home-based educators and parents that participated in this study were non-Hispanic White females. The lack of diversity in participants could influence the study results and impact its transferability. While the home-based educators had a history of working in education over an extended period, three of the four participants had been home-based educators for 2 years or less. This resulted in those three home-based educators working under various degrees of restriction in the program due to the COVID-19 pandemic and not gaining experience under the program's normal protocol, policy, and procedures. The location of this study was also a limitation, as it took place in rural Appalachia, an area that has little diversity and may not be representative of the program on a larger scale.

The delimitations of this study included limiting the study to only the home-based program and not including the center-based program. The purpose of this was to obtain a more comprehensive understanding of parental participation regarding children with disabilities when the families worked one-on-one with an educator. Moreover, the COVID-19 pandemic has restricted parental participation in the center-based option due to safety protocols, resulting in the researcher purposely not including participants using this option. Such an inclusion would have resulted in an inaccurate representation of parental participation. Participants in this study were limited to being over the age of 18, as the researcher was examining how educators and parents described parental participation. Participants under the age of 18 were not needed for this study.

In addition, parent participants had to have a child with disabilities who also had an IEP or IFSP. The rationale behind this was to confirm the child had a diagnosed disability and was receiving early intervention services.

Recommendations for Future Research

Little to no research has been completed on parental participation in the EHS home-based program regarding the parents of children with disabilities enrolled in such programs in rural Appalachia. This study has helped to fill that gap in the literature. Across the United States, the EHS program varies in location, culture, background, program size, educator experience, parental experience, funding, and expectations. Thus, more research is needed on parental participation in the EHS program on a larger or more diverse scale. For more diverse results, it is recommended that similar studies be conducted in relation to additional EHS programs in a variety of geographical locations across the United States.

The perspectives of home-based educators and the parents of children with disabilities enrolled in one program in rural Appalachia were the only participants in this study. Further research might include a larger variety of stakeholders that could include EHS administrators, supervisors, family-service advocates, community partners, and staff from the center-based EHS program. Future research could also focus on the perspectives of the Head Start administration and faculty into which the EHS children transition at the age of 3. Future research could also consider studying families who voluntarily withdrew from the program in order to obtain their descriptions of parental participation and of how home-based educators implemented early intervention services.

Conclusion

The purpose of this qualitative collective case study was to describe the participation of home-based educators and parents of children with disabilities enrolled in an EHS home-based program in rural Appalachia. Parental participation in the EHS home-based program has been described as the active participation of parents of children with disabilities in the home-based program and is guided by home-based educators through implementing early intervention services. Data were collected by individual interviews, focus groups, and document analysis from home-based educators and the parents of children with disabilities. To ascertain themes and patterns, the data points were analyzed using first and second cycle coding methods. Triangulation and member checking techniques were applied to confirm the accuracy of the collected data. In addition to several sub-themes, four major themes were developed from the data: and include interactions that are meaningful, building family partnerships, partnerships in the community, and participation along with sub-themes. Maslow's hierarchy of needs and the Epstein model guided this study, and several themes related to them were present. Maslow's hierarchy of needs was present in that parents did not participate as actively as they would have preferred to due to existing barriers. The Epstein model, while supplementary in guiding this study, was more appropriate as a theoretical framework. This is because Epstein's six types of parental involvement are present in the practices of the EHS program despite being unlabeled in its mandates. The data collected in this study was able to answer the research questions presented and offer recommendations for future research. The findings in this study can be used to improve policies and practices regarding parental participation in the EHS home-based program and assist in the implementation of early intervention services that cater to the unique needs and barriers families face.

References

- Abulof, U. (2017). Introduction: Why we need Maslow in the twenty-first century. *Society (New Brunswick)*, 54(6), 508-509.
- Ansari, A., & Gershoff, E. (2016). Parent involvement in Head Start and children's development: Indirect effects through parenting. *Journal of Marriage and Family*, 78(2), 562-579.
- Bailey, M. J., & Duquette, N. J. (2014). How Johnson fought the war on poverty: The economics and politics of funding at the office of economic opportunity. *The Journal of Economic History*, 74(2), 351-388.
- Baker, T. L., Wise, J., Kelley, G., & Skiba, R. J. (2016). Identifying barriers: Creating solutions to improve family engagement. *The School Community Journal*, 26(2), 161-184.
- Balikci, O. S., & Melekoglu, M. (2020). Early signs of specific learning disabilities in early childhood. *International Journal of Early Childhood Special Education*, 12(1), 84-95.
- Batshaw, M., Roizen, N., & Lotrecchiano, G. (2012). *Children with disabilities*. Brookes Publishing.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117, 497-529.
- Bercnik, S., & Devjak, T. (2017). Cooperation between parents and preschool institutions through different concepts of preschool education. *CEPS Journal*, 7(4), 207-226.
- Berlin, L. J., Martoccio, T. L., & Jones Harden, B. (2018). Improving Early Head Start's impacts on parenting through attachment-based intervention: A randomized controlled trial. *Developmental Psychology*, 54(12), 2316-2327.
- Black, M. M., Walker, S. P., Fernald, L. C. H., Andersen, C. T., DiGirolamo, A. M., Lu, C., McCoy, D. C., Fink, G., Shawar, Y. R., Shiffman, J., Devercelli, A. E., Wodon, Q. T.,

- Vargas-Barón, E., & Grantham-McGregor, S. (2017). Early childhood development coming of age: science through the life course. *The Lancet*, 389(10064), 77-90.
[http://dx.doi.org.ezproxy.liberty.edu/10.1016/S0140-6736\(16\)31389-7](http://dx.doi.org.ezproxy.liberty.edu/10.1016/S0140-6736(16)31389-7)
- Bland, A. M., & DeRobertis, E. M. (2020). Maslow's unacknowledged contributions to developmental psychology. *The Journal of Humanistic Psychology*, 60(6), 934-958.
- Bower, H. A., & Griffin, D. (2018). Can the Epstein model of parental involvement work in a high-minority, high-poverty elementary school? A case study. *Professional School Counseling*, 15(2), 77-88.
- Bower, K. M., Nimer, M., West, A. L., & Gross, D. (2020). Parent involvement in maternal, infant, and early childhood home visiting programs: An integrative review. *Prevention Science*, 21(5), 728-747.
- Bridgman, T., Cummings, S., & Ballard, J. (2019). Who built Maslow's pyramid? A history of the creation of management studies' most famous symbol and its implications for management education. *Academy of Management Learning & Education*, 18(1), 81-98.
- Brown, E. D. (2020). The Art of Early Childhood Education. *State Education Standard*, 20(1), 14-20.
- Cassidy, J., Brett, B. E., Gross, J. T., Stern, J. A., Martin, D. R., & Mohr, J. J. (2017). Circle of security parenting: A randomized controlled trial in head start. *Developmental Psychopathology*, 29, 651-673.
- Centers for Disease Control and Prevention. (2021). *Early brain development and health*. U.S. Department of Health and Human Services.
<https://www.cdc.gov/ncbddd/childdevelopment/early-brain-development.html>

- Colker, R. (2013). *Disabled education: A critical analysis of the individuals with disabilities education act*. ProQuest Ebook Central <https://ebookcentral-proquest-com.ezproxy.liberty.edu>
- Creswell, J.W. & Poth, C.N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Thousand Oaks, California: Sage Publications
- Cross, M. (2013). *100 people who changed 20th-century America*. ProQuest Ebook Central <https://ebookcentral-proquest-com.ezproxy.liberty.edu>
- Daniel, G. (2015). Patterns of parent involvement: A longitudinal analysis of family-school partnerships in the early years of school in Australia. *Australasian Journal of Early Childhood*, 40(1), 119-128.
- Decarvalho, R. J. (1991). Abraham H. Maslow an intellectual biography. *Thought* (New York), 66(260), 32.
- Deniz Can, D., & Ginsburg-Block, M. (2016). Parenting stress and home-based literacy interactions in low-income preschool families. *Journal of Applied Developmental Psychology*, 46, 51-62.
- Drifte, C. (2008). *Encouraging positive behaviour in the early years: A practical guide* (2nd ed.). SAGE.
- Edwards, N. M. & Gallagher, P. A. (2016). Early intervention special instructors and service coordinators in one state. *Infants & Young Children*, 29 (4), 299-311.
- Epstein, J. (1995). School/Family/Community partnerships: Caring for the children we share. *Phi Delta Kappan*, May, 701-712.
- Epstein, J. L. (2001). Building bridges of home, school, and community: The importance of design. *Journal of Education for Students Placed at Risk*, 6(1-2), 161-168.

- Epstein, J. L., & Associates (2009). *School, family, and community partnerships: Your handbook for action*. Thousand Oaks, CA.
- Epstein, J. L. (2018) School, family, and community partnerships in teachers' professional work, *Journal of Education for Teaching*, 44(3), 397-406.
- Epstein, J. (2018). *School, family, and community partnerships, student economy edition: Preparing educators and improving schools* (Second ed.). Routledge.
<https://doi.org/10.4324/9780429493133>
- Feinberg, E., Silverstein, M., Donahue, S., & Bliss, R. (2011). The impact of race on participation in part C early intervention services. *Journal of Developmental and Behavioral Pediatrics*, 32(4), 284-291.
- Fisher, M. H., & Crawford, B. (2020). "From school of crisis to distinguished": Using Maslow's hierarchy in a rural underperforming school. *The Rural Educator (Fort Collins, Colo.)*, 41(1), 8-19.
- Fishman, C. E., & Nickerson, A. B. (2015). Motivations for involvement: A preliminary investigation of parents of students with disabilities. *Journal of Child and Family Studies*, 24(2), 523-535.
- French, L., & Kennedy, E. M. M. (2018). Annual research review: Early intervention for infants and young children with, or at-risk of, autism spectrum disorder: A systematic review. *Journal of Child Psychology and Psychiatry*, 59(4), 444-456.
- Garbacz, S. A., McIntyre, L. L., & Santiago, R. T. (2016). Family involvement and parent-teacher relationships for students with autism spectrum disorders. *School Psychology Quarterly*, 31(4), 478-490.

- Gray, S. A., Zraick, R. I., & Atcherson, S. R. (2019). Readability of individuals with disabilities education act part B procedural safeguards: An update. *Language, Speech & Hearing Services in Schools, 50*(3), 373-384.
- Head Start Policy and Regulations. (2020). <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1303-subpart-c-protections-privacy-child-records>
- Head Start Resource Center. (2011). *The Head Start child development and early learning framework: promoting positive outcomes in early childhood programs serving children 3-5 years old*. Arlington: Author.
- Healy, K. (2016). A theory of human motivation by Abraham H. Maslow (1942). *British Journal of Psychiatry, 208*(4), 313-313. <https://doi.org/10.1192/bjp.bp.115.179622>
- Hubel, G. S., Schreier, A., Wilcox, B. L., Flood, M. F., & Hansen, D. J. (2017). Increasing participation and improving engagement in home visitation: A qualitative study of early head start parent perspectives. *Infants and Young Children, 30*(1), 94-107.
- Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004).
- Jacobson, D. (2018). A powerful convergence: Community schools and early childhood education. *Phi Delta Kappan, 99*(5), 19-24.
- Jiang, K., Liu, J., Liu, C., Guo, X., Zhou, H., Lv, B., Liu, Z., & Luo, L. (2019). The discrepancy of parents' theories of intelligence and parental involvement. *Frontiers in Psychology, 10*, 1231-1231
- Johns Hopkins School of Education. (n.d.). *Faculty and staff directory*. <https://education.jhu.edu/directory/joyce-l-epstein-phd/>

- Kaale, A., Smith, L., & Sponheim, E. (2012). A randomized controlled trial of preschool-based joint attention intervention for children with autism. *Journal of Child Psychology and Psychiatry*, 53(1), 97-105.
- Kauffman, J. M., Hallahan, D. P., & Pullen, P. C. (2017). *Handbook of special education* (2nd ed.). New York, NY: Routledge.
- Keyser, J. (2017). *From parents to partners: Building a family-centered early childhood program*. Redleaf Press.
- Korstjens, I. & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120-124.
- Lee, J. S., & Logan-Greene, P. (2017). Patterns of family service needs and caregiver-child relationships among families at risk of child welfare involvement. *Child & Family Social Work*, 22(4), 1515-1524. <https://doi.org/10.1111/cfs.12375>
- Lee, K. (2019). Impact of head start quality on children's developmental outcomes. *Social Work in Public Health*, 34(3), 239-250.
<https://doi.org/10.1080/19371918.2019.1576566>
- Liao, Y., Hwang, A., Liao, H., Granlund, M., & Kang, L. (2019). Understanding the participation in home, school, and community activities reported by children with disabilities and their parents: A pilot study. *International Journal of Environmental Research and Public Health*, 16(12), 2217.
- Lincoln, Y. & Guba, E. (1985). *Naturalistic inquiry*. Sage.
- Love, J. M., Kisker, E. E., Ross, C., Raikes, H., Constantine, J., Boller, K., Brooks-Gunn, J., Chazan-Cohen, R., Tarullo, L. B., Brady-Smith, C., Fuligni, A. S., Schochet, P. Z., Paulsell, D., & Vogel, C. (2005). The effectiveness of early head start for 3-year-old

- children and their parents: Lessons for policy and programs. *Developmental Psychology*, 41(6), 885-901.
- Ma, X., Shen, J., Krenn, H.Y., Hu, H., & Yuan, J. (2016). A meta-analysis of the relationship between learning outcomes and parental involvement during early childhood education and early elementary education. *Educational Psychology Review*, 28(4), 771-801.
- Mallaev, D. M., Magamdarow, R. S., & Amirowa, S. K. (2020). Modern problems of defectology: The basis of special education and upbringing of people with special needs. *ARPHA Proceedings*, 3, 1589-1597.
<https://doi.org/10.3897/ap.2.e1589>
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370-96.
- Maslow, A. H. (1970). *Motivation and personality*. New York: Harper & Row.
- Maslow, A. H. (1970). *Religions, values, and peak experiences*. New York, NY: Penguin.
- Maslow, A. H. (1971). *The farther reaches of human nature*. New York, NY: The Viking Press.
- Maslow, A. H. (1987). *Motivation and personality (3rd ed.)*. Delhi, India: Pearson Education.
- Mckelvey, L., Schiffman, R. F., Brophy-Herb, H. E., Bocknek, E. L., Fitzgerald, H. E., Reischl, T. M., Hawver, S., & Cunningham Deluca, M. (2015). Examining long-term effects of an infant mental health home-based early head start program on family strengths and resilience. *Infant Mental Health Journal*, 36(4), 353-365.
- McManus, B. M., Richardson, Z., Schenkman, M., Murphy, N. J., Everhart, R. M., Hambidge, S., & Morrato, E. (2020). Child characteristics and early intervention referral and receipt of services: A retrospective cohort study. *BMC Pediatrics*, 20(1), 84-84.

- Meng, C., & Cheng, Y. (2017). A dyadic analysis of head start parents' depressive symptoms and parent involvement: Sense of mastery as a mediator. *Early Child Development and Care*, 187(11), 1718-1731.
- Merritt, D. (2019). In memory of Edward F. Zigler, Head Start founder and advocate for poor children. *Children and Youth Services Review*, 100, 525-525.
- Mohd Nordin, N. A., Hui Shan, E., & Zanudin, A. (2019). The unmet needs of parents of highly dependent children with cerebral palsy. *International Journal of Environmental Research and Public Health*, 16(24), 5145. <https://doi.org/10.3390/ijerph16245145>
- Morris, P. A., Connors, M., Friedman-Krauss, A., McCoy, D. C., Weiland, C., Feller, A., Page, L., Bloom, H., & Yoshikawa, H. (2018). New findings on impact variation from the head start impact study: Informing the scale-up of early childhood programs. *AERA Open*, 4(2), 1-16. <https://doi.org/10.1177/2332858418769287>
- Mozolic-Staunton, B., Barbaro, J., Yoxall, J., & Donnelly, M. (2021). Monitoring children's development in early childhood education settings to promote early detection of autism. *Australasian Journal of Early Childhood*, 46(2), 163-178.
- Noltemeyer, A., James, A. G., Bush, K., Bergen, D., Barrios, V., & Patton, J. (2020). The relationship between deficiency needs and growth needs: The continuing investigation of Maslow's theory. *Child & Youth Services*, 1-19.
- Nyirenda, L., Kumar, M.B., Theobald, S., Sarker, M., Simwinga, M., Kumwenda, M., Jothnson, C., Hatzold, K., Corbett, E., Sibanda, E., & Taegtmeier, M. (2020). Using research networks to generate trustworthy qualitative public health research findings from multiple contexts. *BMC Med Res Methodol* 20,13.

Obiakor, F. E., & Bakken, J. P. (2019). *Special education for young learners with disabilities*.

Emerald Publishing Limited.

Office of Head Start. (2019, June 14). History of Head Start. Retrieved from

<https://www.acf.hhs.gov/ohs/about/history-head-start>

Office of Head Start. (2020). *Head Start Program performance standards and other*

regulations. Washington, D.C.: U.S. Dept. of Health and Human Services,

Administration for Children and Families, Head Start Bureau.

Ogunnaike, Y. A. (2015). Early childhood education and human factor: Connecting theories

and perspectives. *Review of Human Factor Studies*, 21(1), 9-26.

Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). Thousand Oaks,

CA: Sage Publications.

Perriel Y. (2015). Parental involvement and academic achievements: A case study. *Social*

Economic Study, 64(1), 75- 88.

Powell, K. C., & Kalina, C. J. (2009). Cognitive and social constructivism: Developing tools

for an effective classroom. *Education (Chula Vista)*, 130(2), 241.

Prabowo, H. Y. (2020). Reinvigorating the human instrument. *Journal of Financial Crime*,

27(2), 505-530.

Raver, S. A., & Childress, D. C. (2015). *Family-centered early intervention: Supporting infants*

and toddlers in natural environments. Paul H. Brookes Publishing Co.

Ridgley, R., Snyder, P. A., & McWilliam, R. A. (2020). Individualized family service plan

quality and alignment of child-focused outcomes to federal outcomes and state early

learning guidelines. *Topics in Early Childhood Special Education*, 39(4), 200-212.

- Ripoll, K. M., Hawley, L. R., & Clinton, M. C. (2018). Family background and parent-school interactions in parent involvement for at-risk preschool children with disabilities. *The Journal of Special Education*, 52(1), 39-49.
- Saldanna, J. (2021). *The coding manual for qualitative researchers* (Fourth ed.). SAGE.
- Schunk, D. (2016). *Learning theories: An educational perspective*. (7th ed.). Boston, MA.
- Shoshani, A., & Slone, M. (2017). Positive education for young children: Effects of a positive psychology intervention for preschool children on subjective wellbeing and learning behaviors. *Frontiers in Psychology*, 8, 1866-1866.
- Sorariutta, A., & Silvén, M. (2018). Quality of both parents' cognitive guidance and quantity of early childhood education: Influences on pre-mathematical development. *British Journal of Educational Psychology*, 88(2), 192-215. <https://doi.org/10.1111/bjep.12217>
- Stoyanov, S. (2017). *An analysis of Abraham Maslow's A theory of human motivation* (1st ed.). Routledge. <https://doi.org/10.4324/9781912282517>
- Swanson, H. L., Harris, K. R., & Graham, S. (2013). *Handbook of learning disabilities, second edition*. ProQuest Ebook Central. <https://ebookcentral-proquest-com.ezproxy.liberty.edu>
- Taormina, R. J. & Gao, J. H. (2013). Maslow and the motivation hierarchy: Measuring satisfaction of the needs. *The American Journal of Psychology*, 126(2), 155-177. <https://doi.org/10.5406/amerjpsyc.126.2.0155>
- Tekin, A. K. (2011). Parent involvement revisited: Background, theories, and models. *International Journal of Applied Educational Studies*, 11(1), 1.
- Traube, D. E., & Mamey, M. R. (2021). Relationship between state-level developmental screening and IDEA part C early intervention rates. *Journal of Early Intervention*, 105381512110282. <https://doi.org/10.1177/10538151211028232>

- Tran, V., Porcher, R., Falissard, B., & Ravaud, P. (2016). Point of data saturation was assessed using resampling methods in a survey with open-ended questions. *Journal of Clinical Epidemiology*, 80, 88-96.
- U. S. Department of Health and Human Services. (2021). *Poverty Guidelines*.
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>
- Walsh, B. A. & Mortensen, J. A. (2020). *Transforming Early Head Start home visiting: A family life education approach*. New York, NY.
- Werner, C. D., Linting, M., Vermeer, H. J., & Van IJzendoorn, M. H. (2016). Do intervention programs in childcare promote the quality of caregiver-child interactions? A meta-analysis of randomized controlled trials. *Prevention Science*, 17(2), 259-273.
<https://doi.org/10.1007/s11121-015-0602-7>
- Wessel, G. M. (2014). The founder of an institution Robert E. Cooke and the NIHCD. *Molecular Reproduction and Development*, 81(5), 1.
<https://doi.org/10.1002/mrd.22335>
- West, A. L., Aparicio, E. M., Berlin, L. J., & Jones Harden, B. (2017). Implementing an attachment-based parenting intervention within home-based early head start: Home-visitors' perceptions and experiences. *Infant Mental Health Journal*, 38(4), 514-522.
- William, A. (2015). *Conducting semi-structured interviews*. In book: Handbook of Practical Program Evaluation (4th ed.). Boulder, CO: Jossey-Bass
- Wolf, R. B. (2019). State Variability in Diagnosed Conditions for IDEA Part C Eligibility. *Infants and Young Children*, 32(4), 231–244.
- Yin, R. K. (2018). *Case study research and applications: Design and methods* (Sixth ed.). SAGE Publications, Inc.

Youn, M. (2016). One year or two? the impact of Head Start enrollment duration on academic achievement. *KEDI Journal of Educational Policy*, 13(1), 85-112.

<https://doi.org/10.22804/kjep.2016.13.1.005>

Zhang, L., Liu, X., & Lin, Y. (2019). Teachers' perception of the response to intervention implementation feasibility in Chinese inclusive early childhood education. *International Journal of Developmental Disabilities*, 65(5), 387-395.

Zigler, E. (1992). *Head Start: The inside story of America 's most successful educational experiment*. New York: Harper Collins

APPENDIX A: Permission Request Letter

[Insert Date]

[Recipient]

[Title]

[Company]

[Address 1]

[Address 2]

[Address 3]

Dear [Recipient],

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for a Doctor of Philosophy in Special Education. The title of my research project is The Involvement of Parents of Students with Disabilities in Rural Early Head Start Programs: A Case Study and the purpose of my research is to examine the Early Head Start home-based educators' perspectives towards the participation of the parents of students with disabilities who are enrolled in early intervention services while also examining the perception of those parents.

*I am writing to request your permission to conduct my research at **organization name**, contact members of your staff to invite them to participate in my research study and access and utilize student/staff records.*

Participants will be asked to contact me to schedule an interview that will take place either in person or via video call to give their perspective on parent involvement in the Early Head Start program for families with children with disabilities. In addition to individual interviews, participants will also participate in a focus group that will allow for interaction and open discussion. I am also requesting to review records in which the data will be used to determine what interventions are taking place in families to correspond with their IFSP. Participants will be presented with informed consent information prior to participating. Any identifying information that is obtained either from records or participants will be kept confidential and pseudonyms will be used. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission, please provide a signed statement on official letterhead indicating your approval. A permission letter document is attached for your convenience.

Sincerely,

Cassandra Justice

PhD Student at School of Education at Liberty University

Phone:

Email:

APPENDIX B: Permission Response Template

Please provide this document on official letterhead or copy and paste into an email.

[Date]

[Recipient]

[Title]

[Company]

[Address 1]

[Address 2]

[Address 3]

Dear Cassandra Justice:

*After careful review of your research proposal entitled *The Involvement of Parents of Students with Disabilities in Rural Early Head Start Programs: A Case Study*, I have decided to grant you permission to conduct my research at **organization name**, contact members of your staff to invite them to participate in my research study and access and utilize student/staff records.*

☐ I will provide our membership list to Cassandra Justice, and Cassandra Justice may use the list to contact our members to invite them to participate in her research study.

☐ I grant permission for Cassandra Justice to contact home-based educators and parents of enrolled children with disabilities to invite them to participate in her research study.

☐ I will not provide potential participant information to Cassandra Justice, but I agree to provide her study information to home-based educators and parents of enrolled children with disabilities on her behalf.

☐ The requested data WILL NOT BE STRIPPED of identifying information before it is provided to the researcher.

☐ I am requesting a copy of the results upon study completion and/or publication.

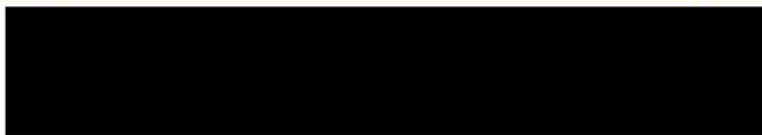
Sincerely,

[Official's Name]

[Official's Title]

[Official's Company/Organization]

APPENDIX C: Site Permission



December 22, 2021

Dear Cassandra Justice:

*After careful review of your research proposal entitled *The Involvement of Parents of Students with Disabilities in Rural Early Head Start Programs: A Case Study*, I have decided to grant you permission to conduct your research at [REDACTED] contact members of my staff to invite them to participate in your research study and access and utilize student/staff records.*

- ☒ I will provide our membership list to Cassandra Justice, and Cassandra Justice may use the list to contact our members to invite them to participate in her research study.
- ☒ I grant permission for Cassandra Justice to contact home-based educators and parents of enrolled children with disabilities to invite them to participate in her research study.
- ☐ I will not provide potential participant information to Cassandra Justice, but I agree to provide her study information to home-based educators and parents of enrolled children with disabilities on her behalf.
- ☒ The requested data WILL NOT BE STRIPPED of identifying information before it is provided to the researcher.
- ☒ I am requesting a copy of the results upon study completion and/or publication.

Sincerely,



Head Start / Early Head Start Director

Head Start / Early Head Start



An Equal Opportunity Employer
 Auxiliary aids and services are available upon request of individuals with disabilities.
 Telecommunications Device for Deaf Relay Service: 1-800-828-1120

APPENDIX D: IRB Letter of Approval**LIBERTY UNIVERSITY.**
INSTITUTIONAL REVIEW BOARD

March 28, 2022

Cassandra Justice
Shanna Baker

Re: IRB Exemption - IRB-FY21-22-716 The Involvement of Parents of Students with Disabilities in Rural Early Head Start Programs: A Case Study

Dear Cassandra Justice, Shanna Baker,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at



Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional
Research Ethics Office

APPENDIX E: Recruitment Letter and Consent Form for Educators

Dear [Recipient]:

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for a Doctor of Philosophy in Special Education. The purpose of my research is to examine Early Head Start home-based educators' perspectives towards the participation of the parents of students with disabilities who are enrolled in early intervention services while also examining the perception of those parents, and I am writing to invite eligible participants to join my study.

Participants must be home-based educators in the Early Head Start home-based program. Participants, if willing, will be asked to

1. Participate in a 45-to-60-minute interview that will be audio-recorded. The interview can be conducted either in person or virtually via video call.
2. Participate in a 45-to-60-minute in-person focus group consisting of other home-based educators.
3. Provide a copy of the child's IFSP and any documentation relating to interventions that have been used to encourage parent participation. This will only be requested from you after the parents have confirmed that they will allow the researcher to have access to these documents.
4. Review the transcripts of the audio recording to confirm that they were transcribed verbatim and with accuracy.

Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please contact me at [REDACTED] to schedule an interview.

A consent document is attached. The consent document contains additional information about the research. If you choose to participate, you will need to sign the consent document and return it to me by email prior to participating in this study.

Sincerely,

Cassandra Justice
Graduate Student in the School of Education at Liberty University
[REDACTED]

Consent

Title of the Project: The Involvement of Parents of Students with Disabilities in Rural Early Head Start Programs: A Case Study

Principal Investigator: Cassandra Justice, Ph.D. Candidate, Liberty University School of Education

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be an Early Head Start home-based educator. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to examine the Early Head Start home-based educators' perspectives towards the participation of the parents of students with disabilities who are enrolled in early intervention services while also examining the perception of those parents.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Participate in a 45-to-60-minute audio-recorded interview. The interview can be conducted either in person or virtually via video call.
2. Participate in an audio-recorded 45-to-60-minute in-person focus group consisting of home-based educators and parents.
3. Provide a copy of the child's IFSP, IEP and any documentation relating to interventions that have been used to encourage parent participation. This will only be requested from you after the parents have signed a FERPA release form/confirmed they will allow the researcher to access these documents.
4. Review your interview transcripts to ensure accuracy.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include an understanding by parents, home-based educators, and administrators of early interventions for students with disabilities and how barriers can determine the degree to which parents are involved in their child's education and home visits.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

There is one exception to risks that you need to be made aware of. In Virginia, it is mandatory that certain individuals have a legal and ethical responsibility to report situations of child abuse, child neglect, or any situation that is life-threatening to appropriate authorities. However, while the researcher is a mandated reporter, this study is not seeking this type of information, nor will you be asked questions about these issues.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

- Participant responses and study sites will be kept confidential using pseudonyms. Interviews and focus groups will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked hard drive and may be used in future presentations. After three years, all electronic records will be deleted, and any hard copy data will be shredded.
- Interviews and a focus group will be recorded and transcribed. Recordings will be stored on a password-locked computer for three years and then erased. Only the researcher will have access to these recordings.
- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or Early Head Start. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Cassandra Justice. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED] or [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Shanna Baker, at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email at [REDACTED].

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio- and video-record me as part of my participation in this study.

Printed Subject Name

Signature & Date

APPENDIX F: Recruitment Letter and Consent Form for Parents

Dear [Recipient]:

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for a Doctor of Philosophy in Special Education. The purpose of my research is to examine Early Head Start home-based educators' perspectives towards the participation of the parents of students with disabilities who are enrolled in early intervention services while also examining the perception of those parents, and I am writing to invite eligible participants to join my study.

Participants must be parents who have a child with disabilities who has an IFSP or IEP and are enrolled in the Early Head Start home-based program.

Participants, if willing, will be asked to

1. Participate in a 45-to-60-minute interview that will be audio-recorded. The interview can be conducted either in person or virtually via video call.
2. Participate in a 45-to-60-minute in-person focus group consisting of other parents.
3. Review the transcripts of the audio recording to confirm that they were transcribed verbatim and with accuracy.
4. Allow the researcher to request/review your student's IEP/IFSP and other academic documents provided by your student's teacher. You will be asked to check a box on the consent form confirming that you will grant access to those documents to the researcher.

Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please contact me at [REDACTED] or email me at [REDACTED] to schedule an interview.

A consent document is attached. The consent document contains additional information about the research. If you choose to participate, you will need to sign the consent document and return it to me by email prior to participating in this study.

If you consent to allowing the researcher access to your child's educational record, please check the appropriate box on the consent document.

Sincerely,

Cassandra Justice

Graduate Student in the School of Education at Liberty University

[REDACTED]

Consent

Title of the Project: The Involvement of Parents of Students with Disabilities in Rural Early Head Start Programs: A Case Study

Principal Investigator: Cassandra Justice, Ph.D. Candidate, Liberty University School of Education

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be the parent of a child with a disability who is enrolled in the Early Head Start program that currently has an Individualized Family Service Plan (IFSP) or an Individualized Education Plan (IEP). Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to examine the Early Head Start home-based educators' perspectives towards the participation of the parents of students with disabilities who are enrolled in early intervention services while also examining the perception of those parents.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Participate in a 45-to-60-minute audio-recorded interview. The interview can be conducted either in person or virtually via video call.
2. Participate in an audio-recorded 45-to-60-minute focus group consisting of home-based educators and parents.
3. Review your interview transcripts to ensure accuracy.
4. Allow the researcher to request/review your student's IEP/IFSP and other academic documents provided by your student's teacher. You will be asked to check a box on this consent form.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include an understanding by parents, home-based educators, and administrators of early interventions for students with disabilities and how barriers can determine the degree to which parents are involved in their child's education and home visits.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

There is one exception to risks that you need to be made aware of. In Virginia, it is mandatory that certain individuals have a legal and ethical responsibility to report situations of child abuse, child neglect, or any situation that is life-threatening to appropriate authorities. However, while the researcher is a mandated reporter, this study is not seeking this type of information, nor will you be asked questions about these issues.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

- Participant responses and study sites will be kept confidential using pseudonyms. Interviews and focus groups will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked hard drive and may be used in future presentations. After three years, all electronic records will be deleted, and any hard copy data will be shredded.
- Interviews and a focus group will be recorded and transcribed. Recordings will be stored on a password-locked computer for three years and then erased. Only the researcher will have access to these recordings.
- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or Early Head Start. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Cassandra Justice. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED] or [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Shanna Baker, at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email at [REDACTED].

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio- and/or video-record me as part of my participation in this study.

☐ I consent to allow [REDACTED] to release my student's educator records to the research, to include records of weekly visit notes, IEPs and/or IFSPs, etc.

Printed Subject Name

Signature & Date

APPENDIX G: Interview Questions

Interview Questions for Home-Based Educators

1. Please introduce yourself.
2. How long have you been a home-based educator for Early Head Start?
3. What has drawn you to become a home-based educator for Early Head Start?
4. Tell me about home visits.
5. How do you feel about how parents are involved in those home visits?
6. What are ways that you encourage parent participation?
7. How does the program work with families that have children with disabilities?
8. Tell me about how you implement interventions for children who have an IFSP?
9. What do you feel are barriers that may prevent parents from being actively involved in their children's home visits?
10. What do you do to help families overcome those barriers?
11. In what ways do you feel that you relate to the families that you work with?
12. What are events that have happened in your life that have impacted how you interact with families?
13. How do those events impact how you do interact with families?
14. What support do you have in implementing early intervention services?
15. What do you feel could be done differently to help parents become more interactive with their child's education?
16. How do you think the child's disability impacts how families are involved?
17. What else would you like to share about home visits with families that have children with disabilities?

Interview Questions for Parents

1. Please introduce yourself.
2. How long have you been receiving services from Early Head Start?
3. Tell me about your child's disabilities.
4. What has drawn you to become enrolled in the Early Head Start program?
5. Tell me about home visits.
6. How do you feel about how being involved in those home visits?
7. What are ways that you are encouraged to participate in the program as a parent?
8. How does the program work with your family regarding the disabilities that your child has?
9. How are interventions implemented to go along with your child's IFSP?
10. What are barriers that you feel prevent you from being actively involved in the home visits with your child?
11. What is your perspective on how the program addressed those barriers and assisted you in overcoming them?
12. How do you feel that prior events in your own life have impacted how you participate in your child's education and early intervention services?
13. How do the home-based educators support you in participating in the early intervention of your child?
14. What do you feel could be done differently to help you be more interactive in your child's education?
15. How does your child's disability impact how you participate in the program?

16. What else would you like to share about home visits with the program, early intervention, and your participation?

APPENDIX H: Focus Group Questions

Focus Group Questions for Home-Based Educators and Parents

1. What is your perspective on parents being involved in home visits?
2. How do your experiences with one another impact how home visits are geared to get parents involved?
3. What has been one of the most challenging aspects of parents being able to be involved in home visits?
4. How do you feel support from partnerships impact the implementation of early intervention services?
5. What do you feel are barriers that prevent families of children with disabilities from being more involved during home visits?
6. What do you feel is essential to know about how barriers can prevent parents from being involved?
7. How are home visits impactful to you, especially when the child has a disability that involved IFSP goals?
8. Describe one of your most memorable home visits.

APPENDIX I: Document Analysis Notes

Document Analysis Notes

Date of analysis:

Document Type:

Notes: