Promoting Positive Parent-Child Relationships Through Early Head Start Home Visits

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Introduction

In this brief, we explore how the home-based program option in Early Head Start is supporting positive relationships between parents and children.[1] Using a nationally representative sample of families who receive Early Head Start home-based services, we examine whether programs are promoting more positive parent-child relationships when they focus their goals, professional development, and the content of their home visits on those relationships.

Parent-child relationships are key to young children's development

Young children learn through relationships and interactions.[2] These relationships and interactions support children's development best when they are warm and responsive, involve lots of language, and help children learn about the world.[3,4,5] Responsive parent-child interactions during infancy and toddlerhood are critical to positive outcomes for children, including children's social and cognitive skills[6,7,8] and their emotional and mental health in adulthood.[9]

Early Head Start home visits are an important source of support for parent-child relationships

Head Start recognizes the important link between parent-child relationships and children's outcomes. The Head Start Parent, Family, and Community Engagement (PFCE) Framework identifies positive parent-child relationships as a key outcome for Early Head Start programs.[10]

Key findings

- The typical parent reports a responsive, close, and low-conflict relationship with their child, but there is room for improvement in some relationships.

- Most programs set goals to promote responsive parent-child relationships. Some have written plans for achieving these goals, others do not. Parents in programs with these written plans reported higher levels of responsiveness in parent-child interactions.

- Most home visitors receive training on parent-child relationships. About half receive at least some coaching support on parent-child relationships. These professional development opportunities are not related to the quality of parent-child relationships.

- Most families receive frequent home visits that cover topics related to parenting behavior. Families with more parent-child conflict are more likely to discuss developmentally appropriate care and routines at home visits than families with less conflict. Discussion of other parenting behavior topics and the frequency of home visits and are not related to parent-child relationships.

- Most home visitors use a curriculum to guide their home visits. Parents as Teachers, Creative Curriculum, and Partners for a Healthy Baby are the most popular.

For the families who receive home-based services, weekly home visits are the core service designed to support the child's development through facilitation of a strong parent-child relationship and delivery of comprehensive services, including education, health, nutrition, oral health, parent engagement and services. During these visits, the home visitor shares knowledge and resources with the parent, engaging the parent as a valued partner in the process of finding ways to enhance the interactions, activities, and routines in the child's home environment.

As shown in the [Early Head Start conceptual framework](#), the parent-child relationship is a central mechanism through which home-based programs enhance children's outcomes.[12] Programs can improve the parent-child relationship by enhancing the quality of the relationship between the home visitor and parent, such as by building the level of trust, respect, and collaboration between them. The PFCE Framework also asserts that positive, goal-oriented relationships between program staff and families can advance the outcomes of families and children.[13]

Research questions

This brief explores three research questions to better understand how Early Head Start programs support positive parent-child relationships:

1. How do Early Head Start programs support positive parent-child relationships in families that receive home-based services, including:

    a. How do program goals support positive parent-child relationships? How common are professional development opportunities that are designed to improve parent-child relationships?

    b. What are the characteristics of home visits, including their frequency and content?

2. What is the quality of relationships for families in Early Head Start who receive home-based services; specifically:

    a. What is the quality of the relationship between the parent and the home visitor?

    b. What is the quality of the relationship between the parent and the child?

3. Are supports from the program and characteristics of the home visit associated with more positive parent-child relationships, and does the relationship between the parent and the home visitor seem to be driving these associations?

The answers to these questions could help Early Head Start programs and the Office of Head Start Training and Technical Assistance (TTA) system staff choose areas on which to focus in their ongoing work to help programs promote positive and responsive parent-child relationships. Program and TTA staff can use these findings to understand the quality of parent-child relationships among families receiving Early Head Start home-based services and how programs support these relationships. While these analyses cannot provide evidence that the supports caused changes in parent-child relationships, the findings do identify which supports consistently relate to the quality of parent-child relationships. Appendix A has details about our sample, methods, and the limitations of our analyses.

Overview of Baby FACES study

The Early Head Start Family and Child Experiences Survey (Baby FACES) is a nationally representative, descriptive study of Early Head Start. It was designed to inform national program planning, technical assistance, and research by providing descriptive information about (1) the quality, frequency, and intensity of Early Head Start services; (2) the characteristics, qualifications, and professional supports of Early Head Start staff; (3) the characteristics of the children and families served; and (4) how Early Head Start children and families are faring in key areas of well-being. It also allows for exploration of associations between the type and quality of Early Head Start services and child and family well-being.

Baby FACES uses a repeated cross-sectional approach to get a comprehensive snapshot of Early Head Start with a nationally representative sample of programs, centers, home visitors, teachers and classrooms, and enrolled families and children in Office of Head Start (OHS) Regions I through X.[11] Using the cross-sectional design, Baby FACES was fielded in spring 2018 (Baby FACES 2018) and will be fielded again in spring 2022 (Baby FACES 2022).

This research brief uses data from the 2018 round, which concentrated on program and home visit processes, as well as relationships between home visitors and parents and between parents and children. Data collection approaches included surveys of children's parents, home visitors, and program directors and child reports by parents and home visitors. The data are weighted to represent all Early Head Start children and families and their home visitors and programs in Regions I though X.

What does Baby FACES 2018 measure?

The Early Head Start Family and Child Experiences Survey 2018 (Baby FACES 2018) measures several aspects of program supports, home visit characteristics, and the quality of parent-home visitor and parent-child relationships:

- **Measures of program support** are based on reports of the program director and staff. Program directors reported whether the program has goals to promote responsive parent-child relationships, written plans to achieve these goals, and processes to evaluate their progress. Home visitors reported whether they received training and coaching on promoting positive parent-child relationships.

- **Measures of the characteristics of the home visits** are based on reports from staff. Home visitors reported the number of home visits families received over the last four weeks, whether they discussed topics related to parenting behavior at these visits, and whether they use a specific curriculum for their home visits.

- **Measures of relationship quality** are based on reports from staff and parents[14] (Exhibit 1). Parents and staff reported the level of satisfaction, support, and collaboration in their relationships with each other. Parents provided information about their relationship with their child, including the amount of closeness and conflict in the relationship.

Exhibit 1. Measures of relationship quality[15]

| Measuring the relationship between the parent and home visitor |
|---|
| **Parent Satisfaction with Home Visits**[16] measures parents' broad level of satisfaction with the home visit. The scale ranges from 1 to 5 with higher scores indicating more satisfaction. |
| **Support subscale of the Cocaring Relationship Questionnaire-Adapted** (CRQ-Adapted)[17,18] assesses parents' perceptions of how the home visitor and parent work together on supporting the child and parenting. The scale ranges from 0 to 15, with higher scores indicating higher levels of support. |
| **Working Alliance Inventory**,[19] adapted for use in the Supporting Evidence-Based Home Visiting Programs to Prevent Child Maltreatment Cross-Site Evaluation project,[20] measures parents' and home visitors' perceptions of how well they collaborate in three areas: (1) Bonding, or the development of a bond between the home visitor and parent; (2) Goal setting, or agreeing on the goals of the program; and (3) Tasking, or agreeing on how to achieve goals. The scores for each subscale range from 4 to 20, with higher scores indicating higher levels of collaboration. |
| **National Center for Early Development and Learning (NCEDL) Quality of Parent-Teacher Relationship measure**,[21] adapted for home visitors, assesses home visitors' broad perceptions of the quality of the relationship between the home visitor and the child's parent. The scale ranges from 1 to 4, with higher scores indicating higher levels of quality. |
| **Measuring the relationship between the parent and child** |
| **Child-Parent Relationship Scale, Short Form** (CPRS-SF)[22] assesses parents' perceptions of their relationships with their children. The 15-item scale (rated on a 5-point scale) has two subscales: Conflict (for example, they always seem to be struggling with each other) and Closeness (for example, they share an affectionate, warm relationship). Higher scores indicate higher levels of conflict or closeness. |
| **Parent-Child Interaction subscale of the Healthy Families Parenting Inventory** (HFPI)[23] assesses aspects of parents' responsiveness and sensitivity to the child (for example: parent responds quickly to the child's needs, can tell what the child needs) and interactions with their child (for example, uses positive words to encourage child, praises child). The 10-item subscale score is the sum of the items (rated on a 5-point scale). A score of 40 or lower (out of a possible total score of 50) indicates an area of concern. |

How do programs support positive parent-child relationships?

Program goals

Under the Head Start Program Performance Standards, programs must develop a set of program goals and measurable objectives and continually assess their progress toward these goals.[24] Most programs offering home-based services have goals for promoting responsive parent-child relationships (Exhibit 2). Many programs that have these goals have written plans identifying steps and activities to help them achieve these goals, but some do not. Almost all programs with these goals are using some measure, such as observational tools and parent surveys, to

evaluate their progress. In addition, many programs set goals to promote strong relationships between staff and families.

Exhibit 2. Most program have goals to support positive relationships and among those that do, most write action plans and evaluate their progress
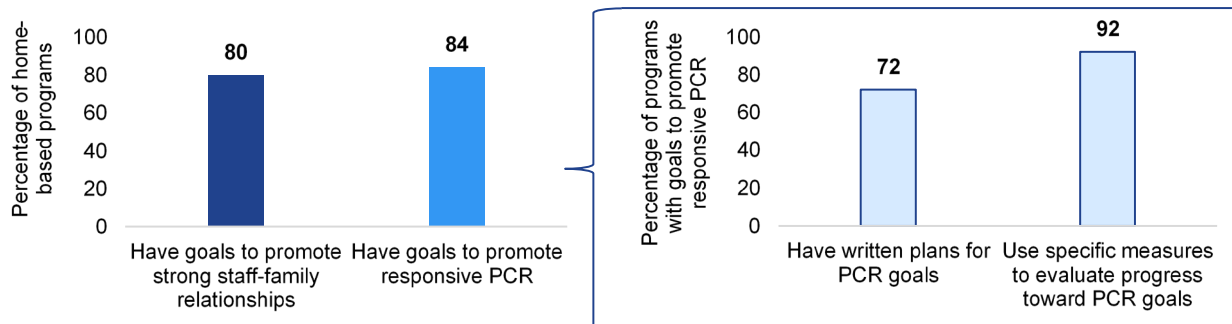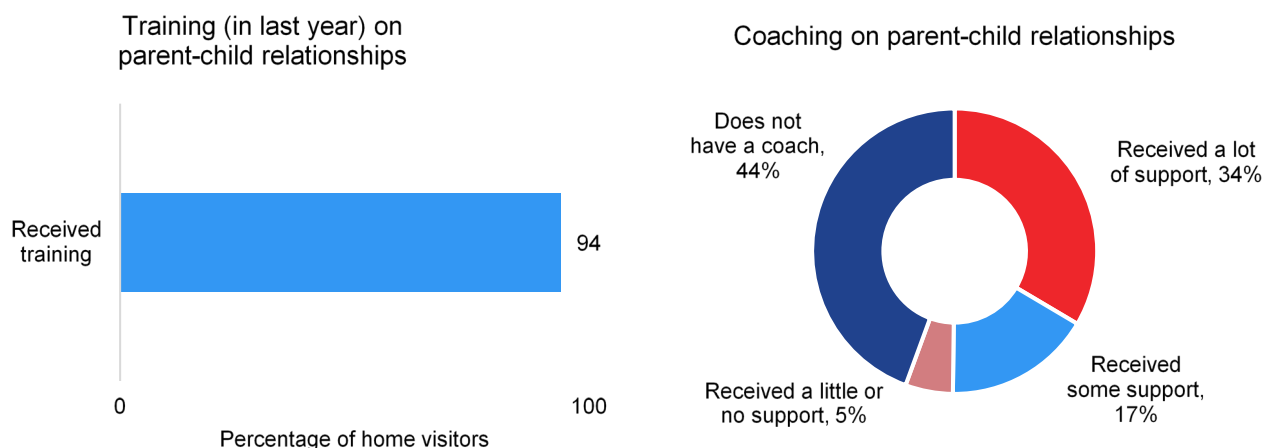

Source: Spring 2018 Baby FACES Program Director Survey.

PCR = Parent-child relationships.

Professional development for home visitors

Professional development ensures home visitors have the knowledge and tools they need to succeed in supporting positive relationships between parents and children. Early childhood providers can change how they work in response to professional development.[25,26] Professional development is particularly successful when it is ongoing, focuses on specific practices, and combines different strategies, such as training and coaching.[27]

It is common for home visitors to have professional development opportunities that focus on supporting positive parent-child relationships, but there is room to expand the coaching offered in those opportunities (Exhibit 3). Almost all home visitors reported receiving training on positive parent-child relationships in the year before the survey. About half reported receiving at least some coaching on the subject, and about one-third (33 percent) received both training and a great deal of coaching support on positive parent-child relationships. Most home visitors who had received little to no coaching had received training (91 percent).

Exhibit 3. Professional development opportunities include training, but limited coaching

Source: Spring 2018 Baby FACES Staff (Home Visitor) Survey.

Note: The questions about coaching include wording to note that "Some people may think of this as mentoring" and define a coach as "a person who has expertise in specific areas and who models practices, provides professional development, and works with staff to improve their performance."

Summary and implications

Baby FACES 2018 data sheds light on how many Early Head Start programs focus their goals and professional development on promoting positive parent-child relationships in the families who receive home-based services:

- **Most Early Head Start programs in Baby FACES 2018 set goals to promote responsive parent-child relationships and most of these programs write plans for achieving these goals.** Programs that set specific goals to improve the responsiveness of parent-child relationships and write plans to achieve these goals could be more committed to using resources and activities to promote these relationships. For example, they could be more likely to focus their required professional development opportunities[28] on supporting parent-child relationships.

- **Most home visitors in Baby FACES 2018 had been trained on promoting positive parent-child relationships, but coaching is more limited.** Home visitors who receive a lot of professional development that is focused on parent-child relationships might be better positioned to support these relationships. For example, home visitors may learn a broader set of strategies for reducing parent-child conflict and learn how to tailor these strategies to families' strengths and goals.

What are the characteristics of home visits?

Home visits can offer frequent and individualized support for the parent-child relationship. Under the Head Start Program Performance Standards, Early Head Start home-based programs must provide weekly home visits and group socialization activities throughout the year (for a minimum for 46 home visits and 22 group socialization activities per year).[29] These visits and activities must be guided by a research-based curriculum that is designed for home visits and supports children's development across the Head Start Early Learning Outcomes Framework and the parent-child relationship.[30]

Almost all families reported receiving at least two home visits in the four weeks before the survey (Exhibit 4), and more than half received at least four. Almost all home visitors (98 percent) reported using a specific curriculum to provide home visits. These home visitors most frequently reported using Parents as Teachers (31 percent), Creative Curriculum (27 percent), and Partners for a Healthy Baby (22 percent) as their main curriculum.

**Exhibit 4. Most families receive weekly home visits**
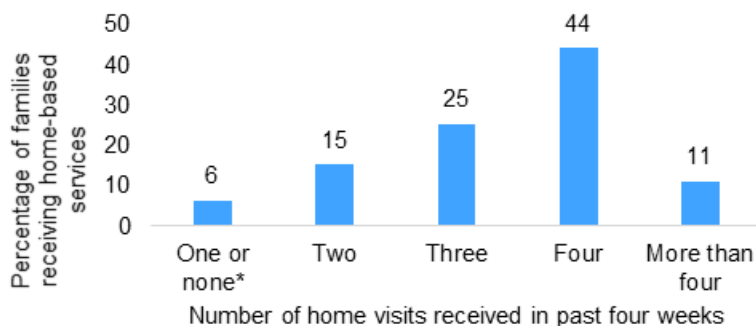
Source: Spring 2018 Baby FACES Staff (Home Visitor) Child Report

*Includes a few families that home visitors reported having no contact in the past four weeks

Most families reported that they had discussed at least one parenting behavior topic with their home visitor in the past four weeks (Exhibit 5). The most common topics were parent-child interactions, followed by developmentally appropriate care and routines, and discipline and behavior management. Around one-quarter of families had discussed all three.

Exhibit 5. Most families had discussed parenting behavior topics with their home visitor in the past four weeks
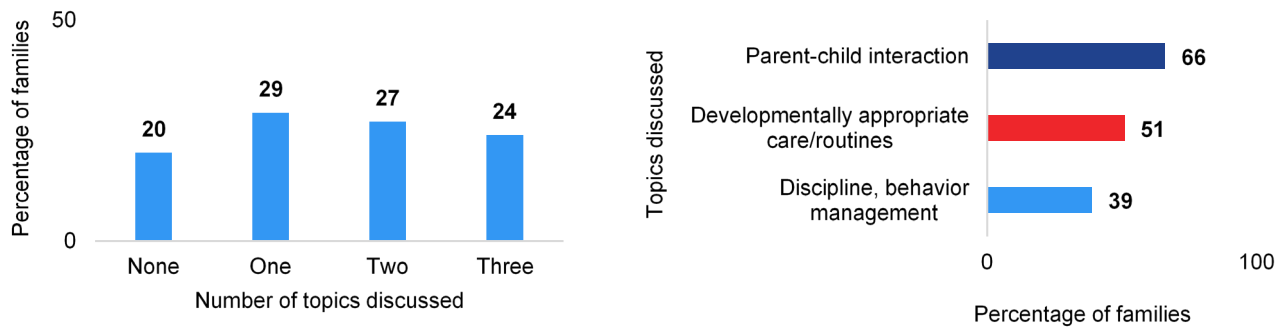
Source: Spring 2018 Baby FACES Staff (Home Visitor) Child Report.

Note: Based on families who received at least one home visit in the past four weeks.

Summary and implications

Baby FACES 2018 data reveal how many Early Head Start programs focus the content of their home visits on promoting positive parent-child relationships in the families who receive home-based services:

- **Most families receive frequent home visits.** Parent-child relationships might be best supported when families receive home visits regularly.

- **Almost all home visitors use a curriculum**. Most of these home visitors use Parents as Teachers, Creative Curriculum, or Partners for a Healthy Baby as their main curriculum.

- **Over the last month, many families had discussed parenting behavior with their home visitor, but around one-fifth had not.** For some families, these topics may have been crowded out by more pressing concerns, such as family's material needs or recent traumas or sources of stress. Certain parenting behavior topics may be more helpful than others for promoting responsive parent-child relationships.

What is the quality of the relationship between parents and home visitors?

It is easier for programs to be effective when the relationship between the home visitor and the parent is strong.[31] The quality of the parent-home visitor relationship factors into how long parents stay with Early Head Start, how often they receive home visits,[32] and how engaged they are in the visits. [33,34] Staff-parent relationships are also associated with the quality of the child's home environment, parents' perceptions of their own parenting ability,[35] and children's vocabulary at 36 months.[36]

On average, Early Head Start parents said they are highly satisfied with their home visits (4.7 out of 5 on the Parent Satisfaction with Home Visits measure) and well supported by their home visitor (14.2 out of 15 on the Support subscale of the Cocaring Relationship Questionnaire-Adapted [CRQ-Adapted]). The average parent reported a strong working relationship with the home visitor, based on the Working Alliance Inventory (WAI) scale (Exhibit 6). Although there is a wide range of WAI scores, the 5th percentile scores demonstrate that few parents have a strongly negative view of the parent-home visitor relationship. For example, 95 percent of parents rate their overall relationship with the home visitor at 44.6 or higher on a scale of 60 points.

Exhibit 6. Most parents and home visitors have positive perceptions of their working relationship, but parent's perceptions are more positive
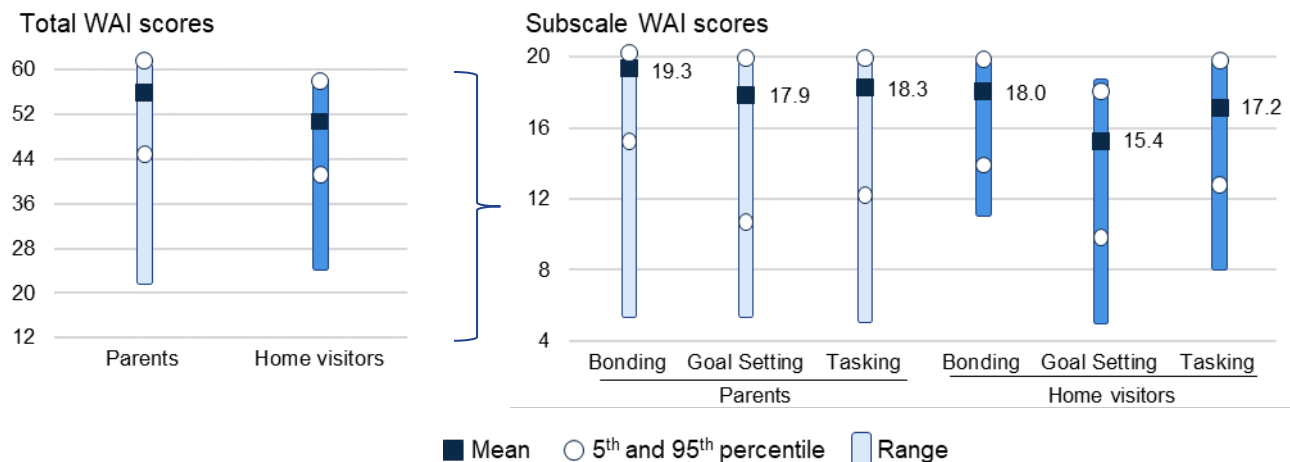
Source: Spring 2018 Baby FACES Parent Survey and Staff (Home Visitor) Child Report.

Note: The total WAI score has a possible range of 12 to 60 points. The total score is the sum of the subscale scores, each of which has a possible range of 4 to 20 points.

WAI = Working Alliance Inventory.

Parents reported a more positive view of the parent-home visitor relationship than home visitors did.[37] Despite differences in the score levels, parents' and home visitors' scores follow a similar pattern: parents and home visitors both rated bonding the highest and goal setting (that is, agreement on the goals of the program) the lowest. In other words, parents and home visitors, on average, agree that their relationship is strongest on bonding, followed closely by tasking and then goal setting. Home visitors also reported strong relationships with parents, on average, based on the National Center for Early Development & Learning (NCEDL) Quality of Parent-Home Visitor Relationship scale (3.7 out of 4).

Summary and implications

Baby FACES 2018 data suggest that the quality of parent-home visitor relationships is generally high with some area for improvement:

- **Most parents and home visitors have positive views of the parent-home visitor relationship, although parents' views were generally more positive than those of home visitors.** These results are consistent with prior research.[38] It is possible that parents' perceptions of the parent-home visitor relationship drive the relationship between program supports or home visit characteristics and parent-child relationships.

- **Parents' and home visitors' ratings suggest they agree that their relationship is strongest on bonding and weakest on goal setting.** These findings suggest that staff and families might appreciate professional development or additional guidance to support goal setting with families.

## What is the quality of parent-child relationships?

The quality of the parent-child relationship is a key factor of children's outcomes. Warm and responsive parenting is associated with enhanced cognitive development and less aggressive behavior in Early Head Start children.[39] Early responsive interactions even relate to how ready Early Head Start children are for school at age 5.[40,41] Sensitive and responsive parenting appears to buffer children's development from family risk factors,[42] even when there is only one responsive parent.[43]

On average, parents receiving home-based services reported having close, low-conflict relationships with their child, based on the Child-Parent Relationship Scale (CPRS) Closeness and Conflict subscales (Exhibit 7). Many families

report high levels of closeness and low levels of conflict. However, scores for closeness and conflict ranged widely and some families' scores reveal challenges in their parent-child relationship, particularly with conflict.

Most parents reported being responsive and sensitive enough to their child's needs, as expressed by their rankings on the Healthy Families Parenting Inventory (HFPI) Parent-Child Interaction subscale. The average level of parent responsiveness is high, and five in six families reported levels of responsiveness in the range defined as outside an area of concern by the scale's developers. Some families reported levels of responsiveness within this area of concern, however.

Exhibit 7. The typical Early Head Start parent reported a close, low-conflict, and responsive relationship with their child, but some parent-child relationships could be improved

84% Of families reporting adequate levels of parent responsiveness

■ Mean   ○ 5ᵗʰ and 95ᵗʰ percentile   ☐ Range
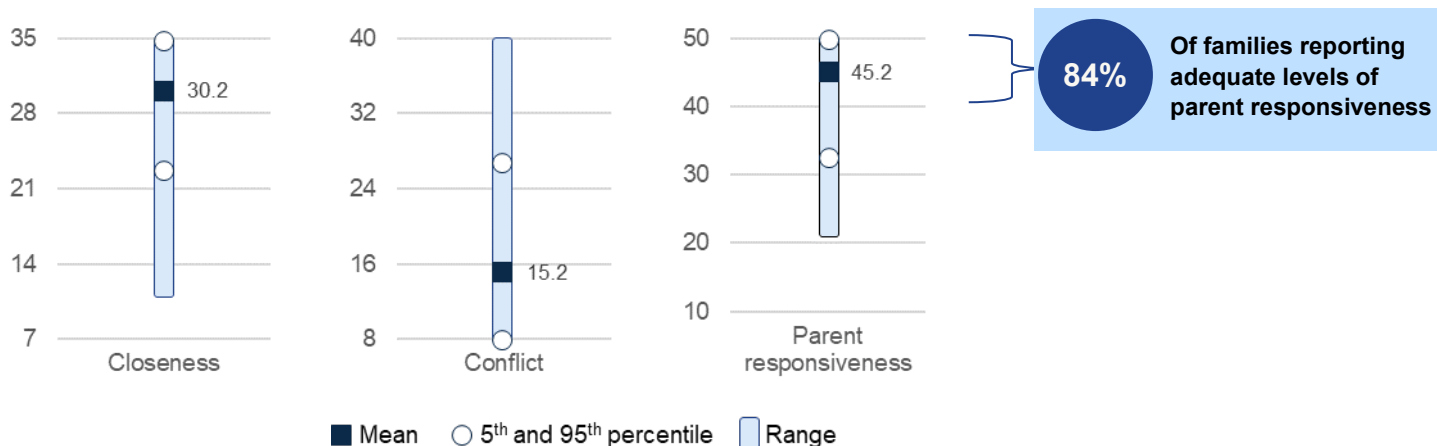
Source: Spring 2018 Baby FACES Parent Child Report.

Note: The CPRS Closeness scale has a possible range of 7 to 35 points; the CPRS Conflict scale has a possible range of 8 to 40 points; and the HFPI Parent-Child Interaction scale (responsiveness) has a possible range of 10 to 50 points. The developer-defined area of concern for the HFPI Parent-Child Interaction scale is a score of 40 or below.

CPRS = Child Parent Relationship Scale; HFPI = Healthy Families Parenting Inventory.

Home visitors might respond differently to families who need relatively more support for their parent-child interactions. To explore this idea, we compared the characteristics of home visits and the quality of the relationship between the parent and home visitor for two groups of families: those with parent responsiveness scores in the area of concern and those with scores outside the area of concern.

Both groups discuss similar parenting topics and have home visits at similar intervals. The parents in both groups also expressed similar views on the quality of the parent-home visitor relationship, with one exception: Families with parent responsiveness in the area of concern reported lower levels of tasking with their home visitor (that is, the extent to which they agreed on how to achieve the goals of home visits) (Exhibit B.1 in Appendix B).[44]

Summary and implications

Baby FACES 2018 data suggest that the quality of parent-child relationships within the home-based program option is generally high, but some relationships could be improved:

- **The typical Early Head Start parent reported having a responsive, close, and low-conflict relationship with their child, but some parent-child relationships could be improved.** For example, on average, parent responsiveness is high and 84 percent of parents reported adequate levels of responsiveness in the parent-child relationship. However, one in six parents reported levels of parent responsiveness that are in an area of concern. These families may benefit from additional support during home visits for more responsive parent-child interactions, as well as better alignment between home visitors and families on how to achieve the goals of home visits.

Are supports from the program and the characteristics of home visits associated with the parent-child relationships?

Early Head Start home visits can be effective at improving parent-child relationships.[45,46,47,48] When the program is well implemented, improvements to the parent-child relationship can continue after the program ends.[49,50]

Programs could promote positive parent-child relationships when they focus their goals, professional development opportunities, and the content of the home visit on these relationships. Some of these features may be more important than others. We used a multilevel regression model to examine the relative strength of associations of these supports and characteristics with measures of the parent-child relationship, after accounting for differences in the characteristics of families and home visitors.

These multivariate analyses identify which program supports have a connection to the quality of parent-child relationships across programs. These supports may provide promising pathways to influence the parent-child relationship. Program supports that do not relate to parent-child relationships may have a more nuanced relationship with the quality of parent-child relationships that could be explored through future research.

Importantly, our analyses are not without limitations. The major limitation of our multivariate analyses is that they cannot serve as evidence that the program support caused changes in the parent-child relationship or speak to the direction of the associations. In addition, tests of statistical significance need to be interpreted with caution, given the small number of families that we observe for each home visitor. Appendix A includes further discussion of our methods and these limitations.

With these limitations in mind, Exhibit 8 summarizes how program supports and home visit characteristics are associated with measures of the parent-child relationship, after controlling for the characteristics of families and home visitors.[51] Detailed regression coefficients and standard errors for the model results are in Appendix B.

Exhibit 8. Most program supports and home visit characteristics are not associated with parent-child relationship quality

Program supports and home visit characteristics	Associations with measures of the parent-child relationship
Program has written plans to achieve goals regarding responsive parent-child relationships	Stronger parent responsiveness
Home visitor received training in positive parent-child relationships in last year and a lot of coaching in parent-child relationships	None
Family had four or more home visits in past four weeks	None
Family discussed parenting behavior topics at home visit in past four weeks:	
Parent-child interaction	None
Developmentally appropriate care and routines	More conflict
Discipline and behavior management	None

Note: Associations found after controlling for child/family and home visitor characteristics. Appendix A describes the methods and variables for the analyses. See Exhibit B.6 for full results.

Parent responsiveness to the child (HFPI Parent-Child Interaction)

The only program support associated with parent responsiveness to the child is having written plans for supporting responsive parent-child relationships:

- Specifically, in line with our expectation, parents in programs with these plans reported parent-child interactions that are more positive than families in programs without these plans (by .21 standard deviations).

- Contrary to our expectation, the amount of training and coaching home visitors received on parent-child relationships is not associated with more responsive parent-child relationships.

Home visit characteristics are not associated with more responsive parent-child relationships:

- Contrary to our expectation, receiving four or more home visits in the past four weeks and discussing parenting behavior topics at these home visits are not associated with more responsive parent-child relationships.

Closeness in the parent-child relationship (CPRS subscale)

No program supports or home visit characteristics are associated with the level of closeness between the parent and child. Specifically, contrary to our expectation:

- Programs with written plans for supporting responsive parent-child relationships and the amount of training and coaching home visitors received on parent-child relationships are not associated with parent reports of more closeness in the parent-child relationship.

- Families receiving four or more home visits in the past four weeks and discussing parenting behavior topics at these home visits are not associated with more closeness in the parent-child relationship.

Conflict in the parent-child relationship (CPRS subscale)

No program supports are associated with the level of conflict in the parent-child relationship. Specifically, contrary to our expectation:

- Programs with written plans for supporting responsive parent-child relationships and the amount of training and coaching on parent-child relationships that home visitors received are not associated with less conflict in the parent-child relationship.

Only one home visit characteristic is associated with the levels of conflict in the parent-child relationship:

- Contrary to our expectation, discussing developmentally appropriate care and routines during recent home visits is associated with more parent-child conflict. Parents who had discussed this topic in a recent home visit reported conflict that is greater than in families who had not discussed this topic (by .21 standard deviations). There are multiple possible interpretations of this finding, which are discussed below.

- Contrary to our expectation, families receiving four or more home visits in the past four weeks and discussing other parenting behavior topics (parent-child interactions and discipline and behavior management) at these home visits are not associated with conflict in the parent-child relationship.

Summary and implications

Our multivariate analyses revealed that once the characteristics of families and home visitors were accounted for, program supports and home visit characteristics were largely unassociated with the quality of the parent-child relationship. We found only two associations across the three models:

- **Families in programs with written plans for achieving program goals about promoting responsive parent-child relationships reported higher levels of parent responsiveness to the child than families in programs without these plans.**
  - About one-quarter of programs with goals for promoting responsive parent-child relationships do not have a written plan to achieve these goals, and this finding appears to be a good reason to adopt one.

- Although we cannot conclude from our analyses that these plans caused parent-child relationships to improve, there are plausible theories for how this could happen. Planning could drive programs to invest more resources and attention toward achieving these goals—focusing, for example, on family programming, staff recruitment, professional development on how to implement curricula, and supervisory practices. Alternatively, such plans may provide clear guidance on how to achieve the goals that helps staff stay focused and successful in supporting these relationships. Programs with strong parent-child relationships may also recognize these relationships as important program assets and set goals and plans to sustain them.

- Unpacking how programs develop and use these plans, and the types of information they include, could shed light on whether and how the plans might influence the quality of parent-child relationships.

- **Families experiencing more conflict in the parent-child relationships more often discussed developmentally appropriate care and routines at a recent home visit, compared to families experiencing less conflict.**

  - One interpretation of this finding is that home visitors are responding to families' needs and challenges. When families are experiencing conflict in the parent-child relationship, home visitors may respond by strategizing how parents could use developmentally appropriate care and routines to provide stability for the child and prevent conflict. For example, when parents report unpredictable outbursts from their toddler, home visitors may work with them to establish a more predictable routine at home to support children's self-regulation.

  - An alternative interpretation is that discussing developmentally appropriate care and routines is not helping parents find ways to resolve the conflict in their parent-child relationship. This could be because of the content itself, or how it is communicated. For example, it may be that home visitors tend to discuss this topic by giving advice or suggesting routines that would not fit the family's needs, rather than collaboratively strategizing how to reduce caregiving stress and make the day more predictable for the child.

  - For some families, both dynamics could be at play.

- **It could be that we found limited association between the parent-child relationships and the program supports and home visit characteristics because the quality or intensity of these supports and characteristics varies from one program to another and from one home visit to another in ways we could not account for in our analyses.** For example:

  - We did not find an association between home visitors receiving training and extensive coaching and the quality of their families' parent-child relationships. These results suggest that the quality of these professional development offerings, including their format, content, and intensity, should be examined before they are expanded. The offerings could vary from one program or coach to the next in important ways that we could not account for in our analyses.

  - Discussing parenting behavior during home visits is generally not associated with the quality of the parent-child relationship. It could be that the frequency and intensity of these discussions varies across families, and that a more in-depth treatment of these topics could be associated with the quality of the parent-child relationship. How a home visitor structures these conversations may be equally important. Baby FACES 2022 will include an observation of home visits, which could be used to explore how more detailed information about the content of home visits relates to the quality of parent-child relationships.

Is the parent-home visitor relationship driving associations between program supports or home visit characteristics and the parent-child relationship?

We explored whether the quality of the parent-home visitor relationship mediates (is the mechanism that drives) the associations we found between the program supports or home visit characteristics and the parent-child relationship. In other words, does the quality of the parent-home visitor relationship explain the relationships we found between program supports or home visit characteristics and the parent-child relationship? These analyses yield deeper, more nuanced information about how these program features relate to parent-child relationships, and whether they operate through the quality of the parent-home visitor relationship. Appendix A includes more details about our methods and their limitations.

We found no evidence that the quality of the parent-home visitor relationship mediates the associations between these program features and the quality of the parent-child relationship. Our multilevel regression models revealed two instances in which a program support or home visit characteristic is associated with a measure of parent-child relationship quality (Exhibit 8). In both instances, the quality of the parent-home visitor relationship is not associated with the program support or home visit characteristics and the quality of the parent-child relationship (Exhibits B.7 and B.8 in Appendix B).

Summary and implications

Baby FACES 2018 data suggest parent-home visitor relationships are not driving the relationship between program supports or home visit characteristics and the parent-child relationship in Early Head Start. On average, parents reported a strong bond with their home visitor (19 out of 20). Limited variation in this important area of the parent-home visitor relationship may have limited the ability to examine how this relationship supports and enhances how other factors are related to positive parent-child outcomes.

- **Parent-home visitor relationships are not driving the association between parent responsiveness and programs having written plans for achieving program goals about promoting responsive parent-child relationships.** It may be that written plans support parent-child relationships through other program features, such as, parent engagement or supervision practices.

- **Parent-home visitor relationships are not driving the association between parent-child conflict and discussing developmentally appropriate care and routines at home visits.** It is possible that a family's goals or current challenges may have a stronger influence on the home visit content—and which topics are discussed—than the quality of the parent-home visitor relationship.

Baby FACES 2018 products

Baby FACES 2018 data are archived at the Child and Family Data Archive, Inter-University Consortium for Political and Social Research (ICPSR), University of Michigan. Users can freely access the User's Guide, but an application is required for access to the restricted data.

This brief and other reports and briefs using Baby FACES 2018 data sponsored by the Office of Planning, Research, and Evaluation are available at https://www.acf.hhs.gov/opre/project/early-head-start-family-and-child-experiences-study-baby-faces.

Future Research

Our analyses suggest possible directions for future research. We found few examples of program-level supports and home visit characteristics that were associated with the quality of parent-child relationships. A better understanding of how programs use their program goals and plans, and the quality and intensity of their professional development offerings, could shed light on how these program-level factors may support parent-child relationships.

Baby FACES 2022 features observations of home visits, and this will produce richer information about home visit characteristics and processes. That information could help answer these questions.

Future research could also explore whether some program supports and home visit characteristics are more related to parent-child relationships for some subgroups of families. For example, the number of visits may be much more important for highly stressed parents with limited social supports, compared to those with a strong social network. Alternatively, for families with high levels of chaos at home, frequent discussion of developmentally appropriate routines and care may be particularly important.

Endnotes

[1] Families receiving Early Head Start Home-Based services have weekly home visits and monthly opportunities for group socialization. For more information, visit https://eclkc.ohs.acf.hhs.gov/programs/article/home-based-option.

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[50] In well-implemented programs, families receive the intended amount, content, and quality of services.

[51] The models controlled for the following characteristics: Child's age; child's gender; child has special needs (parent report); parent is mother or female guardian of child; parent's race/ethnicity; parent's and home visitor's race and ethnicity match; household income-to-poverty ratio; household demographic risk; parent's HFPI Social Support scale is in an area of concern (Krysik, J., and C. W. Lecroy. "Development and Initial Validation of an Outcome Measure for Home Visitation: The Healthy Families Parenting Inventory." *Infant Mental Health Journal*, vol. 33, no. 5, 2012, pp. 496–505); parent's score on Center for Epidemiologic Studies Depression Scale-Revised (Eaton, W. W., C. Smith, M. Ybarra, C. Muntaner, and A. Tien. "Center for Epidemiologic Studies Depression Scale: Review and Revision (CESD and CESD-R)." In *The Use of Psychological Testing for Treatment Planning and Outcomes Assessment (3rd ed.), Volume 3*: *Instruments for Adults,* edited by M.E. Maruish (pp. 363–377). Mahwah, NJ: Lawrence Erlbaum, 2004); parent's score on Parenting Stress Index, Fourth Edition, Short Form (Abidin, R.R. "Parenting Stress Index (PSI-4)." Lutz, FL: Psychological Assessment Resources, 2012); household's Confusion, Hubbub, and Order Scale score (Matheny, A.P., Jr., T.D. Wachs, J.L. Ludwig, and K. Phillips. "Bringing Order Out of Chaos: Psychometric Characteristics of the Confusion, Hubbub, and Order Scale." *Journal of Applied Developmental Psychology*, vol. 16, no. 3, 1995, pp. 429–444); home visitor has at least a bachelor's degree; home visitor has Child Development Associate credential; home visitor's degree focused on early childhood education; and home visitor's years of experience. See Appendix A for more detail.

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