

**Exploring the complexity of how families are engaged in early speech-language pathology intervention using video-reflexive ethnography.**

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**Declaration of interest**

The authors report no declaration of interest.

**Data availability statement**

The authors confirm that the data supporting the findings of this study are available within the article [and/or] its supplementary materials.

## Abstract

*Background:* Despite being an important aspect of effective early intervention service delivery, 'engagement' has been inconsistently defined in paediatric healthcare. Previous research has identified that engagement in early speech-language pathology intervention is complex and multifaceted. However, more research is needed to understand the ways that different families may engage with intervention in different settings.

*Aims:* This study aimed to explore the complexity of engagement in early speech-language pathology intervention from the perspectives of both families and their speech-language pathologists (SLPs).

*Method:* Video-reflexive ethnography was used to explore engagement with 21 matched SLP-family dyads in early intervention services. Up to three intervention appointments for each participating family were video recorded. Short video segments were selected and played to participants during individual semi-structured interviews where participants were invited to reflect on the interactions captured (i.e., 'video-reflexive sessions'). Interview data were analysed using thematic analysis.

*Results:* Results from the interview data were organised into one overarching theme 'Families may have "different levels of engagement"', and four individual themes that reflected how families engage differently in various aspects of intervention, including: 1) attending sessions and coming into the room; 2) actively participating in sessions; 3) continuing to actively participate outside sessions; and 4) having open and honest communication with their speech-language pathologists.

*Conclusions and Implications:* Families may have different levels of engagement in various aspects of intervention, which contribute to their unique profile of engagement. Findings of this study prompt SLPs to move beyond blanket statements

of *whether or not* families are engaged to instead describing in detail *how* families are uniquely engaged.

## What this paper adds

*What is already known on this subject:* In early speech-language pathology intervention, the term 'engagement' refers to 1) a complex, multifaceted state of families 'being engaged' in intervention both inside and outside sessions, and 2) a relational, co-constructed process where many families 'become engaged' in intervention as they work together with speech-language pathologists (SLPs).

Although research has acknowledged engagement may look different for each parent and family, little is known about how families are uniquely engaged in early speech pathology intervention in different settings.

*What this study adds:* This study is the first to explore engagement from the perspectives of both families and SLPs working together in intervention. Both groups of participants described the complexity of engagement in this setting and acknowledged that families engage differently in different aspects of intervention, which contribute to their unique profile of engagement.

*Clinical implications of this study:* Being able to identify potential indicators of engagement, such as the ones described in this study, provide opportunities for SLPs to take a reflexive approach to engaging with individual families, in line with principles of family-centred care. Findings of this study therefore prompt SLPs to reflect on how the families they work with are engaged in intervention, and to consider their own role in facilitating engagement. In addition, results highlight the importance of SLPs initiating open conversations with families themselves about how they would like to be engaged in intervention, and what support would be most beneficial to them.

## **Exploring the complexity of engagement in early speech-language pathology intervention using video-reflexive ethnography**

Engaging families in early intervention is an important aspect of effective service delivery in paediatric healthcare settings and is in line with best practice principles of family-centred care (Epley *et al.* 2010). Although research has found that reduced parental engagement with services may impact the individual and public health benefits of early intervention (e.g., Hackworth *et al.* 2018), the concept of 'engagement' has historically been poorly understood in paediatric early intervention settings (D'Arrigo *et al.* 2016). In particular, static variables such as 'attendance' and 'drop out' have traditionally been relied upon to describe and measure the construct of engagement (Yatchmenoff 2005, Staudt 2007). This has contributed to a lack of understanding of how families engage with early intervention in meaningful ways, and why families may or may not remain engaged with intervention over time.

More recent research which has attempted to better understand the nature of engagement in a number of different healthcare settings has presented engagement as both a complex, multifaceted state and a process that is co-constructed between clinicians and clients over time (e.g., Bright *et al.* 2015, Staudt 2007). Some key studies in paediatric mental health and occupational therapy have further expanded descriptions of parent engagement. In particular, a conceptual model by King and colleagues (2014) identified three components of parent engagement: 1) affective involvement (i.e., emotional investment in the process of intervention and parents' connection with their therapist); 2) cognitive involvement (beliefs about the need for intervention and its effectiveness); and 3) behavioral involvement (e.g., participation in sessions). Considering that engagement may play a key role in 'bridging the gap' between intervention sessions and the ongoing implementation of intervention at

home (Lawlor 2012), it has been argued that out-of-session aspects (i.e., what happens before, between, and after sessions) should also be considered within a complex view of engagement (D'Arrigo *et al.* 2016).

In early speech-language pathology (SLP) intervention, recent research has reflected a similarly complex view of engagement. A systematised review of existing research related to engagement (i.e., family investment and involvement) in early SLP intervention found that families become 'engaged' (i.e., ready and empowered to take an active role in intervention, both inside and outside sessions) as they work together with clinicians over time (Melvin *et al.* 2019). Other studies have also revealed that there are multiple aspects that make up an understanding of engagement in this setting (e.g., Klatte *et al.* 2019, Melvin *et al.* 2020). In particular, Melvin and colleagues (2020) conducted a study where Australian speech-language pathologists (SLPs) described characteristics of families they considered to be 'engaged' in early intervention. Findings suggested that engaged families are actively invested and involved in intervention before, during and after intervention sessions. They establish open and honest relationships with SLPs and work together in partnership to plan, problem solve, and set goals together. Engaged families also see and celebrate their child's progress and become advocates for their child's communication (Melvin *et al.* 2020).

Whilst the Melvin *et al.* (2020) study identified important components of engagement in early SLP intervention, the results provided a largely static picture of engagement (i.e., a snapshot of what engagement may look like at a single point in time). Further, only SLPs participated in the study and its design did not allow for specific description of how individual families were engaged, or how engagement may differ across settings.

Considering research in other paediatric services has recognized that ‘a state of engagement’ may vary for different parents (D’Arrigo *et al.* 2017), there is a need for further research that explores the ways different families engage in early SLP intervention. A greater understanding of how different families engage would inform effective communication between families and SLPs, and facilitate the provision of individualised speech-language pathology services that recognize families’ unique strengths and capabilities, in line with principles of family-centred care (Epley *et al.* 2010). Further research is also warranted as current evidence regarding parents and families’ views on their involvement in early SLP intervention is lacking (Law *et al.* 2019). Previous studies have recommended that a more rounded picture of engagement would be achieved by including family members in research (Klatte *et al.* 2019, Melvin *et al.* 2020).

Therefore, this study aims to explore how different families are engaged in early SLP intervention by investigating the views of both families and SLPs working together in early intervention services using video-reflexive ethnography.

## **Methods**

### **Research Design**

Video-Reflexive Ethnography (VRE) is a collaborative visual methodology where interactions in a particular context are video-recorded, and shown back to the participants of the interaction, who are then invited to discuss recorded interactions in interviews – i.e., ‘video reflexive sessions’ (Iedema *et al.* 2019). The use of video observations allows for accurate recording of interactions and reduces behaviour change from participants as a result of being observed directly (Asan and Montague 2014). In video-reflexive sessions, participants provide first-hand insight on the “moment to moment” complexity of interactions in their context (Iedema *et al.* 2019).

VRE has been identified as a useful methodology for exploring clinical research questions in healthcare as it recognizes that professionals and service users 'know their service like no other' and positions them as critical players in healthcare improvement (Iedema *et al.* 2019, p.6). In the current study, we capitalised on the strengths of VRE to represent views of both clinicians and families working together in early SLP intervention, reflecting the *co-constructed* nature of engagement in this setting (Melvin *et al.* 2019).

### **Participants**

This study involved 21 matched clinician-family dyads across four early SLP intervention services in South East Queensland, Australia, including 8 SLPs and 21 families of children they worked with (see Tables 1 and 2). In Australia, paediatric speech-language pathology services are mainly delivered in two settings: the public system (i.e., hospitals, community health centres, education, and disability services) and private practice. In the public system, families can access government-funded early intervention services with no out-of-pocket expenses, however duration of intervention is limited. Alternatively, families can access private services, which usually incur a cost to families, although some government subsidies exist to improve families' access if their child meets certain eligibility criteria.

**Table 1**

Information about participating speech-language pathologists and service settings

<b>Participant Number</b>	<b>Years of experience</b>	<b>Matched with families</b>	<b>Intervention Service Setting</b>	<b>Index of Relative Socioeconomic Disadvantage* for service area</b>
SLP01	5 years	P01, P02, P03, P04	Public community health service (Metropolitan) 1	Decile 2
SLP02	1 year	P05, P08, P11, P12, P16, P20	Public hospital service (Regional) 1	Decile 2
SLP03	4 years	P06	Private Practice 1	Decile 7
SLP04	5 years	P07	Private Practice 1	Decile 7
SLP05	7 years	P09, P17	Public hospital service (Regional) 1	Decile 2
SLP06	4 years	P10	Private Practice 1	Decile 7
SLP07	1 year	P13, P18	Private Practice 1	Decile 7
SLP08	25 years	P14, P15, P19, P21	Public community health service (Metropolitan) 2	Decile 3

\* The Australian Bureau of Statistics defines disadvantage in terms of access to resources and ability to participate in society. The Socio-Economic Indexes for Areas (SEIFA) provides a measure of disadvantage. Area-based deciles have been calculated where decile 1 contains the most disadvantaged areas, and decile 10 contains the least disadvantaged areas.

**Table 2**

Information about participating families and their child receiving early speech-language pathology intervention

<b>Family participant number</b>	<b>Family role</b>	<b>Child's gender, age (years; months)</b>	<b>Focus of intervention</b>	<b>Length of time accessing intervention</b>	<b>Frequency of sessions</b>	<b>Number of appointments videoed</b>	<b>Average duration of videoed appointments (mins)</b>
P01-GMo P01-GFa	Grandmother Grandfather	Male, 4;10	Speech	6 weeks	Weekly	3	34
P02	Mother	Male, 5;10	Expressive language, speech	2 sessions	Bi-monthly	2 (referred to another service)	35
P03-Mo P03-Fa	Mother Father	Male, 4;1	Speech	4 sessions	Fortnightly	2 (end of therapy block)	42
P04	Mother	Female, 4;5	Expressive language, speech	3 sessions	Monthly	3	44
P05	Mother	Male, 4;9	Fluency	6 months	Weekly	3	32
P06	Mother	Female, 5;10	Social communication, expressive language	3.5 years	Weekly (some breaks)	3	32
P07	Mother	Male, 6;9	Speech	4 years	Weekly (some breaks)	3	33

P08	Mother	Female, 3;11	Speech	8 weeks	Weekly	3	40
P09	Mother	Male, 2;8	Expressive language, speech	6 weeks	Weekly	3	40
P10	Mother	Female; 4;8	Expressive language, speech	3 months	Weekly	3	34
P11	Mother	Male, 2;11	Expressive language	2 sessions	Weekly	1 (discharged due to missed appointments)	37
P12	Mother	Female, 4;3	Speech	6 week block, 8 week block	Weekly	3	46
P13	Mother	Male, 2;8	Speech	9 months	Weekly	3	32
P14	Mother	Male, 4;9	Expressive language, speech	3 sessions, then 8 weeks	Fortnightly	3	42
P15-Mo	Mother	Female, 5;2	Expressive language, speech	4 sessions, then 8 weeks	Fortnightly	3	42
P15-Fa	Father						
P16	Mother	Male, 2;5	Expressive language	3 week block, 8 week block	Weekly	3	44
P17	Mother	Male, 3;10	Speech	6 weeks	Weekly	3	44

P18	Mother	Male, 6;9	Speech, literacy	9 months	Weekly	2 (filming discontinued at child's request)	28
P19	Mother	Female, 4;4	Expressive language, speech	8 sessions	Inconsistent (missed appointments)	3	38
P20	Mother	Male, 4;1	Speech	6 weeks	Weekly	3	43
P21	Mother	Male, 4;9	Speech	7 sessions	Inconsistent (timetabling, missed appointments)	3	37

To recruit participants, the research team initially contacted senior SLPs across a range of early intervention services with information about the study. Senior SLPs subsequently invited SLPs in their team to participate. To be eligible for inclusion in the study, SLPs needed to be working with families of children aged 0-8 years with speech, language and/or communication difficulties. No exclusion criteria were applied. Consenting SLPs were asked to identify and invite family members of children on their caseload who met inclusion criteria for this study. Family members were eligible to participate if they were over the age of 18 years and had adequate English proficiency to participate in an interview. Families who were interested in participating were met by a member of the research team at their next appointment who provided further verbal and written information about the study and gained families' written consent.

### **Data collection**

This study received ethical clearance from the Children's Health Queensland Human Research Ethics Committee, and The University of Queensland Human Research Ethics Committee. Data were gathered in two phases to reflect VRE methodology: 1) video observations of early SLP intervention appointments, and 2) 'video-reflexive sessions' individually conducted with SLPs and families, consisting of in-depth interviews and review of footage from participants' own appointments.

#### *Phase 1 - Video Observations*

For each clinician-family dyad, up to three intervention appointments were video-recorded using two Apple iPhones on mini tripods (see Table 2). A member of the research team set up the devices at opposite ends of the room, and then left for the duration of the appointment.

The first author watched video footage of recorded appointments for each clinician-family dyad in their entirety and selected short segments of video footage (<2 mins duration) to elicit participants' reflections on engagement in video-reflexive sessions. Selection of footage was based on pre-determined criteria decided by the research team in relation to previous findings related to families' engagement in early SLP intervention (Melvin *et al.* 2019, Melvin *et al.* 2020). Specifically, footage was selected to explore how families and SLPs build a relationship, communicate, and work together in sessions; and the ways that engaged families may be actively involved in intervention, both inside and outside sessions. Thus, examples of how families and SLPs worked together in recorded appointments were identified by the first author within the following categories: (a) interactions in the first ten minutes of the appointment; (b) families' involvement in therapy activities; (c) education from the clinician about intervention; or (d) interactions in the last ten minutes of the appointment. Time stamps of video segments were recorded, with a brief description of their content (e.g., "P21 pulls chair to table. SLP08 and P21 discuss child's speech goals, P21 talks about practicing at home. When child speaks, P21 prompts child to "remember your big round mouth"). Six to eight video segments were selected across each participant dyad's recorded appointments.

To minimise bias in the selection of video footage, the research team met regularly throughout the interviewing and data analysis process to discuss data and consider selection of footage with reference to predetermined criteria. During video-reflexive sessions, all participants were asked if they would like to view further footage from recorded appointments. Interestingly, this was taken up only once by a SLP who wished to listen back to a conversation they had recalled earlier in their interview. On many occasions, participants reflected on interactions which were

captured in the selected video segments before the footage was played, indicating that segments captured interactions that were meaningful to participants.

### *Phase 2 - Video-reflexive sessions*

Individual video-reflexive sessions were carried out with 8 SLPs and 19 families (two families did not participate in Phase 2) at locations convenient to the participant (e.g., early intervention service or public library) from September 2018 to April 2019.

Video-reflexive sessions were conducted by the first author (KM) who is a SLP with no prior relationship to the participants. Interview topic guides were designed to explore different aspects of engagement, and elicit participants' views on their own behaviours as well as those of others within the recorded interactions. Interviews with SLPs involved two parts. In Part 1, SLPs were asked general questions about engagement (mean length = 34 minutes, SD = 8.5 minutes). In Part 2, SLPs were asked questions about working with individual families, with segments from their respective appointments being played during the interview as a prompt for the SLP to discuss their specific experiences of engagement (mean length = 36 minutes, SD = 11 minutes). When SLPs were matched with multiple families, they were asked general questions about engagement once only, and then reflected on working with a maximum of two families in a single interview session. Further interviews were arranged with two SLPs (SLP01, SLP02) who were paired with more than two families. Interviews with families followed a similar approach, with families being asked general questions about their experiences of intervention and working with their SLP (mean length = 31 minutes, SD = 16.5 minutes), before being shown selected video segments from their appointments and being invited to reflect on different aspects of engagement (mean length = 34 minutes, SD = 8.5 minutes).

## **Data analysis**

Appointment videos were used only to prompt reflection from participants in video-reflexive sessions and were not further analysed. Video-reflexive sessions were audio recorded and transcribed verbatim. De-identified transcripts were analysed using thematic analysis according to steps outlined by Braun and Clarke (2006) (see Table 3).

**Table 3**

## Thematic analysis of data

<b>Stage of thematic analysis (Braun and Clarke 2006)</b>	<b>How this was applied</b>
(1) Familiarization with the data	Interview recordings listened to in their entirety. Written transcripts actively read several times. Notes made to highlight key points identified by participants.
(2) Generating initial codes	Interview transcripts coded 'line-by-line' using NVivo11 <sup>TM</sup> . Initial codes derived inductively from the data in response to the research question.
(3) Searching for themes	Microsoft Word <sup>TM</sup> used to group codes according to similar ideas. Groups of codes combined to form initial themes and subthemes, which were together identified by the research team.
(4) Reviewing themes	Themes discussed by the research team to ensure overall meaning of the data was captured. Data in each theme reviewed to ensure a cohesive story was presented.
(5) Defining and naming themes	Short summary of each theme and sub-theme produced to ensure they contributed to the overall story of the data. Names of themes discussed by research team.
(6) Producing the report	Participant quotes selected to support the meaning of each theme and sub-theme. Written report produced.

The first author (KM) used QSR International's NVivo 11 software to complete 'line-by-line' coding of three family interview transcripts, identifying initial codes for individual meaning units in the text in response to the research question: "How are families engaged in early speech-language pathology intervention?". The same process was completed for three SLP interview transcripts. Existing codes were added to a "bank of codes" for each participant group and new codes were developed inductively in response to novel ideas. After the research team met to review initial coding on these transcripts, coding was completed by the first author on all remaining transcripts. All codes were exported to Microsoft Word™, with colour coding used to identify which codes were generated from family and SLP interviews. Codes from both family and SLP transcripts were considered together and grouped according to similar ideas. Peer debriefing (Lincoln and Guba 1985) was used to enhance rigour throughout the process of data analysis and interpretation. Groups of codes were discussed in detail with the other authors (CM and NS) at fortnightly meetings, with themes and sub-themes identified as a result of team discussions.

Member checking was also carried out to ensure the validity and credibility of the findings. A written summary of findings was provided to participants, as well as senior SLP managers involved in recruitment. Respondents were asked to indicate if findings were consistent with their experiences. While there was a low response rate, two families, three SLPs, and two senior SLP managers who provided feedback all indicated that findings were consistent with their experiences. Each respondent also provided additional written feedback that further supported the validity of the findings.

## **Results**

Results were organised into one overarching theme 'Families may have "different levels of engagement"', and four individual themes reflecting how engagement varies

across individual families: 1) *'families have different levels of engagement with attending sessions and coming into the room'*; 2) *'families have different levels of active participation in sessions'*; 3) *'families have different levels of active participation outside sessions'*; and 4) *'families have different levels of open and honest communication with their speech-language pathologist'*. Each theme is described below. See Supplementary Material for further supporting quotes.

### **Overarching Theme: Families may have different “levels of engagement”**

Analysis of family and SLP interview data indicated that individual families engage differently with intervention, as highlighted by one SLP who said:

*“I do think there are lots of different levels of engagement. I don’t think it’s just a black and white term as such.” (SLP03)*

Another SLP similarly identified that *“it’s hard to explain an average [family] ... but you see lots of different levels [of engagement]” (SLP07)*.

Participating family members also highlighted the fact that families have different ‘levels of engagement’. When asked what SLPs should know about working with families, one family member said:

*“The understanding that families are a very individual unit, and within each, you’ll have different levels of engagement.” (P21)*

Interestingly, this participant went on to describe a ‘spectrum’ of engagement where families presented as ‘less engaged’ or ‘more engaged’ in intervention, which was similarly described by other family and SLP participants:

*“There’s going to be some [families] that are fully engaged and run with whatever you give them... You’ll also get the other end of the spectrum which is disengaged, don’t care.” (P21).*

## **Theme 1: Families have different levels of engagement with attending sessions and coming into the room**

SLP and family participants considered attendance to be an important indicator of engagement, but participants from both groups also suggested that family members who are unable to attend sessions or choose to wait outside instead of coming into the room could still be 'engaged'.

### *Subtheme 1: Families' attendance represents 'one level of engagement'*

SLP participants reflected that a family's attendance at appointments was a preliminary indicator of engagement, as families who are "*completely disengaged*" do not attend appointments at all:

*"Disengagement for me would be they fail to attend and they don't respond and they don't come back."* (SLP01)

SLPs considered families who did attend appointments at their service to be engaged at "some level". One family member suggested that "*even just that [families] are there*" (P05) reflected investment and a desire to engage with intervention. However, while attendance was identified as 'one level' of engagement, it was not considered a proxy for meaningful engagement, and some SLPs spoke about attendance being a minimal expectation:

*"I think sometimes the bar can be quite low. People are 'engaged' if they turn up (laugh) and keep turning up."* (SLP08)

### *Subtheme 2: Some families come into the room, and some families wait outside*

When families do attend appointments, both families and SLPs reported that they may come into sessions or choose to wait outside. Although many of the families in this study consistently came into the room for sessions, some had "*never gone into any of the sessions*" (P18), and others had "*some weeks where [they're] in,*

*and some weeks where [they're] out"* (P07). Both family and SLP participants reflected on how a family's decision to come into the room could be related to their engagement. For example, some SLPs identified that they considered families "*who are actually in sessions [to be] more engaged, because they want to see what's happening*" (SLP04). Equally, they viewed families who did not come in as "*definitely less engaged*" (SLP04).

However, while waiting outside during sessions was considered a sign of disengagement for some families, both groups of participants acknowledged that families who did not come into the room could still be engaged. One SLP described a family in the current study like this:

*"[They are] one of those families that are really quite engaged, but... it looks very different – Mum very much opts to sit out."* (SLP07)

Interestingly, the family member working with this SLP reflected on choosing to 'sit out' and was cognizant of opportunities she may be missing out on:

*"I'm just happy to stay out... Probably learn less though so I guess [I] have to make sure that I know what's going on to help him during that week."* (P18)

### *Subtheme 3: Other family members may have different levels of engagement in appointments*

Across participants, it was reported that SLPs work with a range of different family members in intervention – including mothers, fathers, grandparents, siblings, aunts and uncles – who may all engage with intervention differently. Some SLPs identified that family members who come to appointments regularly are the ones who "*have the most engagement and interest in therapy*" (SLP07). One SLP described these family members as "*the primary therapy people*" (SLP08). Family participants also noted that while other family members may be somewhat engaged in

intervention, the person who attended appointments often took charge. For example, one mother reported that while her husband was supportive of intervention, he “*just kind of let [her] drive it*” (P13).

Some SLP participants reported that family members who attended appointments “*every now and then*” tended to take on a different role when they did come. For example, one SLP suggested that some family members may act as a “*messenger*” rather than an active participant (SLP08). Other SLPs similarly identified that family members who did not usually attend were less familiar with intervention and often deferred to the “primary” family member. However, SLPs and families also articulated that even if some family members were unable to attend appointments regularly, they could still be engaged. One family member said:

*“You can get one parent who’s fully engaged and one who totally doesn’t care. And then you can get two that are – you may never see one [parent], but they’re just as engaged at home.”* (P21)

## **Theme 2: Families have different levels of active participation in sessions**

Four levels of active participation were discussed by participants, including families 1) ‘sitting back’ and not closely observing sessions, 2) ‘sitting back’ to watch what the SLP does, 3) ‘jumping in’ and participating, and 4) showing initiative by ‘taking over’ activities after they know what to do.

*Subtheme 1: Some families ‘sit back’ and don’t closely observe sessions.*

Family and SLP participants both identified that some families do not actively participate in sessions, as indicated by their position in the room and their body language. Families being on their phone, reading a book, or doing other work during sessions were frequently mentioned signs of disengagement (see Supplementary Material). One SLP reported she had once worked with a family member who fell

asleep in a session. Some SLP participants elaborated on how families who 'sat back' missed opportunities to be involved:

*"I've been caught out a few times, where I haven't sort of noticed that they've pulled their phone out, and I'll be like 'Oh wow mum, did you see..?' and then I'm like (awkward facial expression) 'Oh, no, they're on their phone (laughs), whoops!'"* (SLP06).

*Subtheme 2: Some families 'sit back' to learn by 'watching what the SLP does'*

While 'sitting back' in sessions may be a sign of disengagement for some families, other families may be engaged, but choose to take on a less active role. SLP participants indicated that these families may show they are engaged by watching the SLP, giving them their *"full attention"* (SLP02), and *"looking interested"* (SLP08). Other families may indicate interest by *"bringing their chair over"*, *"kneeling beside"* activities (SLP04), or taking notes.

Family participants provided an interesting perspective on their decision to 'sit back' in sessions. For example, one family member expressed that they did not want to be *"more involved"* as they *"get enough watching to know what [they] need to work on at home"* (P13). Many other family members spoke about how 'sitting back' in sessions was in fact vital to understanding how to support their child.

*Subtheme 3: Some families 'jump in' and participate*

When describing the involvement of different families in sessions, one SLP identified that some families may be involved indirectly – for example, taking part *"in the set up, not the therapy task"* (SLP08). Other families are actively involved. SLP participants used various phrases to describe the involvement of these families including families being *"on board"* (SLP02, SLP07), *"ready for anything"* (SLP08),

and “*keen beans*” (SLP02). SLPs identified that for some families, joining in “*was just so natural*” (SLP08).

Family members also described how they ‘jumped in’ to sessions, either independently or with support from their SLP. For example:

*“For me there was no hesitation or holding back; I could jump in.”* (P17)

*Subtheme 4: Some families will ‘take over’ activities after the SLP has shown them what to do*

Some families who were actively involved demonstrated their learning by continuing to independently lead activities and giving their child feedback when the SLP stepped back in sessions. Some SLPs described how seeing families ‘take over’ activities in sessions made them confident that families would be prepared to keep working outside sessions and gave them “*a lot of hope*” (SLP05) for that child. Likewise, families who took on active roles in sessions also reflected on how active involvement gave them “*the tools to help*” their child (P08) beyond the therapy room.

### **Theme 3: Families have different levels of active participation outside sessions**

Four levels of active participation outside sessions were identified: 1) some families don’t implement intervention at home, 2) some families do ‘some’ home practice, 3) some families regularly do home practice, and 4) some families are proactive with home practice and come up with new ideas.

*Subtheme 1: Some families don’t implement intervention at home.*

SLPs noted that some families do not regularly participate in home practice and find it “difficult” (SLP06) to follow up after sessions. SLPs observed that it could be challenging to work together with these families. Examples provided by SLPs included families not implementing suggestions made by the SLP for home practice, and not using resources provided to support practice.

While many of the family members in this study recognised the importance of home practice, they provided interesting reflections on families who may not hold the same view. For example, one family member described the attitude some families may have when coming to sessions: *“You do what you need to do; don’t ask me to do anything at home”* (P21). Another family member said:

*“Maybe they’re happy to say “Look, I’m not going to do any homework... I can only make it getting my child to these sessions, that’s the best I can do.”* (P18)

### *Subtheme 2: Some families will do ‘some’ home practice*

Distinct from families who don’t do home practice at all, SLP participants spoke about families who will do *“a little bit”* of practice during the week – for example, they may practice once or twice between appointments, or in the car before their appointment. Other SLPs described how some families tried their best, but didn’t necessarily implement activities or strategies as discussed:

*“Some people will go ‘oh well we didn’t do those sheets you sent us home with, but we found this app... or we did this...’ And even if they’re a bit off topic – you know, not quite right – they’ve tried their best to spend time with their child and help them.”* (SLP08)

Families also reported a range of experiences of doing home practice, with many families who did ‘some’ home practice identifying that they wanted to do more. For example, one family member said: *“[We’ve] just got to fit more in at home”* and *“We don’t do nearly enough, but we do our best.”* (P10)

### *Subtheme 3: Some families regularly do home practice*

Many SLP participants identified that families who were actively engaged knew how to implement activities and strategies according to what had been

suggested in sessions, and regularly completed home practice. One SLP identified that following up at home showed that a family was invested and involved:

*“They’re also doing the homework. So that’s the other aspect – that they’re actually engaged in the journey and will actually take it with us.” (SLP04)*

Family participants recognised that their involvement in intervention extended beyond sessions. For example:

*“It’s not about the individual session only. It’s about, okay, what do you take away from it? And how do you do that every day?” (P21)*

Many families reported finding ways to make practice work for them:

*“We’ll have a bit of fun with it and fit it into the day, because you only have to do 15 minutes a day.” (P12)*

*Subtheme 4: Some families are proactive with home practice and come up with new ideas*

Beyond the home practice recommended by their SLP, some engaged families came up with new ways to support their child’s communication by doing intervention in their everyday contexts. Some family members discussed how they took initiative to modify intervention activities so they would work better for their child. One family member identified that working together with their SLP in intervention gave them *“a great deal of courage to go out and do a lot of things and get creative with [their child] and their learning”* (P11). Both SLP and family participants described how families who were proactive would continue to work at home with their child, even during a break from intervention. For example:

*“It depends on how engaged the parent or caregiver is, but for me... It’s worth its weight in gold to get that knowledge, so we can actually go away and do things now, even though we may not see her for I don’t know how long.” (P21)*

Families who were proactive with home practice also identified that because their SLP had “*given [them] the tools to do it*” (P12), they had subsequently gotten other family members involved.

#### **Theme 4: Families have different levels of open and honest communication with their SLP.**

Communication between some families and their SLP was considered ‘open’ and ‘honest’, but for others, communication was ‘closed and vague’.

*Subtheme 1: Some families and SLPs communicate in a ‘closed’ and ‘vague’ manner*

SLPs identified that some families present as ‘closed’ communicators and may be “defensive” or “dismissive” (SLP05) in their interactions. One SLP identified that some families “*may not be as forthcoming with information as [other] families who are engaged*” (SLP01). These families may “*brush off*” questions the SLP asks them or give non-specific answers:

*“I have those very vague parents that don’t give me much... They go ‘yeah yeah yeah, we’re doing all the things...’ but it’s that nonspecific vocabulary... It seems that those more vague families aren’t as engaged.”* (SLP07)

Interestingly, some family members had not always experienced open communication from SLPs when working together. One family member reflected on an experience at a previous service where open communication was not established:

*“They would do the session with [P06’s child], there was no communication with me... it was ‘you stick to that and that’s it’. And I couldn’t ask questions; there was no one to email if we had problems or anything like that.”* (P06)

*Subtheme 2: Some families have open and honest communication with their SLP*

In contrast to the interactions described above, both participant groups gave examples of open and honest communication between SLPs and families. From the perspective of SLPs, engaged families who were ‘open communicators’ would “*initiate comments*” and “*volunteer relevant information*” (SLP05) in sessions. Some SLPs considered it to be “*a really good marker of engagement*” (SLP05) when families shared information or celebrated successes with them. Some SLPs appreciated when families shared specific examples from their week even if they “*haven’t done their homework*” (SLP06), as when families were “*open and honest about all the barriers that are happening at home*”, they could “*try and problem solve with them*” (SLP07).

Families similarly recognised that sharing information allowed them to problem solve with their SLP. Some families also saw the importance of asking questions to better understand intervention. For example:

*“You can tell that she’s aiming towards something and... I’ll be like ‘I’m not quite seeing – What are you doing? What’s happening?’ So she just stops and fills me in... so I can see what she’s aiming towards.”* (P06)

Other family members described open communication in terms of being able to speak easily with their SLP:

*“Because she’s really good at giving feedback and interacts really well with us, it makes it easy, and the sessions are nice and relaxed. It’s not this really formal, tense setting, so yeah we can sort of jump in and chat.”* (P07)

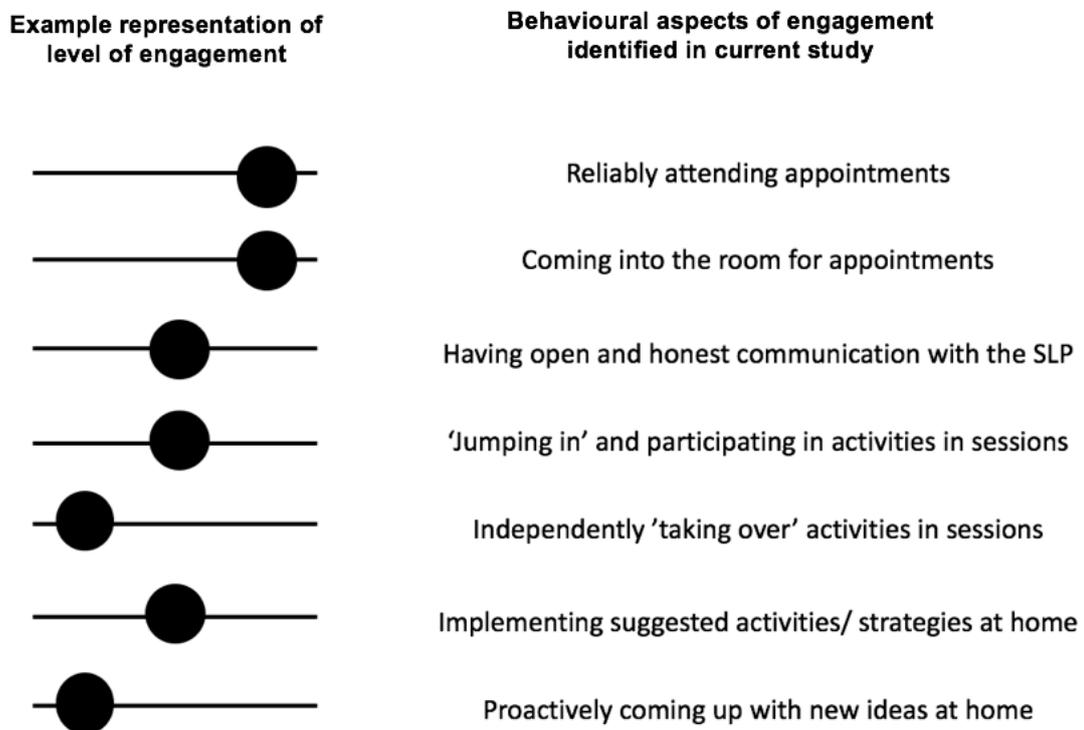
## **Discussion**

This study aimed to explore the complexity of how different families engage in early SLP intervention by investigating the views of both families and SLPs working together. Results suggest engagement is not a simple “*black and white term*”, with

participants describing how families have different levels of engagement in various aspects of intervention. A family's unique profile of engagement may therefore be made up of the way they engage in these aspects of intervention, including 1) attending appointments and coming into the room for sessions, 2) actively participating in sessions, 3) continuing to actively participate outside sessions, and 4) establishing open and honest communication with their SLP. A visual representation of this is provided in Figure 1 below. Findings of this study prompt SLPs to move beyond blanket statements of *whether or not* families are engaged, to instead describing in detail *how* families are uniquely engaged.

**Figure 1**

Visual representation of different levels of engagement families may have in various aspects of engagement



Firstly, the findings of the current study add weight to existing arguments that attendance should not be relied on as a measure of overall engagement (Phoenix *et al.* 2019, Staudt 2007), as families vary in how they attend appointments and come into the room for sessions. While attendance represented 'one level of engagement' in this study, some participants recognised that attending sessions did not necessarily indicate that a family was meaningfully engaged, which has been similarly argued in previous studies (e.g. Staudt 2007). On the other hand, findings also suggest that families who are unable to come to therapy, or choose not to come into sessions, can still be engaged. For example, family members who are engaged in some way at home (e.g. demonstrating cognitive involvement by being supportive of therapy, or behavioural engagement in home practice) may only attend sessions "now and then". This points to a need for SLPs to support the engagement of all family members, whether or not they regularly present at appointments. With consideration of a family's unique preferences, this could include communicating with and building a relationship with other family members (i.e. affective involvement), sharing information about intervention to promote cognitive involvement, and helping them be behaviourally involved in intervention activities. In addition, SLPs may consider how to empower family members who attend therapy to engage other family members in intervention.

Secondly, participants highlighted significant diversity in how families are involved in intervention, with some families taking on a passive role and others being proactively involved, both inside and outside sessions. Results indicate that families' involvement in early speech-language pathology intervention is not unidimensional, and may be represented on a 'spectrum' where some families are 'less' or 'more' actively involved. Similar descriptions of families' active involvement in intervention

have been reported in recent speech-language pathology studies (Skeat and Roddam 2019 Davies *et al.* 2017, Davies *et al.* 2019). For example, a recent review paper by Skeat and Roddam (2019) reported that parental involvement in speech-language pathology intervention was defined across five papers as “something with multiple levels and modes” (p.24). Likewise, Davies and colleagues (2017) reported that some parents of children aged 2;0 to 5;11 in their study who attended early speech-language pathology intervention were not actively involved, compared with others who learned how to support their child’s learning throughout intervention and were actively involved outside sessions by implementing intervention at home.

Different levels of active parental involvement have also been described in engagement studies in other settings (e.g. Carman *et al.* 2013, D’Arrigo *et al.* 2019). For example, participants’ responses in our study closely reflect findings reported by D’Arrigo and colleagues (2019) who investigated paediatric occupational therapists’ views of parent engagement and disengagement. In that study, three levels of parent engagement were identified: low engagement, middle ground engagement (where parents are engaged in the idea of therapy, but not the doing of therapy), and high engagement (D’Arrigo *et al.* 2019). While both SLPs in the current study and occupational therapists in D’Arrigo and colleagues’ study (2019) identified that many highly engaged families actively took part in sessions, both groups of professionals interestingly acknowledged that parents who appeared to “sit back” or “merely observe” (p.2888) could still be engaged.

This highlights an important consideration for clinicians to not rely solely on behavioural indicators (i.e., what they can see) when describing how a family is engaged. According to the multifaceted model of engagement proposed by King, Currie, and Petersen (2014), families who ‘sit back’ in sessions, rather than being

actively involved, may have lower 'behavioural involvement' in intervention but may still demonstrate both affective and cognitive involvement. In addition, we note that many aspects of engagement are difficult to measure from an external perspective and require self-report from families (D'Arrigo *et al.* 2017). Therefore, while behavioural involvement is important for engagement, it should not be assumed that families who are less actively involved in intervention are not engaged overall.

However, we recognise that a family's active involvement in intervention, particularly outside sessions, may be a fundamental contributor to improved outcomes, and some early intervention approaches require high levels of family involvement to be implemented with fidelity (Sugden *et al.* 2019, Tosh *et al.* 2017). Consequently, SLPs have an important facilitative role in supporting families to become actively involved in intervention as they work together over time (Melvin *et al.* 2019), although findings of the current study highlight a need for this role to be enacted with due consideration of a family's unique profile of engagement. As parents and SLPs often have different conceptions of their roles in intervention (Davies *et al.* 2017, Davies *et al.* 2019), it has been recommended that one way SLPs can support parents to take on a more active role in intervention is by explicitly negotiating roles and setting realistic expectations of how they will be involved (Davies *et al.* 2017, Skeat and Roddam 2019, Sugden *et al.* 2019). Research which has identified that incongruent expectations about how families will be involved may negatively affect engagement (Klatte *et al.* 2019, Skeat and Roddam 2019) further strengthen these recommendations. An ongoing need to negotiate roles throughout intervention has also been identified, and it has been suggested that SLPs should regularly 'check in' with families and "follow their lead" regarding how they would like to be involved (Watts Pappas *et al.* 2016, p. 236).

It is fitting therefore that the final aspect of engagement identified in the current study was the extent to which families communicated openly and honestly with SLPs. The value of communication has frequently been highlighted in the early intervention literature (e.g. King *et al.* 2015, Melvin *et al.* 2019) and is a key component of family-centred care (Epley *et al.* 2010, Meyer *et al.* 2019). Examples of communication provided by a group of Australian SLPs in a recent study, which contributed to an open and honest therapeutic relationship, included families telling SLPs how strategies worked or did not work, and being honest in saying what they found hard (Melvin *et al.* 2020). Participant responses in the current study build on these findings, and highlight other indicators of engagement, such as families initiating comments, volunteering information and asking questions, which have also been described by occupational therapists with regard to engagement (D'Arrigo *et al.* 2019). As good communication allows clinicians to understand families' worldviews, needs and priorities and adapt their practice accordingly (King *et al.* 2015), SLPs should consider how they can create environments where families feel comfortable to receive and share information (Meyer *et al.* 2019), while also reflecting on their own use of open communication behaviours.

The current study aimed to describe *how* different families may be engaged in intervention. It is important to acknowledge that there are likely to be many factors underpinning a family's level of engagement in intervention. Factors which have been identified in previous engagement literature, that were not explored in this study, include access to economic and social resources (e.g. Stern *et al.* 2015); a family's unique cultural background (King *et al.* 2015), their understanding of the benefits of intervention (e.g. King *et al.* 2014, Staudt, 2007); their relationship with their health professional (e.g. Elvins and Green 2008); and their expectations of

intervention (e.g. Smart *et al.* 2019, Becker *et al.* 2015). It is clear that further research is needed to understand why families may or may not remain engaged with intervention over time. For this reason, a companion paper is in preparation, which will explore the views of participants in this study regarding factors that underpin the way families engage in intervention across their intervention journey.

### **Clinical implications**

Being able to identify potential indicators of engagement in early SLP intervention, such as the ones described in this study, provide opportunities for clinicians to take a reflexive approach to engaging with individual families in their services (Bright *et al.* 2015). SLPs could embrace this approach by regularly asking themselves two questions: 1) 'how is this family engaged in intervention?' and 2) 'how can I facilitate this family's engagement?' For example, a SLP may identify that a family is consistently 'sitting back' in sessions. Instead of dismissing this as an indicator of disengagement or assuming the family has made a choice not to participate in intervention, the SLP may subsequently identify that the family is actually sitting back in order to watch and learn how the SLP is working with their child. Therefore, the SLP could consider how to enact family-centred care by supporting engagement in line with the family's individual needs (Epley *et al.* 2010). Being cognizant of evidence which suggests that parent training is most effective when it is explicit (Tosh *et al.* 2017) and incorporates a variety of training methods, including opportunities to practice new skills and giving time to reflect on skill development (Dunst and Trivette 2012, Watts Pappas *et al.* 2016), the SLP could support the family by facilitating other learning opportunities in sessions.

In addition to reflecting on their own practice, we suggest that the SLP could also open up conversations with the family about their engagement in different

aspects of intervention, and ask the family what support would be most beneficial to them. For example, a SLP may acknowledge how the family is currently participating in sessions (e.g. 'I've noticed that it's important to you to watch some examples of how I run these therapy activities in our sessions before you have a go'), before offering to support them to engage in different ways if they choose to.

### **Methodological limitations and future directions**

While this paper presents the views of different family members (mothers, fathers, grandparents), the majority of participants were mothers. As results highlight the importance of other family members being engaged in intervention, more research that includes grandparents, aunts, uncles, and siblings is needed. In addition, while participants in this study attended services in areas of various socioeconomic ranking (see Table 1), families from the most disadvantaged backgrounds may not be fully represented. As these families face significant challenges when accessing and engaging with services (Gibbard and Smith 2016), future research should be thoughtfully designed to include their perspectives.

The use of video-reflexive ethnography in this study allowed the views of both families and SLPs to be combined to present a well-rounded understanding of how different families are engaged. We suggest that this methodology has wider application for exploring family-professional partnerships in speech-language pathology intervention, however some changes could be made in future studies. For example, individual video-reflexive sessions were carried out in this study to maintain participant privacy, and encourage participants to speak freely about their experiences. However, there may be benefit in bringing participant dyads and/or participant groups together in group video-reflexive sessions. In addition, when planning the current study, we considered having participants view video recordings

of their entire appointments to identify video segments they wished to reflect on themselves. However, due to the length of videoed appointments, this was not feasible. If future projects were to have a precise, time-limited focus, participants may be able to watch entire recordings and independently identify segments to reflect on. Future researchers could also consider how to facilitate greater participant involvement in the synthesis of key ideas identified in video-reflexive sessions.

### **Conclusions**

Results of this study indicate that families have different levels of engagement in various aspects of intervention. Many families show they are engaged in intervention by attending sessions and coming into the room during sessions to learn how to support their child's communication. However, family members who are unable to attend sessions and family members who choose to wait outside the room can still be engaged in other ways. Families demonstrate different levels of active participation in sessions and at home. Some families will 'jump in' as active participants in intervention, while others will be less involved. Finally, the way families communicate with their SLP may indicate different levels of engagement. Some families are 'closed and vague', but others show they are engaged by openly sharing information and problem solving with their SLP. Future research should investigate how a family's engagement in each of these aspects of intervention changes over time, and why these changes occur.

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## Supplementary Material

Example quotes from participants

Theme	Sub-theme	Example participant quotes from SLPs	Example participant quotes from families
<b>Families have different levels of engagement with attending sessions and coming into the room</b>	Families' attendance represents one level of engagement	<p><i>"If they seem like they're not doing anything at home, but they still come, you think 'well you still have some level of engagement, because you're here'." (SLP01)</i></p> <p><i>"People will go to the lengths they'll go to to attend... that is obviously a sign of engagement... it shows the value that they've placed on our service." (SLP05)</i></p>	<p><i>"I guess, at the end of the day, all the families that come to the service, even if they look a bit disorganized, or rattled, or they might've missed a couple of days of practice... even just that they're there, is that they wanna be on board." (P05)</i></p>
	Some families come into the room, some families wait outside	<p><i>"Are they waiting outside? Are they waiting outside but really interested – you know, for some reason it's just easier for them not to be in the room?" (SLP03)</i></p>	<p><i>"[SLPs need to] gauge really well in that initial assessment and those first few therapy sessions how the parents are engaging – whether they're sitting outside and they're not coming in at all. I mean, that would have never happened [when we started coming], but some parents do do that." (P07)</i></p>
	Other family members may have different levels of engagement in appointments	<p><i>"You'll ask dad 'how did they go with the homework?' 'Oh I don't know, [child's mother] did it'... So it is difficult when one parent does the homework and one parent brings them, because they don't know what's gone on." (SLP04)</i></p>	<p><i>"I think [child's grandmother] was trying to come to as many sessions as she could... it's good for her to be involved because they were following through with it at their place and using all the pictures." (P17)</i></p> <p><i>"It is hard when you have a spouse who is away a lot... they're not as fully engaged as</i></p>

		<p><i>"[P01's child]'s father's partner [who doesn't attend sessions] has been interested in what we're doing in here and wants to know more information... and then he's taken the initiative to follow up... So that's definitely a level of engagement within the family." (SLP01)</i></p>	<p><i>they could be. So it falls to me a lot to do most of the work." (P21)</i></p> <p><i>"I had a little bit of [knowledge about how to support communication], but not to the extent that [P01-GMo] had." (P01-GFa)</i></p>
<p><b>Families have different levels of active participation in sessions</b></p>	<p>Some families 'sit back' and don't closely observe sessions.</p>	<p><i>"[A disengaged] parent will immediately go sit to the side and pull out a device... [or] look around... they're not watching what's happening and not jumping in." (SLP07)</i></p> <p><i>"They might be checking their phone, or they might not be joining you on the floor when you've said 'let's get down and have a look' and they're sort of on their phone, turned away. I think that sort of dismissive behaviour and non-verbals is what you would be thinking 'oh they're not really into this'." (SLP05)</i></p>	<p><i>"I've seen lots of mums who might be... like, 'Yeah, no worries. I just sit there on my phone.' I'm like, 'What do you mean? Oh, are you writing notes?' They look at me like I'm an alien! (laughs) I'm like 'Okay... we come from a different perspective'." (P21)</i></p>
	<p>Some families 'sit back' to learn by 'watching what the SLP does'</p>	<p><i>"To me that's a really good engagement indicator. Yes she's sitting on the chair and away, but she's facing it; she doesn't have her phone out – it's away. She's here watching." (SLP07)</i></p>	<p><i>"I just sit here and watch her modelling of how to do it. I didn't know how... So having somebody else do it... to watch her and go, "That's how she's done it, that's worked! And that's not working but look at that – that's working." (P10)</i></p> <p><i>"What I noticed was, if I sat back and watched the way that [SLP08] was interacting with him, it gave me different approaches... I was just like, 'Woah, no, stop, I've got to be watching how she does</i></p>

			<i>it'. Because what we do doesn't always work." (P21)</i>
	Some families 'jump in' and participate.	<p><i>"She was just all hands on deck, let's have a go at this. She was a great parent to sort of jump in and engage in the session and have a go." (SLP02)</i></p> <p><i>"They definitely participated in that and prompting [P03's child] with the similar prompts. I feel like they really want to, to help him." (SLP01)</i></p>	<p><i>"It didn't really bother me to be honest, but I can understand perhaps some people might feel a little bit self-conscious, saying the particular phrases ... that's just something parents will have to get over." (P05)</i></p> <p><i>"Yeah I enjoy getting in and getting involved so it's great." (P12)</i></p>
	Some families will 'take over' activities after the SLP has shown them what to do.	<p><i>"I know [families are] engaged because they'll copy, they'll do the activities with their children, with me. Or yeah, some of them start to take it over – which is great! I just sit back and then I think I know 'they're engaged' because they're doing it." (SLP01)</i></p> <p><i>"It was me doing the first round, and then mum taking it over. I could see that she was getting into it... making the gestures and the sounds... I could quickly hand it over to her so she could have a few goes at that, and feel comfortable in session, then take it home." (SLP02)</i></p>	<i>"I think it was really important for me to have a go as well, instead of just watch... It's empowering to know that 'Oh yep, I can do this', and it's not just that he would have to go to a professional to do it... We all can work towards helping him." (P09)</i>
<b>Families have different levels of active participation</b>	Some families don't implement intervention at home	<i>"Families who just sit there and go 'yep, yep, yep' and you're thinking of all these different examples – that they then go home and don't do it; that's where it gets hard." (SLP02)</i>	<i>"You're not going to get the best out of it [if you don't do home practice]. You go and do a half hour speech therapy session, and then not see her for a week. What's going to happen there? Swimming lessons, or</i>

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**outside sessions.**

*“You can tell if you say ‘Take these home, and you can cut them up and make cards’ and... if they come back in the same envelope which is still folded [and they say] ‘Oh we didn’t get to that.’” (SLP08)*

*anything – if you’re only going to do you know, 30 minutes once a week, you’re not going to progress.” (P18)*

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Some families will do ‘some’ home practice

*“I gave them picture cards to take home and practice, but I’m not sure that was really working for them... [Family member] would say ‘Oh we did do a little bit of homework, we did, like, one day’”. (SLP01)*

*“Because I’ve got three kids, it’s hard to really have that one-on-one time... it’s very broken and unstructured than what you’d have, say at sessions where you get that time and it’s pure dedication to him during that time. Whereas at home it’s chopping and changing and broken.” (P11)*

*“Their home life is really chaotic and they consistently come back with ‘oh yeah, we didn’t really do it much’. Or the kid says ‘hey mum, this is what we were doing in the car on the way here!’ (laughs).” (SLP08)*

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Some families regularly do home practice

*“You do get some really engaged families who do all their follow-up, which is excellent.” (SLP06)*

*“It’s homework pretty much every single day. And it varies on what input I can get from [P06’s child]. It depends on the day she’s had, sometimes it’s five minutes, sometimes we can get a good half an hour out.” (P06)*

*“They showed engagement because they always tried the ideas that I gave at home.” (SLP01)*

*“In terms of working through the activities and things at home... often we’ll do it around the dinner table and I will involve both kids, so they’re both doing the activities and it’s not so isolating for [P07’s child].” (P07)*

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	<p>Some families are proactive with home practice and come up with new ideas</p>	<p><i>“You could see the cogs turning for mum – she was going ‘oh great we can do this or this or this’, thinking of some different ways – maybe some games that they’ve played together at home that [P08’s child] really enjoys, as ways of linking it into those sounds as well.” (SLP02)</i></p> <p><i>“You want them [families] to walk out feeling like they can do it, and picturing what that will look like for them... [P09]’s great, she could just off-the-cuff list all these things where she could use that.” (SLP05)</i></p>	<p><i>“At times I was able to do it at home that way [as SLP showed them in sessions] too, but also in other ways” (P08)</i></p> <p><i>“When [P18’s child is] sitting down decoding his words or doing those worksheets where he has to read, I feel it’s work. Whereas, if you’re in bed and on the sofa doing your reading... ‘Let’s see how many long vowels we can find’.” (P18)</i></p>
<p><b>Families have different levels of open and honest communication with their SLP</b></p>	<p>Some families and SLPs communicate in a ‘closed’ and ‘vague’ manner</p>	<p><i>“‘We’ve tried that’ or ‘we do that all the time and it doesn’t work’ – that sort of thing. So probably a lot of defensive, dismissive type comments. You’ve just got some of those sessions where anything you suggest is shot down with ‘we’ve done that, doesn’t work’.” (SLP05)</i></p> <p><i>“She just talked about ‘Oh yeah I’m aware of [the strategy]’; ‘I got told about it’... but she didn’t talk about how [P04’s child] had responded to it, or how she had implemented it.” (SLP01)</i></p>	<p><i>“She [the SLP] knows that information, but that was never shared with me... What’s the goal we’re trying to get to? What can five year olds – what should they be capable of that we need to work towards?” (P02)</i></p>
	<p>Some families have open and honest communication with their SLP</p>	<p><i>“I think that engagement is when a family... starts to share information with you about how their child’s presenting, and what their concerns are about their child’s development... Or they come back in and they say like ‘oh the child has</i></p>	<p><i>“We were working, we were talking like two people do – two normal people would do, not like parent or doctor. It was like we were all on the same page, and our common goal was to get [P15’s child] speaking better.”</i></p>

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*made a gain in learning that sound this week'."* (P15-Mo)  
(SLP01)

*"She's giving me specific answers as I'm explaining stuff. She's like 'Oh yeah that's what I've been doing at home, or that's what I've seen'. So to me that's a really good engagement indicator."* (SLP07)

*"We guide each other, so depending on what we've said from what we've observed during the week, and obviously what she has to work with in the session, we get a great gauge and then we can say 'no I think we need to go back to this for a week'... and then step it back up again."* (P07)

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