MOTIVATIONAL BELIEFS OF PARENTS

INVOLVED IN OTTAWA'S HEALTHY ACTIVE SCHOOLS

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DEDICATION

This work is dedicated to my parents,

who empowered me to follow my dreams and achieve my goals,

and supported me throughout.

Thank you.

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ABSTRACT

The purpose of this study was to examine parents' motivational beliefs for involvement in a Comprehensive School Health approach (locally called Healthy Active Schools, or HAS) at their child's school. Literature suggests that parents' role construction and parents' self-efficacy are the most salient influences on parents' decision to become involved at their child's school. Twelve parents involved at two urban public elementary schools were interviewed. Questions were based on Hoover-Dempsey and Sandler's model of parental involvement (1995, 1997, 2005c). Qualitative multiple case study analysis additionally utilized Penner's (2002) model of sustained volunteerism and Bandura's collective efficacy theory (1997, 2000; Goddard, Hoy, & Woolfolk-Hoy, 2004) to clarify findings. Results suggest most parents' strong active role construction and negative valence grounded their parent-focused role orientation. School case study analysis revealed that the principal's leadership, the structure of the HAS committee and the school's climate uniquely influenced parents' beliefs. Individual parent case analysis revealed four distinct patterns of parents' motivational beliefs for HAS involvement. Future research is warranted to further examine the decisive impact of parents' health and prosocial values on their decision to become involved specific to a CSH approach type of involvement. Additional case studies in local schools, school districts and provinces are recommended to illuminate unique contextual influences and the potential for the emergence of collective efficacy; including consideration for parents' belief construct *general invitations from the school* would contribute to gaining a deeper understanding within this domain. Finally, the link between parents' motivational beliefs of empowerment and their sustained motivation for involvement needs to be explored further.

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"I believe it is essential to support families and children, to reinforce learning and innovation to encourage … volunteerism" (Governor-General David Johnston, 2010).

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I INTRODUCTION

Children's development and learning are "inextricably linked" to the parenting received (Comer, 2004, p.16). Indeed, health values and behaviour are primarily developed through the social context of the family (Bryanton & Beck, 2010), and become consistent at a very young age (Cohen, Felix, & Brownell, 1989). The parent-child interaction has consequently been described as possibly "the most important key to lasting, long term improvements in the overall health status of this country" (Mason, 1989, p.20). Parents' motivational beliefs are intrinsic to their parenting practice; these beliefs have been shown to account for some of the variance in children's growth and development (Davis-Kean, 2005; Siegel & McGillicuddy-DeLisi, 2002). Clearly, parents' motives play a critical role in influencing their children's healthy development (Bryanton & Beck, 2010; Ontario Ministry of Education, 2005).

Besides the family context, the school is the most prominent setting to facilitate or limit children's healthy development (Morrow, 1999). An effective health education in elementary school can establish a strong foundation for the critical middle school years (Allensworth, Lawson, Nicholson, & Wyche, 1997) and determine health behaviours and habits that will carry into adolescence and adulthood (Dobbins, Lockett, Michel, Beyers, Feldman, Vohra et al., 2001). There is no doubt that children's health is of vital importance to their successful development within social, mental and physical domains (Centre for Disease Control, 2005; Henderson & Mapp, 2002), and thus a critical antecedent for learning (Dwyer, Sallies, Blizzard, Lazarus, & Dean, 2001; Young, 2002). The school's provision of healthy development opportunities may further positive gains towards children's healthy development and thus increase their propensity to learn (Basch, 2010; Florence, Asbridge, & Veugelers, 2008); disparities in children's academic achievement may be partially addressed by improving their health (Carter, 2005). It is

plainly evident it is in the school's best interests to create a healthy school setting (Vince Whitman, 2006).

The addition of the Comprehensive School Health (CSH) approach compounds the school setting's impact on children's health and learning (Joint Consortium for School Health, 2010), and has been shown to be effective in encouraging children to adopt health-enhancing behaviours and in reducing health-compromising behaviours (Stewart-Brown, 2006). CSH makes an innovative shift from traditional school health paradigms to an integration of holistic health through all aspects of the school setting (Deschenes, Martin, & Hill, 2003; World Health Organization, 1997). Notably, developing a collaborative partnership between the school and its parent population is integral to CSH's success and sustainability (Health Evidence Network, 2006); the school must consider parents as their partners, who can contribute to change (Hagquist & Starrin, 1997). Parents' involvement is critical to the school's capacity for implementing CSH (Murphy & Meyers, 2009; Canadian Association for School Health, 2007), and the impact it can make on children's healthy development.

Extensive research has already established that parent involvement in elementary school has a positive and significant effect on many aspects of students' academic success (Fan & Chen, 2001; Henderson & Mapp, 2002; Jeynes, 2005); this effect is strong enough to have practical implications for parents, practitioners and policy makers (Nye, Turner, & Schwartz, 2006). Accordingly, the Ontario Ministry of Education (OME) has mandated parents' involvement and engagement committees (2002).

Educators have come to recognize that parents are "key stakeholders in children's school experience" (Comer, 2004, p.16); their knowledge can not only contribute to the learning, but also the health of their children within the school setting (OME, 2010a). Specifically responding

to the increasing prevalence of childhood health issues (Active Healthy Kids, 2010; Waddell, McEwan, Hua & Shepherd, 2002; Heart and Stroke Foundation, 2010), both educators and health promoters agree parent involvement is a key element and needs to be actively solicited (Centre for Disease Control and Prevention, 2007; OME, 2007b). With the school and parents' collaboration on such an innovative approach as CSH, these two primary socialization agents can maximize their mutual resources and achieve their common goal of children's success and healthy development (Action for Healthy Kids, 2008; Mapp, 1999).

Parents' involvement in their child's school experience is preceded by personal belief systems such as motivations, attitudes and practices surrounding parenting as well as the reciprocal interchange of influences within the home and school context (Bandura, 1986, 1997); therefore, involvement may be predicted by any of those factors (Seefeldt, Denton, Galper, & Younoszai, 1998). Yet parent involvement research is still attempting to provide a clear understanding of "how parents decide to be involved in their child's education" (Anderson & Minke, 2007, p. 311), and CSH (Birch & Hallock, 1999). Key psychological processes found to contribute to parents' motivation for their involvement include parents' construction of their role, and parents' self-efficacy for involvement (Deslandes & Bertrand, 2004; Green, Walker, Hoover-Dempsey, & Sandler, 2007; Hoover-Dempsey & Sandler, 1997, Hoover-Dempsey, Walker, Sandler, Whetsel, Green, Wilkins, & Closson, 2005c; Walker, Whetsel, Dallaire, & Wilkins, 2002; Walker, Wilkins, Dallaire, Sandler & Hoover-Dempsey, 2005).

There are fewer numbers of parents who are willing to be involved at their child's school (Livingstone, 2005). Increasing parent involvement at school is much more than simple promotion, and is often difficult to achieve (Seefeldt, et al., 1998). Local schools need support in welcoming parents and developing strategies for parent recruitment, engagement, and retention

over the long term (Bussel & Forbes, 2002; Interim Parent Involvement Advisory Board, 2006). Since parents' involvement is a motivated action, gaining a greater understanding of the beliefs that influence parents' decision to become involved may facilitate the development of "strategies that alter these beliefs in parents" (Shah 2009, p.213) and potentially increase the rate and effectiveness of parent involvement (Grolnick, Benjet, Kurowski, & Apostoleris, 1997).

Moreover, knowledge of effective strategies for ensuring parent involvement in CSH is essential for structuring future programs (Lynagh, Schofield and Sanson-Fisher, 1997); but as of 2003, evaluation results of CSH and school-community links were inconclusive, and too few in numbers to assist in operationalizing CSH approaches (Vince Whitman, 2006). There is scarce Canadian research on CSH approaches (Beaudoin, 2011; Leidl, 2005), and even less specific to parents' motivations for CSH involvement and volunteering (Doyle, 1999). There is thus inadequate research evidence upon which the education system can begin to understand parents' motivations for involvement, and consequently develop more effective school-parent collaboration policies that utilize CSH. Future research has been recommended to investigate parents' beliefs related to their CSH involvement (Birch & Hallock, 1999).

By developing a deeper understanding of the psychological process variables that have been determined salient to involved parents' motivation (parents' role construction, parents' self-efficacy), we may be better able to apply this knowledge to uninvolved parents. Investigating parents' belief constructs that motivated their CSH involvement is integral to facilitate effective planning, recruiting and management of the process of parent involvement in CSH (Papadakis, Griffin & Frater, 2004). Further, research "pertaining to the role of parents may be more important in advancing the health status of school-age children than research activities in the classroom" (O'Rourke, 1995, p.35).

The purpose of this multiple case study was therefore to explore with twelve parents at two elementary schools the beliefs that motivate them to be involved in the development and implementation of a CSH innovation at their children's elementary school. Parents' motivational beliefs, for the purpose of this study, included parents' role construction and self- efficacy for involvement; these constructs have been theorized to contribute to parents' decision making for school-based involvement (Bandura, 1986; 1997; Hoover-Dempsey & Sandler, 1995, 1997, 2005b). To understand parents' individual and collective motivational beliefs, the study thus proposed two research questions. Each question is specifically related to the parental decision for school-based involvement in the HAS initiative:

1. In what ways does parental role construction contribute to parents' goals and decision making?

(a) In what ways do values within the parental role construct contribute to parents' goals and decision making?

2. In what ways does parents' sense of efficacy for involvement contribute to their goals and decision making?

This study is unique in its qualitative multiple case study methodology; semi-structured interviews and qualitative thematic analysis allowed the researcher to develop a rich and meaningful portrait of the phenomenon of parents' motivational beliefs for involvement in a CSH approach.

Theories of parents' motivation for involvement have been previously bound to parents' goals of their child's academic outcomes (e.g. Epstein, Coates, Salinas, Sanders, & Simon, 2002; Grolnick, et al., 1997; Hoover-Dempsey & Sandler, 1997; 2005c; Kohl, Lengua & McMahon, 2000); this study uniquely applied theoretical frameworks of parents' motivation for involvement

by utilizing them within the context of parents' goals for their children's healthy development. By examining involved parents' motivations for involvement, parents' interpretations of their parental role and their level of efficacy for involvement emerged.

Delimitations

This research study had several delimitations. To begin, research questions were delimited to critically examining those motivational beliefs theorized to contribute to parents' involvement. Motivational beliefs were viewed primarily through the lens of Hoover-Dempsey and Sandler's model of parent involvement (2005c), along with support from Bandura's self-efficacy theory (1986, 1997) and Penner's model on sustained volunteerism (2002). Utilizing this model makes the study more cohesive and facilitated a greater depth of findings and analysis.

Second, my reflection on themes of parents' role construct resulted in integrating what Green & Hoover-Dempsey (2007) describe as parents' beliefs and values about the teaching approaches that their child should experience in school. This specificity made the study more cohesive and facilitated a greater depth of findings and analysis.

Third, this study was delimited to examining the motivational beliefs of twelve parents involved in HAS at their child's public elementary school in central Ottawa. Participants were delimited to twelve; allowing access to rich and detailed information on parents' involvement in HAS (Riege, 2003, p.79). In addition, examining more than four and fewer than 15 individual parents added methodological rigor to the case studies of two schools, and shows the unique interactions between parents and their situations without overwhelming the researcher and reader (Stake, 2006). Participants were all from central Ottawa, and recognized as Healthy Active Schools by the City of Ottawa's Public Health Department. Access to involved parents was allowed by school principal; parents then volunteered to take part in the study. Fourth, Hoover-

Dempsey and Sandler's model of parent involvement (2005c) delimits the definition of parent involvement to being home- or school-based (e.g. Deslandes & Bertrand, 2004, 2005; Anderson & Minke, 2007; Green, et al., 2007b). This study was consequently delimited to parents' motivation for HAS school-based involvement. Applying the model to HAS involvement further informs Hoover-Dempsey and Sandler's theory (Lynham, 2002) and may advance the conceptualization of the model in its application to specific involvement and volunteering contexts (Dooley, 2002).

Finally, this study was delimited to examining the influence of process variables on parents' motivation for HAS involvement. There are two divergent research perspectives regarding the influence of status and process variables in predicting parent involvement behaviour (Taylor, Clayton & Rowley, 2004). Evidence indicates that status variables such as race/ethnicity, education level, and marital status merit some consideration in predicting parent involvement behaviours (Bassin Wilson, 2009). Certainly, low socio-economic status (SES) and education level, parents' minority status, and ethnicity have been correlated with lower levels of parent involvement behaviours (Fan & Chen, 2001; Feuerstein, 2000). However, it was not economic difficulties that were found to hamper parents' behaviour related to their child's schooling, but the psychological distress that tended to accompany these financial challenges (Davis-Kean, 2005).

Some argue that status variables do not adequately explain the large differences in parent involvement within SES groups (Bornstein, Hahn, Suwalsky, & Haynes, 2003), nor the ability of many parents to facilitate positive outcomes despite challenging circumstances (Hoover-Dempsey & Sandler, 1997). Status variables may influence, but "... not determine parents' thinking, actions, or influence related to their involvement" (Hoover-Dempsey & Sandler, 1997,

p.8). As a result of these critical findings, this study is delimited to examining the influence of parents' process variables on their motivation for HAS involvement.

II RESEARCH CONTEXT AND LITERATURE REVIEW

Many factors influence parents' motivation to become involved in their child's school experience. Parents' psychological processes have been theorized as key influences that motivate parents' involvement (Hoover-Dempsey & Sandler, 2005c). Specifically, parents' motivational beliefs related to the construction of their parental role, and their self-efficacy for involvement have been linked with their involvement decisions and ensuing actions (Hoover-Dempsey & Sandler, 1997).

Literature reviewed indicated that there have been few studies examining those process variables that influence parents' motivation for involvement in school health promotion and education initiatives at their child's school. Furthermore, within these few studies, there has been no research specific to examining parents' motivational beliefs for their involvement in CSH. This is a critically important concept to examine because parents' motivation directs their involvement behaviour (Hoover-Dempsey et al., 2004); further, parents' involvement has been associated with their children's successful outcomes not only in academics (Fan & Chen, 2001), but also in health (Davis-Kean, 2005; Siegel & McGillicuddy, 2002). Walker and colleagues (2005) acknowledged that parents' efficacy beliefs affect the type of involvement activities in which they choose to participate, yet limited insight was provided as to the specific influence of parents' values, valences and goals that ground parents' role construction through this process.

The purpose of this study was to examine parents' motivational beliefs for their school-based involvement in a local school health promotion and education initiative. In order to better understand these issues, this critical review explored two key psychological constructs theorized to influence parents' involvement decision; (a) individuals' construction of the parental role, and

(b) parents' self-efficacy for involvement. A review of salient literature follows to provide a more in-depth understanding of the subcomponents inherent to each construct.

The first level of Hoover-Dempsey and Sandler's model of parent involvement (2005c) is reviewed to provide a contextual framework for understanding what psychological constructs influenced parents' decision to become involved; Bandura's theory of collective efficacy (1997, 2000; Goddard, Hoy & Woolfolk-Hoy, 2004) and Penner's theory of sustained volunteerism (2002, 2004) are presented to add to the depth of this understanding. Further, examining parents' motivational beliefs within the local "place-specific context …. [making] a detailed analysis of the stetting [including] who is there, how they think or operate, implicit social norms, [and] … organizational culture" follows the *settings approach* of school health promotion and education strategies (Poland, Krupa, & McCall, 2009, p.506), and acknowledges the influence of social processes inherent to parents' school-based involvement (Bronfenbrenner, 1994). Throughout this review, particular emphasis is placed on the relationship between each construct and parents' health outcome expectancies. Limitations of past research are discussed to provide understanding of how this study contributes to the body of existing research.

The review of literature seeks to address the following questions: In what ways does the individual's construction of the parental role contribute to their decision to be involved in HAS at their child's elementary school? Specifically, what values, valences and goals contribute to parents' decision making to be involved in comprehensive school health at their child's elementary school? Next, in what ways does parents' sense of efficacy contribute to their decision to be involved in HAS at their child's elementary school?

Before any studies in the field are presented, however, a context of school health promotion initiatives is presented to provide the research context for this study.

Health Promoting Schools. Health Promoting Schools (HPS) is a wide contextual framework for school health promotion and education (SHPE) that facilitates multiple health initiatives to be coordinated in a coherent manner. The focus of HPS is on both individual and the environmental (Hagquist & Starring, 1997); international HPS models share the perspective that the school context and overall school experience are instrumental to students', staff and parents' healthy development (Henderson & Mapp, 2002; Young, 2005). Comprehensive School Health (CSH) is Canada's application of the HPS concept. Following CSH principles, the Ontario Ministry of Education (2007) has provincially developed and promotes the 'Healthy Schools' (HS) program. Schools are recommended to tailor the HS program to their unique needs through a diversity of health-related topics; the Healthy Schools Recognition Program celebrates schools that initiate at least one new activity to promote healthier living (OME, 2010).

Parents' Motivational Beliefs

Beliefs are dynamic and interactive cognitions, knowledge-based constructions of experiences that may be considered in absolutes or probabilities (Bogdan, 1986). For the purposes of this study, the terms *attitudes*, *perceptions*, and *opinions* are included under the umbrella term *beliefs* (Siegel & McGillicuddy, 2002). *Motives* are defined as "goal-directed forces, induced by threats or opportunities related to one's values" (Batson & Ahmad, 2002). As an important precursor to behaviour, people's motives help to explain why they do the things they do (Reeve, 2005). Human behaviour may be understood as the result of the interaction between cognitive, motivational, and self- processes (Borkowski, Carr, Relliger & Pressley, 1990); parent-centered process variables may thus have predictive power of parents' involvement behaviour (Henderson & Mapp, 2002). Specific to this study, context beliefs and

capability beliefs are motivational processes that direct, energize, and regulate goals for potential future states and ensuing goal-directed activity (Ford & Smith, 2007).

Studies have shown that parents' motivational beliefs are intrinsic to their subsequent involvement in their child's school experience (Henderson & Mapp, 2002; Hoover-Dempsey & Sandler, 2005c; Sheldon, 2002), and account for some of the variance in children's growth and development (Siegel &McGillicuddy, 2002). Consequently, examining parents' intrapersonal beliefs helps to understand why parents are motivated to be involved in different ways in their child's life (Eccles & Wigfield, 2002), and may be the key to gaining a greater understanding of why parents make specific decisions for involvement (Hoover-Dempsey & Sandler, 1997). Parents' involvement behaviours are grounded in their beliefs of what constitutes the parental role (Siegel &McGillicuddy, 2002). In addition, parents have specific expectancy beliefs about the outcome of their behaviours; those beliefs most valued hold the incentive of contributing to the fulfillment of the parental role (Eccles & Wigfield, 2002). Parents may be empowered or impeded in their involvement by their efficacy beliefs of their competency as caretakers and role models, and their self-judgement in effectively fulfilling the parental role (Bandura, 1994). Further, evidence has shown that a relationship exists between parents' beliefs regarding their parenting role, goals, values, and their ideas about health and educational practices, specifically within the early years of childhood, and in various social contexts (Siegel &McGillicuddy, 2002); parents' healthy behaviour has been found to predict changes in their children (Beardslee, Gladstone, Wright & Cooper, 2003).

Hoover-Dempsey and Sandler's Model of Parent Involvement

The literature reviewed suggests a need to further examine those beliefs that motivate parents to be involved in their children's development at school. Research also indicates that parents' motivation differ depending upon the goals that direct their behaviour. In order to examine parents' motivations for involvement in HAS at their children's school this study employed Hoover-Dempsey and Sandler's model of parent involvement (1995, 1997, 2005c). The purpose of this section is to discuss in more detail those key concepts of the model used in data analysis.

The model utilizes a psychological perspective to examine the process and status variables that influence parents' decision to become involved in their child's schooling, and how this involvement affects their child's achievement (for complete model see Appendix A). Bronfenbrenner's (1979, 1994) ecological systems theory, Bandura's self-efficacy theory (1986, 1997) as well as psychological, sociological and educational research are incorporated within the model. Recognizing that parents are influenced and influence their environment (Bronfenbrenner, 1994), understanding parents' motivational beliefs requires consideration for the "broader social ecology of parents' lives … [studies must make] significant references to the proximal and distal social systems that work to limit or enhance both developmental processes and outcomes" (1997, p.5). Incorporating these theories within the model allows the framework to illustrate the myriad of influences on parents' decision making process, and helps underscore the rationale that no single variable can be isolated as the main influence (Walker et al., 2005).

The model's five sequential levels work towards the final goal of parents' involvement: being a positive influence on their child's educational outcomes (Deslandes, 2001). The model's linear display implies that the process of parent involvement is linear; in actuality it is more

"recursive and complex" due to the influence of other compounding factors (Hoover-Dempsey & Sandler, 1997). As shown in table 1, the model's foundation is grounded by three psychological and contextual variables believed to exert the most influence on parents' decisions about involvement: parents' motivational beliefs for involvement, parents' specific and general invitations from others, and parents' perceived life context. Parents' motivational beliefs were found to be the biggest predictor of their decision for school-based involvement (Walker et al., 2005); this study focuses on parents' motivational beliefs related to their parental role and parental self-efficacy for involvement as predictors specific to their school-based involvement in HAS.

Table 1

Levels one and two, Hoover-Dempsey and Sandler's model of parent involvement. Adapted from "Parental involvement: Model revision through scale development", by J.M. T. Walker, A.S. Wilkins, J.R. Dallaire, H.M. Sandler & K.V. Hoover-Dempsey, 2005, *The Elementary School Journal*, *106,* 2, p.88.Copyright by the University of Chicago.

Level 2: Parents' involvement forms						
Level 1: Psychological underpinnings of parents' involvement behaviour						
Parents' motivational beliefs		Parents' perceptions of invitations for involvement from others			Parents' perceived life context	
		General	Specific			
Parents' role construction	Parental self-efficacy	Perceptions of general school invitations	Perceptions of specific child invitations	Perceptions of specific teacher invitations	Self-perceived time and energy	Self-perceived skills & knowledge

The model is limited in that it does not "specifically address the perspective of ethnic-racial minority parents" (Marinez-Lora & Quintana, 2009, p.214); the assumption of "a level playing field of voluntary parent action" underestimates class, race, culture and school

constraints on parents' involvement "choices" (Auerbach, 2007, p.256). Nor does the model acknowledge parents that are uninvolved in their children's schooling (Walker et al., 2005). In addition, there may be incongruence between the measurement of constructs and measurement of involvement practices (Marinez-Lora & Quintana, 2009). Finally, in comparison to other models that address parents' health outcome expectancies as motivation for involvement (cf. Health Belief Model, Becker 1974), Hoover-Dempsey and Sandler's model focuses on academic outcome expectancies.

Yet compared to other theoretical models regarding process variables related to parent involvement (Eccles & Harold, 1996; Epstein et al., 2002), Hoover-Dempsey and Sandler's model of parent involvement stands out as the most concise and relevant theory suiting the criteria of the current study. The model strengthens more global theories of parent involvement (e.g. Epstein, 1986, 1989) by including the individual effects of role construction and parent self-efficacy, essential factors to acknowledge to help determine which school practices will encourage parent involvement (Deslandes, 2001). Further, the comprehensive and efficient nature of the model facilitates hypothesis testing (Anderson & Minke, 2007), and utilizes measures with acceptable reliability and validity for every construct (Hoover-Dempsey & Sandler, 2005c).

Currently, quantitative empirical research that utilizes Hoover-Dempsey and Sandler's model far outweighs qualitative. Within the domain of parent involvement and utilizing Hoover-Dempsey and Sandler's model, no study was found related to parents' motivation for involvement specifically for CSH approaches. The context of this study is limited to examining the first level of Hoover-Dempsey and Sandler's model, with exclusive attention paid to parents' motivational beliefs. Specifically, parents' role construction and values for health and

involvement, affective valence towards the school, and parents' sense of individual and collective efficacy are examined to gain a better understanding of parents' decision making for involvement in HAS at their child's school. To complement Hoover-Dempsey and Sandler's model in examining parents' values for health, Penner's (2002) functionalist perspective of reasons why people volunteer will also be utilized.

Parental role construct. The parental role construct is one role of the many that compose one's self-concept (Grube & Piliavin, 2000). As a socially constructed identity, parents' role construct is essentially a constellation of beliefs one has regarding what one is supposed to do as a parent (Eccles & Harold, 1993) and "socially identifies" different individuals as parents (Turner, 1968 in Turner, 1990, p.87). Parental role beliefs can relate to parents' sense of responsibility for their child's daily school experience, and the required appropriate responses and decision making (Reed et al., 2000). Inherent to theses beliefs are parental expectations, values, and goals (Eccles & Harold, 1993; Ford, 2007) for the child's behaviour.

The development of one's identity as parent is dynamic, determined by the individual's personal beliefs and values, yet guided by the expectations of, and interactions with the groups and individuals pertinent to her social networks (Hoover-Dempsey et al., 2004, 2005; Lareau, 1996). There is scant evidence to explain those personal and contextual influences that affect one's unique construction of her parental role (Whitaker, 2008). Theories have suggested a myriad of individual, group and cultural sources (Auerbach, 2007; Bandura, 1989); from deeply rooted beliefs in child-rearing practices that are implicit in one's culture (Siegel & McGillicuddy-DeLisi, 2002), to parents' own experiences with their childhood caregivers (Bugental & Happaney, 2002: Piliavin, 2004), observations of other parents, and their

experiences as parents themselves (Hoover-Dempsey, Walker, Sandler, Whetsel, Green, Wilkins, & Closson, 2005c).

A greater understanding of parents' role construction must include the recognition of the impact of each school's unique culture (Whitaker, 2008). Grounded in the collective values, beliefs, assumptions and norms unique to the members making up a specific school's community (Griffith, 1998), the distinct culture of each school influences member interactions guiding parents' interpretation of their role, the goals they set for their involvement, and their ensuing involvement choices (Hill & Jones, 2001; Suizzo, 2004). A strong school culture is evidenced by the alignment of groups' and individuals' values within the school community with the overall values of the organization, and positive responses to administrative leadership (Peterson & Deal, 2009). Parents' beliefs of what is "important, necessary, and permissible" for involvement (Hoover-Dempsey & Sandler, 1997, p.9) is thus greatly influenced by the social norms, group and cultural values of members of their school community (Auerbach, 2007; Walker et al., 2004; Grube & Piliavin, 2000).

Social networks develop as parents interact through their school involvement, building relationships with other parents and staff, and having discussions related to school. The development of social networks "suppl[ies] information, foster trust, make contacts, provide[s] support, set[s] guidelines, and create obligations …. [Further,] they make volunteer work more likely by fostering norms of generalized reciprocity, encouraging people to trust each other, and amplifying reputations" (Putnam, 1995, p.67; Matsuba, Hart & Atkins, 2007).

Notably, the social processes inherent to parents' social networks provide explicit and implicit social pressures regarding the enactment of the parental role (Penner, 2002; Sheldon, 2002). Social networks consequently have the potential to increase the likelihood that a parent

will decide to become involved (Finkelstein, Penner, & Brannick, 2005; Penner, 2004; Grube & Piliavin, 2000; Sheldon, 2002). For example, the more others identify the individual with the role of involved or volunteer parent, the more s/he will internalize that role and integrate it into her self-concept (Finkelstein & Penner, 2004; Grube & Piliavin, 2000).

Indeed, parents' role construction consists of their combined personal values, and socially influenced by the values of the group, school culture and community to which they belong. Recognizing the multiple influences at work facilitates a deeper understanding of the parental role construct. Parents' unique interpretation of their role construct consequently motivates parents "to envision, plan, and set expectations, then act on potentially essential activities for their children's success" (Walker, et al., Wilkins, Dallaire, Sandler, & Hoover-Dempsey, 2005, p.89).

Outcome-expectancy beliefs. Parents hold varying beliefs about the degree to which children's behaviour is controllable (Himelstein, Graham & Weiner, 1991 in Wentzel, 2000). Parents may expect that their involvement will elicit a specific outcome, their outcome expectancy beliefs motivating specific parenting strategies and socialization goals (Wentzel, 2000). For example, parents' belief that their child's healthy development will occur as a consequence of their actions may motivate their school involvement (Eccles & Wigfield, 2002). Substantial longitudinal (e.g. Flouri & Buchanan, 2004), cross-sectional research (Green, Walker, Hoover-Dempsey & Sandler, 2007), and meta-analyses (Fan & Chen, 2001; Henderson & Mapp, 2002) affirm the positive relationship between parents' involvement and elementary children's developmental outcomes (Caspe, Lopez & Wolos, 2006; Nye, Turner & Schwartz, 2006; Pomerantz, Moorman & Litwack, 2007).

Parents' *agentic* beliefs that they can shape their child's healthy outcomes thus motivate their involvement (Bandura, 1986; 1997, 2000); understanding this component of parents' motivation provides some explanation for their school involvement (Siegel & McGillicuddy, 2002). This review specifically focuses on parent involvement studies related to parents' goal of affecting their children's learning and health outcomes.

Values. Values are stable, general motivational beliefs that indicate the importance one attributes to an activity (Feather, 1992; Schiefele, 1999). They emerge from one's basic psychological and biological needs, sense of self, and norms of society; they are also "inculcated and transmitted by different social institutions" (Feather, p.111). One's value system consists of a hierarchical collection of one's moral, competency, personal and social values (Rokeach, 1973); these interpersonal beliefs represent the relative importance that parents give to their actions and serve as a "guiding principles in their lives" (Schwartz, 1987, p.350).

Parents' manifested behaviour expresses those values, behaviours and standards that they desire their children to adopt (Bilsky & Schwartz, 1994, Katenkamp, 2008), such as those behaviours parents perceive as useful in contributing to their child's developmental success goals (Eccles & Wigfield, 2002). Specifically, parents who value health, and believe that raising a healthy child is part of their role will set goals and influence the child's choices to achieve healthy lifestyle and behaviour (Rhee, De Lago, Arscot-Mills, Mehta, & Davis, 2005). This may occur through overt transmissions of their beliefs such as being physically active with their children, modifying their children's physical activity and diet behaviours (Rhea, et al.), and enrolling them in programs that require physical activity (Sallis, Prochaska, & Taylor, 2000).

The decision for school-based involvement is purposeful, its value dependent on how it is aligned with parents' personal beliefs and values (Davis, Mitchell, Hall, Lothert, Snapp &

Meyer, 1999), and how strongly it confirms or disconfirms salient aspects of one's self-concept, such as the parental role construct or identity as a parent volunteer (Davis, Hall & Meyer, 2003; Green & Hoover-Dempsey, 2007; Penner & Finkelstein, 1998). For instance, it is well known that parents' value of academic achievement motivates parents for school-based involvement (Englund, 2004) - to the extent that they undertake more intellectually stimulating activities to facilitate their child's school experience (Lareau, 2003; Pelletier & Brent, 2004; Shumow and Lomax, 2002). Lesser known is that parents' values also influence their motivation for involvement in school health promotion and education programs (Doyle, 1999; Eyler, Baldwin, Carboske, Nickelson, Troped, Steinman, … & Schmid, 2008).

Further, Feather (1992) asserts that the values that parents hold will affect their self-initiative of goal-directed involvement, their persistence in their involvement, and their sense of accomplishing their goals through their involvement. These characteristics, when strongly manifested, are all typical of a strong sense of self-efficacy, demonstrating the interrelationship of parents' values and their efficacy for involvement.

Salient to this study are parents' health values, their ideological beliefs surrounding their child's needs for healthy development opportunities, their pedagogical beliefs related to the values and teaching approaches that their child should experience in school (Green & Hoover-Dempsey, 2007), and their prosocial value beliefs about helping others, such as other students at their child's school (Omoto & Snyder, 1995).

Social Value Orientation. Working with others within the social milieu of the school may influence the "relative importance" of certain values for a parent (Feather, 1992, p.112). Research has attempted to understand "people's self-regarding versus other-regarding tendencies" when faced with social dilemmas in settings of interdependence (Bogaert, Boone, &

Declerck, 2008, p.453). Examining the construct of parent's social value orientation (SVO) contributes to gaining a better understanding of the motivational beliefs behind parents' type of involvement and cooperation with other parents within the context of their school community (Kollock, 1998 in Boagert et al., 2008). Further, SVO helps in the understanding what people consider fair or rational in group contexts (Van Lange & Semin-Goossens, 1998).

A *proself* orientation gives priority to values that serve the individual; proself parents tend to be motivated by their own parental goals for their child's successful outcomes. Parents may thus value those behaviours they perceive as useful in contributing to the achievement of developmental goals for their child (Eccles & Wigfield, 2002), such as school involvement that directly impacts their child.

In contrast, placing one's parental goals as secondary to those that serve the whole community (Triandis, Bontempo, & Villareal, 1988) is characteristic of parents with *prosocial* beliefs (Penner, 2002). Prosocial behaviour such as volunteering was theorized to have its origins in the "tender emotions" of parental instinct (McDougall, 1908, cited in Penner, Dovidio, Piliavin & Schroeder, 2005, p.142); it is unsurprising then, that parents with a more prosocial orientation have a "fundamental concern for others" (Ford & Smith, 2007, p. 154). By directly improving all students' quality of life, or affecting reform in educational policies (Courtney, 1994 in Bussel & Forbes, 2002), parents may volunteer because it expresses their moral and ethical values for helping others (Clary et al., 1998; Mowen & Sujan, 2005; Omoto & Snyder, 1995). Contexts such as the school play an integral role in motivation to volunteer and ensuing practice (Penner, 2002); yet little research has examined local variations in volunteering (Bussel & Forbes, 2002). After extended periods of volunteering, volunteer's self-growth and the utilization of their skills becomes more motivating (Finkelstein, 2008). Ultimately, the act of

volunteering becomes a means for the individual to express and share her core values (Omoto & Snyder, 1993) and "be true to … her true self" (Bussel & Forbes, 2002, p.249).

Research indicates that parents' value expression through school involvement tends to lean more towards a proself orientation; parents report much more child-specific involvement than school-general involvement that may benefit all students (Ritblatt, Beatty, Cronan, & Ochoa, 2002; Walker, et al., 2002). Moreover, the North American school system is specifically oriented to the development of children's individual outcomes. Further, parents who volunteer have a greater likelihood of having a *prosocial personality type,* characterized by empathy for others, extraversion, helpfulness, and a positive focus (Asendorpf, Borkenau, Ostendorf, & Van Aken, 2001; Penner, 2002). Studies have shown that volunteer behaviour is correlated with these personality dimensions (Penner & Finkelstein, 1998; Penner, 2002). Parent involvement research has exclusively centred on involvement that is directly related to parents' own children; little knowledge exists surrounding parents' volunteering to benefit the entire student body.

Goals to fulfill the parental role. The beliefs that guide parents' actions are typically regulated by intentionally set goals that embody a parent's role construct and related values (Bandura, 1997; Hoover-Dempsey et al., 2004). These "core parental goals" (Ford & Smith, 2007, p.158) represent outcome expectancies, motivating parents to act in the hopes of fulfilling an aspect of their parental role (Ford, 1992; Zimmerman, 2000). Accordingly, along with parents' beliefs about parenting and the nature of children, their instrumental and interpersonal goals are significant antecedents of their actions (Darling & Steinberg, 1993). Parents' child-centred health goals (Hastings & Grusec, 1998) may be influenced by parents' personal values for health; for example, the approach that parents take to feeding their children (Levine, 1998 in Savage, Fisher & Birch, 2008). Relationship and parent-centred goals that parents hold for HAS

at their children's school may be influenced by the social processes inherent to working within a group context, and must therefore be considered within the context of the parents' working environment at school (Ford, 1992).

One parent's individual expression of values may influence the values of others they are working within the school community (Johnson & Johnson, 2009). Indeed, as groups are "embedded within organizations and societies … group processes are likely influenced by the perceptions, values and codes of conduct that are predominant in these larger cultural contexts" (Gibson , 1999). Consequently, the style in which parents will attempt to achieve their goals within the group may reflect one of three dominant values of the group, the school, and the greater culture: (a) competition, (b) individualism (Deutsch, 1949, 1962) or (c) cooperation (also defined as collectivism) (Triandis, 1985).

In a *competitive* situation, parents' successful achievement of goals is linked with the failure of others (Deutsch, 1962). *Negative social interdependence* results from parents' emphasis on competition (Johnson & Johnson, 2009). Limited or negative outcomes result from "bungling" and "contrient" group processes (Johnson & Johnson, p.368). The *individualistic* situation defines parents' goals as independent and unrelated to the goals of others (Johnson, Johnson & Skon, 1979); while *cooperating* entails "two or more parents coming together as partners to work interdependently toward a common goal that will benefit all involved (Penner et al., 2005). Johnson & Johnson found that positive interdependence was achieved through parents' cooperation. *Positive interdependence* may be seen when parents' goal achievement positively correlates with the achievement of others with whom they are linked; individuals were found to encourage, support, and promote each other in order to reach group goals.

An extensive review of studies revealed that cooperation was more effective than competitive and individualistic efforts in an assortment of settings, subjects, and theoretical orientations (Johnson, Maruyama, Johnson, Nelson & Skon, 1981). Parents' goal achievement is positively correlated with the achievement of others in a cooperative situation; it may be that parents are thus motivated to work cooperatively with others to reach not only the group, but individual goals (Mead, 1967; Hoefstede, 1980). The positive outcomes of cooperative involvement may act as a motivator for parents' positive social interdependence.

Parents' beliefs about the values and teaching approaches that their child should experience in school. Parents hold ideological, pedagogical, and value beliefs about what their child needs and should experience in school (Bielick, Chandler & Broughman, 2002; Green & Hoover-Dempsey, 2007). These beliefs contribute to parents' construction of their role of parent, guiding them in their daily parenting decisions. Research also indicates that parents valued the school's delivery of health-related issues such as their children's safety, sex education, healthy lifestyle choices (Doyle, 1999), and school support services for parents that enhance their ability in the parenting role (Cooper & Christie, 2005). Those beliefs and values that conflict with those of school staff and delivered by school curriculum and teaching approaches may negatively affect parents' involvement (Grolnick et al., 1997).

Role activity beliefs. Parents' role activity beliefs delimit what parents feel is appropriate behaviour to their parental role construction, consequently guiding and influencing parents' choices of type and level of involvement in their child's schooling experience (Reed, et al. 2000; Walker et al, 2005). Accordingly, parents with more active role beliefs typically were found to be more involved in their child's education than parents with more passive beliefs (Deslandes & Bertrand, 2005; Hoover-Dempsey et al., 2005c). Parents who strongly believed that their role

was to raise healthy children were found to exhibit parenting behaviours that influenced their child's healthy development (Johnson, Kent, & Leather, 2005).

Valence. Values instigate valences or attraction for potential outcomes. By influencing a parents' "subjective definition of a situation", school-based involvement and associated outcomes may be infused with "goal properties" (Feather, 1992, p. 112). Valence indicates the degree of attraction or motivation parents consequently have for their involvement with school (Hoover-Dempsey et al., 2005c; Putallaz, Costanzo & Smith, 1991). Empirical research indicates this subconstruct of parents' role construction is a potent influence on parents' decision to be involved in their child's schooling experience (Seefeldt et al., 1998).

Parents' personal history with the school system as a student (Green et al., 2007) and as a parent of a student (Anderson & Minke, 2007; Auerbach, 2007) contributes to their value system, and their ideological and pedagogical beliefs about what their child should experience in school (Green & Hoover-Dempsey, 2007). A parents' decision to become involved is influenced by not only their outcome expectancies but by their subjective valuing, or valence towards school-based involvement (Feather, 1992). The examination of valence consequently brings attention to an understudied yet integral construct of parents' role beliefs that is influenced by school context (Taylor et al., 2004; Walker et al., 2005).

Anderson and Minke (2007) suggest including in the valence construct two important considerations: the parent-teacher relationship and the sense of trust and value that parents feel from the school (Adams & Christenson, 2000). Over the last decade, parents' negative valence is implicit through the OME's statement "unmet parent concerns about publicly funded education contributed to a 50% increase in those who moved their children to private schools" (2005b, pp.1). Similarly, American parents' choice to home school their children reflected their lack of

trust in the school's abilities to effectively educate their children, specifically in the area of value beliefs, special needs beliefs, and pedagogical beliefs (Green & Hoover-Dempsey, 2007). When combined with parents' role beliefs, parents' valence may limit or motivate parents' involvement (Anderson & Minke, 2007).

A positive valence may be a result of successful school experiences, and result in parents' efficacy interacting with the school (Manz, Fantuzzo, & Power, 2004). For example, Jones and Costello's (2007) study of newly integrated community parent advisors for a British school health promotion and education program revealed the significance of the building of trust between the involved parents and the school to parents' motivation for involvement. Studies in other domains have similarly found that if volunteers are satisfied in their experience, they are more likely to continue volunteering (Omoto & Snyder, 1995); a volunteer-friendly environment retains parents who are helping the entire student body (Hobson, Rominger, Malec, Hobson & Evans, 1996; Wright, Larsen, & Higgs, 1995). Clearly, it is imperative to closely examine features within the school context, and their meaning for parents, to gain a deeper understanding of valence's influence on parents' motivation for involvement (Feather, 1992).

The school's capacity for HAS. To fully understand parents' valence, each school's idiosyncrasies must be taken into account (Newmann, Rutter & Smith, 1989). Parents' valence may thus be examined as their interpretation of the school's capacity to develop, implement and sustain HAS. In this study, this organizational capacity is interpreted as the school's power to implement HAS. Each school has its own capacity for HAS, "…comprised of a collection of organizational resources, interactive in nature, that supports school wide reform initiatives, teacher change, and the ultimate improvement of students' learning" (Cosner, 2009, p.250). Parents are aware that the investments they make in their child's school experience and the

greater school community may be "enhanced or undermined by the presence or absence" of these resources (Furstenberg & Hughes, 1995, p.582); parents' involvement may consequently be influenced by their perception of the school's capacity for HAS (Omoto & Snyder, 1995).

Factors that may contribute positively to parents' valence include visionary leadership of a mission that is articulated and shared with others, collective commitment to the mission, having knowledge or access to knowledge of HAS, organizational structures and management that facilitate the success of HAS, and instructional resources and human capital that enable parents to develop and implement HAS (O'Day, Goertz, & Floden, 1995).

Parents' role orientation. Parents' behaviour expresses those beliefs that motivate it (Darling & Steinberg, 1993). Valence and role activity beliefs are the operational definitions of role construction, proposed to facilitate the prediction of parents' role orientation and ensuing involvement (Hoover-Dempsey et al., 2004; Hoover-Dempsey, et al., 2005c). Walker and colleagues (2005) developed a role construction scale, utilizing these measures. Four orientations of involvement behaviour patterns indicate parents' role activity beliefs as: (a) school-focused, (b) partnership-focused, (c) parent-focused, and (d) disengaged; the patterns indicate the level of activity parents believe they should maintain regarding their child's education (Green, et al., 2007).

A strong parental role construct and parent-focused role orientations were the strongest predictors of active parent involvement (Green, et al., 2007; Hoover-Dempsey & Sandler, 2005b; Walker et al., 2005). The two active orientations may be distinguished by the different levels of trust the parents holds for the school (see Table 1). A partnership-focused orientation depicts parents with a positive valence and active role beliefs. They typically believe that the school can be trusted to do what is in the students' best interests; parents and schools together are believed

to be responsible for the child's education (O'Connor, 2003; Walker, 2004). These parents are consequently motivated to be consistently and actively engaged with the school.

Conversely, parents with a parent-focused orientation have active role beliefs, but with distinctly different motivational underpinnings. Their moderate or even negative valence towards the school is grounded by the belief that the school is untrustworthy in its practice, and cannot be relied upon to act in the best interests of the student; the parent therefore feels the need for an active monitoring of school practice (O'Connor, 2003). For example, parents who perceived a less positive school climate, a lack of information about their child's education and lower quality of academic instruction reported higher school- related involvement (Seefeldt, Denton, Galper, Younoszai, 1998; Griffith, 1998).

Finally, both a school-focused and disengaged orientations may be a result of parents' high level of trust that the school's practices reinforce parent goals; these beliefs may consequently lead to a more passive level of parent activity (Hoover-Dempsey et al., 2004; O'Connor, 2003; Walker et al., 2005). Further, these parents may believe that the school is ultimately responsible for their child's learning and therefore they do not feel the need to monitor the school's practices (O'Connor). The hypothesized role construction scale (Table 2) clarifies these concepts and parents' resulting orientation in their relationship with the school.

Table 2

Parental role orientation scale

		Role activity beliefs	
		Passive	Active
Valence	Negative (Lack of trust)	Disengaged	Parent-focused
	Positive (Trust)	School-focused	Partnership-focused

K.V. Hoover-Dempsey, A.S. Wilkins, H.M. Sandler, K.P. O'Connor, K.P., 2004, Parental Role Construction for Involvement: Interactions Among Theoretical, Measurement, and Pragmatic Issues in Instrument Development. Paper presented at the Annual Meeting of the American Educational Research Association in San Diego, CA, April 2004, p.9.

Parental self-efficacy. Motivation provides "the psychological foundation for the development of human competence in everyday life" (Ford, 1992, p.16). The motivational process of parental self-efficacy beliefs (PSE) are defined as individuals' perceptions regarding their competencies and abilities in the parenting role (Bandura, 1997; Coleman & Karraker, 2003). It is well known that humans are motivated by a basic need for competence; the sense of parental competence, or parental self-efficacy, is considered to be the second most common aspect of the self desired by parents (Markus, Cross & Wurf, 1990). Parents' efficacy beliefs may not be an accurate reflection of their knowledge or skills, but rather are their interpretation that they can use their skills to produce the desired outcomes (Bandura, 1986).

There is strong evidence that parents' self-efficacy for their parenting ability and effectiveness has an integral influence on their children's outcomes (e.g. behaviours, socio-emotional adjustment, and school achievement), and is thus a key predictor of parenting behaviours (Jones & Prinz, 2005) and volunteering (Smith, 1994). Parents' outcome- and *efficacy expectancies* (Bandura, 1997) for the desired outcomes of their children are integral agentic beliefs that shape parents' motivation and resulting involvement in their children's lives. Certainly, a greater sense

of efficacy for a parenting task results in expectancies for successful outcomes (Meece, Wigfield & Eccles, 1990), thus motivating future parenting practice. Positive valence has been associated with strong efficacy for involvement (Meece et al., 1990); positive valence and strong efficacy beliefs combined with parents' positive outcome expectancies may contribute to parents' motivational beliefs for a specific action (Feather, 1992).

Considering the preceding, Bandura's theory of self-efficacy (1994, 2001) is incorporated within the motivational beliefs construct of Hoover-Dempsey and Sandler's model of parent involvement (1997, 2005c). Despite a strong motivational drive for a specific outcome, with numerous options of actions available, parents' efficacy beliefs will ultimately influence their level of motivation and ensuing course of action (Bandura, 1997; Hoover-Dempsey, Bassler & Brissie, 1992). For example, a parent may believe that what she does is an essential parental contribution to her child's healthy development. Yet only if she has the self-efficacy that she has the required competency will she be motivated to pursue that specific opportunity for her child's health benefit (Eccles & Wigfield, 2002).

Reciprocally, the development and strength of parents' efficacy results from information gained personally, vicariously, socially and physiologically (Bandura, 1986). Most influential are mastery experiences, or feeling a sense of accomplishment with a task. Accomplishments lead parents to believe they can elicit desirable outcomes; a greater level of persistence is exhibited, more challenging scenarios are undertaken, and future performance is improved (Bandura, Barbaranelli, Caprara, & Pastorelli, 2001). Research indicates a positive relationship between higher parental self-efficacy and parental satisfaction in the parental role (Coleman & Karraker, 2000; Laws & Millward, 2001). Parents' with high self-efficacy persevere in the face of adversity not only because they have an intrinsic interest and commitment to parenting, but

also because they feel like they have some control over their children's development (Bandura, 1997).

Role models, verbal persuasion from others, somatic and emotional responses to the activity, and salient elements of one's social environment can additionally contribute to these competency beliefs (Bandura, 1994; 1997). Parents whose childhood included responsive parents and home environments conducive to efficacious actions will have greater social and cognitive development (Bandura, 1994), consequently strengthening their efficacy beliefs for their own fulfillment of the parental role (Coleman & Karraker, 2003; Shumow & Lomax, 2002). Further, efficacy beliefs derived from successful childhood school experiences will influence parents' self-efficacy within the school community (Blunt-Bugental & Happaney, 2002). These positive experiences influence ensuing parenting practices (Bondy & Mash, 1997).

Parents' efficacy beliefs thus influence the type of involvement activities they choose to participate in, goals chosen, persistence and the level of commitment exhibited to accomplish the goals they set (Bandura, 1997; Walker et al., 2005). For example, parents with limited education and low efficacy were found less likely to be proactive and engaged in their children's learning experience (Hoover-Dempsey et al., 1992; Shumow & Lomax, 2002); it may be that these parents had fewer opportunities for accomplishments in their own schooling experience (Hoover-Dempsey et al., 2005; Taylor, et al., 2004), or that they viewed their child's school success as dependent on ability rather than effort; these parents may consequently believe that their involvement has little impact (Henderson & Dweck, 1990). Ultimately, low parental efficacy limits parents' involvement behaviour or persistence thereof (Bandura, Barbaranelli, Caprara & Pastorelli, 1996; Hoover-Dempsey & Sandler, 2005c).

Comparatively, parents with higher parental efficacy tended to be motivated to set higher goals and exhibit more persistence and investment in pursuit of those parental goals (Ames, 1993; Cooper, Lindsay, Nye, & Greathouse, 1998; Hoover-Dempsey & Sandler, 1997). Greater parental efficacy has been linked with the developmental goals parents set for their children (Brody, Flor & Gibson, 1999), parents' greater involvement and monitoring of children (Shumow & Lomax, 2002), efforts to educate themselves about parenting (Spoth & Conroy, 1993), to teach their child injury prevention (Peterson, Farmer, & Kashani, 1990) and to their volunteering (Smith, 1994).

Note that there is some disagreement over the influence of parents' efficacy beliefs specific to their school-based involvement; a positive relationship was found (Hoover-Dempsey et al., 1992; Seefeldt, et al., 1998; Shumow & Lomax, 2002), an indirect relationship (Anderson & Minke, 2007; Deslandes & Bertrand, 2004, 2005), and a slightly negative relationship (Green et al., 2007b). Parents' strong sense of efficacy has been shown to result in a more parent-focused orientation when accompanied by active parental role beliefs (Green & Hoover-Dempsey, 2007; Whitaker, 2008); future research may need to consider the separate measurement of the self-efficacy and role constructs (Anderson & Minke, 2007) to discern more clearly the influence of each variable.

Notably, parents with higher levels of education tend to have a higher parental self-efficacy (Davis-Kean, 2005; Deslandes & Bertrand, 2004; Taylor et al., 2004). More education increases the likelihood of being exposed to more contemporary parenting information and may also result in a greater awareness of salient societal issues (Wilson, 2000). Equipped with this relevant knowledge to support their parenting actions, self-efficacious parents are more likely to believe that effortful parenting behaviours, rather than biology, are the cause of positive outcomes

(Reznik, 1999). Specifically, mothers who believed that they had influence in their child's development were more apt to hold developmental goals for their child such as education (Brody, et al., 1999); higher educated mothers had higher expectations for their child's academic achievement; these higher expectations were related to more achievement related behaviour by those mothers in the home (Halle, Kurtz-Costes & Mahoney, 1997). In addition, higher educated parents tended to have a more accurate understanding and expectations of their child's capabilities; the home and educational environment was structured more appropriately to assist their child's learning and development (Davis-Kean, 2005).

Finally, parental efficacy has been shown to be mediated by parents' perception that their involvement is part of their parental role (Deslandes & Bertrand, 2005; Hoover-Dempsey, Walker, Jones, & Reed, 2002), accompanied by a collaborative relationship with the school (Bandura et al., 1996; Walker et al., 2005). Parents' actual involvement may consequently be dependent upon the social process of gaining consensus with other parents in the school community (Griffith, 1998). Related to school health promotion and education, Vince Whitman (2009) suggests that parents' sense of efficacy, coupled with their access to health and education services, is the means to transform school health values and consequent approach to delivering those values to students.

Collective efficacy. With the ever-increasing interdependence among people, challenges in life are commonly group-oriented and demand not only individual, but also collective efforts to elicit change (Bandura, 1994, 2000). As previously discussed, parents' HAS involvement may require working in a group; collective efficacy "adds an organizational dimension" (Goddard, Hoy, & Woolfolk Hoy, 2004, p.4) by applying the concept of self-efficacy to the group level (Ronglan, 2007). Collective efficacy may emerge from the cooperative efforts of the group.

Collective efficacy "is a product of the efficacy beliefs of each group member, the efficacy beliefs that they hold for the group operating as a whole, and emerging from the shared knowledge and skills of each group member and the "interactive, coordinative, and synergistic dynamics of their transactions" (Bandura, 2000, p.75). According to Bandura, these beliefs determine the actions of the group, the level of effort, commitment and perseverance they exert, and the likelihood of success; the strength of a group of parents and their potential for success can therefore be partly attributed to parents' sense of collective efficacy that they are capable of addressing the challenges faced by their collective forces. Further, "personal agency operates within a broad network of sociostructural influences" (Bandura, 1997, p.6). Moritz and Watson (1998) highlight the influence of inherent social processes on the emergence of collective efficacy; the complexity of which "depends on the degree of interdependency" of the group (Bandura, 2001 in Ronglan, 2007, p.79), and parents' comfort level within the school environment (Vealey, Hayashi, Garner-Homan & Giacobbi, 1998).

Studies have shown that the higher the perceived collective efficacy of the group, the greater the group's efforts (Lichacz & Partington, 1996), persistence in the face of challenges (Greenlees, Graydon & Maynard, 1999) and accomplishments (Ronglan, 2007). Further, a sense of collective efficacy has also been shown to predict volunteer participation (Smith, 1994). Goddard and colleagues (2004) note the dearth of collective efficacy research in relation to school stakeholders. Ronglan (2007) equate this lack with the difficulty in conducting group research; he asserts the need for more research to better understand the emergence of this motivational construct in different contexts.

Penner's (2002) Integrated Model of Sustained Motivation for Volunteerism

Parents' motives for involvement may not be framed exclusively within the pretext of solely benefiting their own children (as conceived by Hoover-Dempsey and Sandler). To complement the parent involvement literature based on Hoover-Dempsey and Sandler's model, Penner's (2002) integrative theory on volunteer motives was also utilized for this study. Parents' school-based involvement for HAS may also be in line with a volunteer paradigm better examined within Penner's framework. (See Appendix A for model)

Penner (2002) proposed that volunteerism can be explained through an interactionist perspective that integrates the theory of role identity (Grube & Piliavin, 2000) with the theory of functional analysis of volunteering (Clary & Snyder, 1991; Clary et al., 1998; Penner & Finkelstein, 1998). Volunteering is preceded by motives diverse and unique to the individual (Clary et al., 1998), and may be accompanied by a prosocial personality type (Penner, 2002). Further, similar to parents' role construction, one's volunteer role identity continues to develop throughout the volunteer experience; thus highlighting the importance in acknowledging the influence of the school community on parents' motives for their involvement (Penner, 2004).

As parents' valence stimulates the manifestation of parents' active role beliefs, similar stimuli may set in motion peoples' motivation to volunteer. For example, "personal circumstances in a person's life … an image or message that evoke[s] certain thoughts or feelings …. [or] an event that creates a sense of … concern … in a large group of people" are indeed salient issues arising in parents' experiences being involved at their child's school (Penner, 2004, p.651). Parents may then be motivated to act prosocially to cope with the feelings that are elicited by the volunteer activator (Penner). The more involved parents are in helping students, especially in challenging tasks, the stronger their parental role construct (Deslandes,

2004; 2005) or volunteer parent identity will become (Finkelstein & Penner, 2004); developing a volunteering identity helps to sustain the act of volunteering (Finkelstein et al., 2005; Grube & Piliavin, 2000; Penner, 2002). Persistence and sustained volunteering were predicted by altruistic motives, the development of an emotional link and satisfaction with the organization, and most influentially, a self-concept that includes a volunteer role identity (Davis, Hall & Meyer, 2003; Finkelstein, et al., 2005). Reciprocally, motive fulfillment and development of a volunteer identity increases the individual's satisfaction in their volunteering experience, and consequently influences their sustained activity (Davis et al., 2003; Finkelstein, 2008). In addition, the development of a volunteer role identity helps neutralize negative contextual effects (Jimenez, Fuertes, & Abad, 2010). Clearly, dispositional and organizational correlates of volunteering activity interact and influence each other to affect sustained volunteerism (Penner).

Examining Parents' Motivation for Contributing to Their Children's Healthy Development Opportunities in CSH

Children's healthy development is a crucial antecedent to their achievement of academic success. Moreover, with the prevalence of today's increased childhood health problems (Active Healthy Kids, 2010; Waddell, McEwan, Hua, & Shepherd, 2002; Heart and Stroke Foundation, 2010), support for CSH approaches is germane. Through the school setting, CSH approaches such as HAS may elicit children's positive health outcomes, and in the process, increase children's propensity for school success (Basch, 2010; Florence, Abridge, & Veuglers, 2008). These outcomes are undeniably attractive to parents; what is less well understood are the specific psychological processes that constitute parents' motivation for their own CSH involvement. Literature reviewed indicates that previous research on parent involvement in CSH literature is limited (Birch & Hallock, 1999).

In addition, equally important is gaining an understanding of parents' *motivational beliefs* related to their CSH involvement. Yet previous research on parents' motivation for involvement with CSH is clearly limited. Further, no studies utilizing Hoover-Dempsey and Sandler's model were found that specifically examined parents' motivations for school-based involvement in CSH. Yet research suggests "the effects of predictors depend on the type of involvement examined" (Grolnick et al., 1997, p.546); investigating parents' involvement specific to a CSH program is crucial to gaining a deeper understanding of the beliefs of motivation.

The sole Canadian study that examined parents' beliefs related to a CSH initiative is Doyle's (1999) master's thesis, *Parents' knowledge, attitudes and involvement in the Comprehensive School Health curriculum for grades seven, eight, and nine*. The purpose of Doyle's research was broadly stated to "explore parents' CSH and school health knowledge, attitudes and involvement" in a Newfoundland school district (p.4). Demographics of Doyle's sample were slightly different than the current study, representative of parents with children in grades 7 to 9. Parents interviewed were predominantly from urban areas of St.John's; no mention was made of additional status variables that may have influenced results. Purposive sampling was appropriate to study methodology, and diversely represented parents of children in three grades at two schools to give a greater scope to findings. Bias is a potential issue with this study due to parents' self-selection for interview participation; these parents' views may differ from other parents.

The study's sample size was adequate for utilizing quantitative methods of surveys (n=49), and qualitative methods of interviews (n=10). Grade 8 survey responses were weighted due to a comparatively lower response rate. No conceptual framework was mentioned to guide data analysis. Description of mixed methods neglected information regarding survey validity or

reliability; no mention of member-checking interview responses was made. Surveys included both structured and open-ended questions; analysis facilitated a refinement of in-depth interviews that followed and increased qualitative methodological rigor. Further, in-depth interviews allowed for greater depth of analysis by providing a vehicle for parents' expression of their individual perspectives.

Three key findings are illuminated in Doyle's research. First, parents incorrectly believed that they were aware of CSH at their child's school; parents' knowledge was, in fact a limited amount of school health curriculum. Doyle stressed that parents' awareness of CSH is integral for a linked delivery of health knowledge from home and school; this linkage is essential for ensuring the comprehensive nature of CSH, and for the delivery of health knowledge and skills to their children.

Second, the majority of parents highly valued healthy development opportunities for their child at school. They valued the school's role in delivering health education and knowledge, and felt it especially key to students whose own parents could not fulfill the role. Finally, despite these professed values, parents' school-based involvement with CSH was varied and limited. Parents' interest and motivation for CSH involvement was limited by the school's practices; these findings highlight the contextual influence of the school on parents' motivation for CSH involvement.

The purpose of a more recent American study (Eyler, et al., 2008), *Parental involvement in active transport to school initiatives: A multi-site case study* was to examine parents' involvement in an active transportation to school (ATS) initiative. As part of a greater study on ATS initiatives, parents' beliefs of the programs' benefits and challenges, as well as parental participation were investigated. Significance of findings was underscored by the diverse sample

of 69 key informants, which included ten parents with different levels of involvement at nine elementary schools. Parents were interviewed following a guide of core questions used for all participants, along with additional questions specifically tailored to parental roles; pilot testing of core questions may have better informed the reader of instrument validity in capturing parents' unique beliefs. The authors admit that some parents may have been inadvertently excluded due to the purposive sampling method of referral by a local coordinator. Although no conceptual framework was indicated for data analysis, consensus of findings between team members indicates inter-rater reliability and confidence in results. Parents believed that the initiative was a way to promote healthful behaviours with their child, other students, and the community. Initiative success was dependent upon parent involvement; parents chose activities within the initiative that fit their schedule as well as their belief system. Although time was believed by some to be a barrier to involvement, others believed the real issues to be lack of health values and cultural concerns for children's safety to limit parents' motivation. Certainly, a lack of school support and limitations of English were believed to limit parents' motivation.

Winnail, Geiger and Nagy's study *Why don't parents participate in school health education?* (2002) examined parents' attitudes, perceptions, and behaviours toward involvement in school health education and co-ordinated school health. A large sample of middle school parents from two urban schools responded (n=274) to surveys, with a demographic of parents most similar to the current study (excepting age of child). The Health Belief Model and a pilot qualitative study guided the development of the survey and revealed the unexpected influence of children's embarrassment on their parents' involvement. Quantitative data analysis was determined to be thorough, reliable and valid. Interestingly, results were uniform for both schools. Findings identified key factors negatively impacted parents' involvement: parents

lacked awareness of opportunities to participate; they believed that their child's school did not want them to participate, that the health curriculum did not allow for their involvement, and that their children would be embarrassed by their participation at school.

These studies primarily utilized quantitative methods to answer research questions that more broadly examined parents' beliefs, attitudes and ensuing involvement. Samples included both involved and uninvolved parents, in comparison to the current study's emphasis on *involved* parents; findings may thus elicit slightly different findings in comparison to the current study. In addition, two of the three samples are of middle school parents (Doyle, 1999; Winnail, 2002); findings of these studies may not be as relevant to the current review due to the evolving nature of parents' role construct as their child ages. Further, both Doyle and Eyler omit an indication of parents' education level, and thus may have failed to consider an influential factor specific to parents' efficacy for involvement. Certainly, these findings present a much broader perspective on parents' beliefs for CSH involvement, and must be interpreted with consideration of the above critique. Yet due to the limited knowledge base in this domain, results are germane for the purpose of the current review. In conjunction with previous research on parent involvement, these findings suggest that there may be similar motivational processes that occur when parents are involved in a CSH approach.

Chapter Summary

Previous literature on parents' motivation for academic involvement was found to have typically utilized three key constructs: parents' interpretation of their role as parent, parents' efficacy for involvement in their child's lives, and parents' expectations for the success of their child. Hoover-Dempsey and Sandler's (1997, 2005c) model of parent involvement was utilized as a conceptual framework for answering the study's research questions; utilizing the first level

of the model has been successful in contributing to the understanding of parents' motivation for involvement within the context of their academic goals for their children. No literature was found utilizing this model within the context of parents' motivation for school-based CSH involvement. Bandura's efficacy theories (1990, 1997, 2000) and Penner's theory of sustained volunteerism (2002, 2004) were discussed, to facilitate a deeper understanding of the influence of parents' values and school context.

Parent involvement literature indicated that parents' involvement is motivated by outcome expectancies of health for their children (Eccles & Wigfield, 2002; Siegel & McGillicuddy, 2002); parents' goals for their children were interrelated with their health and social values (Johnson et al., 2005; Mowen & Sujan, 2005; Penner, 2002; 2004). Additionally, parents are motivated by active role beliefs for involvement (Anderson & Minke, 2007; Deslandes & Bertrand, 2004, 2005; Green, et al., 2007; Munroe, 2010; Schlichter, 2008). When these role beliefs are combined with a negative valence for the school (Seefeldt et al., 1998), a parent-focused orientation (O'Connor, 2003) motivates parents to ensure that their child receives those health values and developmental opportunities parents believe pedagogically appropriate (Green & Hoover-Dempsey, 2007).

Moreover, acting on these beliefs was linked with a high sense of self-efficacy for involvement (Anderson & Minke, 2007; Butler et al., 2008; Deslandes and Bertrand, 2005; Shumow & Lomax, 2002), and characterized by beliefs of accomplishment, persistence, and self-initiative. Finally, social processes were inherent to parents' involvement within the school community (Sheldon, 2002; Griffith, 1998, 2000), thus impacting both parents' role construct and self-efficacy. Indeed, the lack of consensus on the influence of parents' self-efficacy specific to school-based involvement (Anderson & Minke, 2007; Deslandes & Bertrand, 2004, 2005;

Green et al., 2007; Seefeldt et al., 1998) may be a result of the unique influence of each school's culture. The emergence of parents' collective efficacy (Bandura, 2000) was also discussed as dependent upon the unique school context and parents' style of interdependence (Johnson, Johnson, & Skon, 1979).

Few studies were found that investigated parents' beliefs specifically in relation to CSH (Doyle, 1999; Eyler et al., 2008; Winnail et al., 2002). Salient findings of CSH parent involvement studies indicated that parents believe that their involvement is an integral component to children's school experience. Moreover, health and social values motivated their involvement in initiatives. Some believed that the school limited their involvement; others indicated a lack of awareness of CSH and associated opportunities for involvement. Literature indicates that there is a lack of understanding of parents' motivation specific to CSH involvement. Birch and Hallock (1999) recommend that further research is warranted to investigate parents' beliefs related to their involvement in CSH. The purpose of the current descriptive and exploratory study was to contribute to a greater understanding of those beliefs that motivate parents specific to school-based CSH involvement.

Chapter III Methodology

The purpose of this multiple case study was to explore the beliefs that motivate twelve parents to be involved in the development and implementation of HAS at their children's elementary school. To understand both the individual and collective motivational beliefs of these parents, this study proposed two research questions specifically related to parents'decision for school-based involvement in HAS:

1. In what ways does parental role construction contribute to parents' goals and decision making?

(a) In what ways do values within the parental role construct contribute to parents' goals and decision making?

2. In what ways does parents' sense of efficacy for involvement contribute to their goals and decision making?

This chapter develops the methodological theories that ground this inquiry and explains the methods used to gain an in-depth understanding of parents' motivational beliefs within the context of HAS involvement.

Research Paradigm

Constructivism posits that the individual does not discover knowledge but rather actively constructed by the individual (Schwandt, 2001). Constructivism therefore focuses on the "meaning making of the individual mind …. [and] points to the unique experience of each of us" (Schwandt,2001, p.58). The unique contexts of one's personal life influence one's motivational beliefs for involvement behaviour; this perspective acknowledges the contributions of one's experiences, background, and the specific groups to which one belongs (Hoover-Dempsey & Sandler, 1997; Hoover-Dempsey et al., 2005c).

Alongside peoples' ideas and beliefs (Jackson & Sorenson, 2007), it is essential to consider their creation of *social facts* (Ruggie, 1998) in understanding the social world. Parents' reality is socially, culturally, and historically structured because of collaboration with others (Begoray, Wharf-Higgins, & MacDonald, 2009). Social constructionism, as a strand of constructivism, focuses on the "intersubjective understandings of specific life circumstances" (Schwandt, 2001, p.32). Parents' knowledge construction is stimulated by an active interpretation of new experiences in relation to pre-existing knowledge, and is thus inextricable from the social, historical and cultural contexts where it occurs (Applefield, Huber & Moallem, 2001). It is therefore essential to consider the numerous contexts within which each parent is situated; as meanings within specific contexts such as the school are especially important (Lawson, 2003).

Multiple case study methods elicit an understanding of how the situation at different sites may influence the phenomena (Stake, 2006). Phenomenon such as the construction of parents' motivational beliefs can be understood only within the context of their child's HAS school; problems, findings, and solutions cannot be generalized from one school to another (Guba & Lincoln, 1989, p. 44). Acknowledging this is critical to understanding the complexities of parents' motivational belief systems that influence their involvement (Volet, 2001).

Within the collaborative school community, each parent brings an array of experiences. This variety results in an ontological reality of multiple realities; yet "the unique experience of each individual is valid and worthy of respect" (Patton, 2002, p.97). The design of the study incorporates a diversity of contexts because of access to two schools different in their approach to HAS, with unique parent populations, with diverse needs, strengths, resources, and perceptions (Stake, 2006). Social constructionism allows each parent's truths to be expressed by acknowledging the unique context in which she is situated. Conventional constructivists (Hopf,

1998) assert that these claims of 'truth' are "contingent and partial interpretations of a complex world" (Price & Reus-Smit, 1998, p.272). The constructivist perspective aids in gaining a greater understanding of individual parents' motivational beliefs for involvement; the social constructionist furthers this understanding by seeking to distinguish how parents construct their beliefs distinct to their child's school context. Therefore, parents' responses were analyzed individually as cases, and collectively, specifically to their child's school.

Research Design

Empirical research related to parents' motivation for school-based involvement has focused on quantitative studies of parents' academically oriented motivation (e.g., Anderson & Minke, 2007; Green et al., 2007a). To explore the previously unresearched area of parents' motivational beliefs for HAS involvement, a qualitative research design based in a social constructivist epistemology was utilized and informed the selection of a multiple case study methodology. First, case studies are well-suited for examining questions of *why* (Yin, 2003). Since motivational beliefs address the question of *why*, this study endeavoured to expand and broaden the understanding of why parents decide to become involved with HAS at their child's school through case studies of schools and parents.

Secondly, qualitative research is grounded in the perspective that human phenomena are situational (Lincoln & Guba, 1985). A multiple case-study design facilitated both the examination of the complexity and context of multiple school and parent cases, and the gaining of an "understanding of what is important about each case within its own world" (Stake, 2006, p.439). This makes findings more compelling (Yin, 2003), and robust (Herriott & Firestone, 1983, quoted in Yin). In addition, the flexible and "interactive" nature of the design (Maxwell, 2005, p.3) permitted adaptations, allowing discoveries made throughout the research process to

be acknowledged and incorporated into the study (Bloomberg & Volpe, 2008), thus furthering the detail that may be gathered. This study's design thus facilitated a rich and detailed expression of individual parents' motivations, authentic to their original form and school context (Slavin, 1992).

Methods

Case study research requires identifying two units of analysis: (a) the sampling technique to be utilized, and (b) the case to be studied (Merriam, 1998). Throughout this process, it was integral to ensure the protection of participants by following ethical requirements for research studies (Merriam).

Ethics. The University of Ottawa and the Ottawa-Carleton Research Advisory Committee granted ethics approval (Appendix B). Letters of intention for recruitment purposes were then sent to principals of Ottawa HAS schools, and included information explaining preferred participants and the voluntary nature of the study (Appendix B). Principals also received a pre-addressed and pre-stamped consent form. An e-mail from the OPHD nurse was sent to complement the information letter and encourage participation. Further ethical considerations implemented are noted within the following descriptions of the sampling process.

Sampling. Purposeful sampling was used to select (a) elementary schools in Ottawa identified as implementing HAS, and (b) parents involved in HAS at their child's school (Silverman, 2000). This tailored the study to address the research questions most effectively (Stake, 2006).

Schools as cases. In October 2008 the selection of schools as cases was made from a sample of schools within the Ottawa-Carleton District School Board (OCDSB) implementing OPHD's HAS program. When principals granted school access, an introductory e-mail was sent

further explaining the study and detailing participants' requirements. Principals were requested to forward the information letter to parents they believed fit the selection criteria. Two elementary schools, identified as HAS1 and HAS2 are the cases for this study. Both schools are located in urban Ottawa; one in the east end of the city and the other in the west. There were between 450 and 550 students at each school, attending kindergarten to grade six. Each principal provided descriptive information regarding the school's unique interpretation and implementation of HAS, contributing to a more holistic picture of each school.

HAS1 Physical Context. The school property dominates a vast corner lot of a busy main street and quiet side street. The yard is a balance of green space and paved playground; two play structures, several sport fields, a community ice rink and a community centre are contained within the yard. Across the street is a subdivision of low-income rental townhouses, and further down the street detached larger homes dominate the rest of the neighbourhood. Inside the entrance of the building, prominent signs indicate that visitors are required to go to the office and sign in. The main foyer splits into three bright hallways; each of which is decorated with students' work and neatly lined with hooks and shoes. Cardboard boxes for donations to the local food bank line one foyer wall. Large display cases flank the middle hall; the cases are decorated with school spirit artwork, and the Jump Rope for Heart fundraiser. A large hand painted sign advertises the Walking Club and displays photos of participants from the fall season. A small, tattered Healthy Schools sign hangs below.

Demographics of families at HAS1. HAS1 students are in kindergarten to grade six. HAS1 families vary widely in socio-economic status. Parents' educational level is divided; approximately 40% of parents do not have a high school diploma, and 31% have a university degree. Average household income for these families is $56,929CAD. Approximately 16% of

students were born outside Canada, with approximately 5% recent immigrants, and 17% who speak English as a second language. Approximately 90% of students are bussed to the school from the catchment area.

Provincial standardized testing scores, adjusted for SES variables, resulted in HAS1's ranking in the 6th percentile of schools in the Ontario public system (Johnson, 2005). Consequently, HAS1 was deemed a low-performing school (Payne, 2009) and received additional funding for three years to assist in improving the school and students' performance.

HAS1 Committee. The principal, three parents, and one teacher plan HAS activities which are implemented by the three parent members, and other volunteer parents recruited by the HAS committee. The principal also sits on the OCDSB panel for all HAS schools in the district. The teacher member attends meetings on an irregular basis, and has limited HAS involvement. HAS activities include a lunch time Walking Club, a Health Cooking Club, and a Badminton Club for younger children. One of the parent members gives a monthly update at School Council meetings.

HAS2 Physical Context. Situated on a busy street, the school is surrounded by a diversity of complexes, including a large and several smaller malls, high-rise apartments, houses, a public library, and a church. High fencing contains the rear school property of green space and pavement. The school population cannot be housed by the original building. Outside, portable classrooms dominate the baseball diamond in the far reaches of the yard. Two play structures for younger and older children exist at opposite ends of the property. The front yard is a drive through lane and parking lot for staff.

Visitors are required to buzz for school entry. At the entry, a small poster states the words: Respect, Responsibility, Safety and Perseverance. Three long hallways are brightly lit, and hold

hooks, lockers and bulletin boards of students' work from students in the accompanying classrooms. The main reception area is tucked off to the right of the main hallway, one wall covered by photos of students identified with serious allergy problems.

Demographics of families at HAS2. HAS2 families' socio-economic status varies widely. Parents' education level is divided; approximately 33% of parents do not have a high school diploma, and 39% have some university. Average household income for these families is $73,729CAD. Approximately 18% of students were born outside of Canada, with approximately 4% recent immigrants, and 19% who speak English as a second language.

HAS2 Committee. The principal, three or more teachers, and one parent plan HAS activities. Volunteer parents are typically recruited by the parent representative to assist teachers with implementation of such as the Winter Carnival, a Health Fair, and the Terry Fox Run. The parent HAS representative reports to monthly School Council meetings. Many activities falling under the HAS umbrella are not recognized by the school community since they were already implemented on an annual basis.

Parents as Cases. To more fully depict the complexities of parents' motivational beliefs, at least five parents involved in HAS were interviewed at each school (Stake, 2006). Parents considered themselves to be involved in an aspect of HAS at their child's school, thus binding the cases together as a multiple case study (Stake).

Sampling methods differed for parents at each school. Through volunteer sampling, (Cohen, Manion & Morrison, 2007), I was able to engage several involved parents within each school community. I then utilized the *snowball* sampling method of recruitment (Miles & Huberman, 1994; Patton, 2002) to enlist additional HAS1 parents. Interested parents contacted me and passed on information regarding the study to other potential parents who then contacted

me to participate. In addition, an information presentation was made at a HAS2 School Council meeting. The study and participants' criteria were explained, and willing volunteers then gave their contact information. In total, twelve parents and two principals at two schools were recruited for the purpose of this study; five parents from HAS1, and seven from HAS2. Parents' demographics are detailed in Table 3.

The demographics of the parent sample are similar to samples of involved parents in other studies (e.g., Anderson & Minke, 2007; Deslandes & Bertrand, 2004). Respondents were typically mothers of children with no special learning needs. Involved parents had a high educational level, and were part of a traditional family structure, and smaller family size.

Table 3

Demographics of Involved Parents

Demographic Characteristic		Total N = 12	%	HAS1 N = 5	%	HAS2 N = 7	%
Gender	*M*	2	16	1	20	1	14
	F	10	84	4	80	6	85
Age	*35 – 44*	10	84	4	80	6	85
	45 -54	2	16	1	20	1	15
Number of children	*1*	2	16	1	20	1	14
	2	8	66	4	80	5	72
	3 or more	1	8	0	0	1	14
Child's Grade	*Kindergarten – gr 2*	7	58	4	80	3	42
	Grade 3 –gr 6	2	16	0	0	2	29
	Kindergarten -gr 6	3	25	1	20	2	29
Family Household Structure	*Traditional*	12	100	5	100	7	100
Education	*Bachelor's Degree*	7	58	2	40	5	71
	Master's or Professional Degree	5	41	3	60	2	29
Occupation	*Stay at Home Parent*	6	50	4	80	2	28
	Employed	6	50	1	20	5	42
Household Income	*60 – 80 000$ CAD*	2	16	1	20	2	28
	>80 000$ CAD	8	66	3	60	4	41
	Declined to comment	2	16	1	20	1	14

The demographics of the parent sample are also similar to volunteers in other studies in Canada. Similar characteristics include: predominantly female, middle age, married with children, have a higher formal education and household income than average (Papadakis et al., 2004; Statistics Canada, 2007). Smith explains that middle-aged parents with school-age children have the tendency to be "drawn into activities and organizations that benefit their children, such as parent-teacher associations" (1994, p.250).

Semi-structured interviews. To collect data, one semi-structured interview for each participant was conducted. The aim of responsive interviewing was to achieve a "solid, deep understanding" of the phenomenon; "depth is achieved by going after context" (Rubin & Rubin, 2005, p.35). The interview guide (Appendix C) was based on the first level of Hoover Dempsey and Sandler's model of parent involvement (2005c). Data collection and the subsequent coding process were informed by the comments, disclosures and choice of questions within the interview guide, as well as by my preconceptions, personal experiences and opinions (Taylor & Ussher, 2001).

Two pilot interviews were performed with other parents of elementary school children to test the appropriateness of questions and techniques. Feedback from these participants regarding wording led to adjustments made in wording of questions. With participant permission, all interviews were tape-recorded and supplementary notes taken to ensure proper data collection. Interviews were conducted at participants' home or child's school, in a neutral and distraction-free interview location that encouraged participants' comfort and maximized the probability of attaining high-quality information (Hancock, 2006).

To establish a positive rapport (Bengoechea & Strean, 2007), participants began by answering simple questions with which they felt comfortable (Rubin & Rubin, 2005). Next,

open-ended questions were asked regarding parents' role construction beliefs, including role activity beliefs and valence, values, and parents' sense of efficacy for involvement with HAS at their child's school, and "questions matched to what participants know and are willing to share" (Rubin & Rubin, p.4). Responsive style interviews were an interactive two-way conversation; questions were adapted in wording to each school's context, the parent's involvement and their responses of personal experience (Toma, 2000). Probing parents' responses then facilitated greater clarity, depth and authenticity in parents' responses and provided more complex, diverse data and novel themes outside the prescribed constructs (Patton, 2002). Opportunities developed to explore key themes, and reconstruct events in which the researcher did not participate, thus eliciting "in-depth and context-rich personal accounts, perceptions and perspectives" (Bloomberg & Volpe, 2008, p.195) and a greater understanding of parents' responses (Taylor & Ussher, 2001).

Data analysis. There are many approaches to thematic analysis (Howitt & Cramer, 2008; Tuckett, 2005). Utilizing Braun and Clarke's systematic process (2006) made study methodology "democratic and accessible" (p.98). Analysis of data was guided by both theory and concepts previously identified as salient to the research questions and involved identifying "repeated patterns of meaning", and detailing the process and its rationale (p.86). School case analysis was followed by individual parents' analysis. NVivo8 software assisted in the management, organization and analysis of data.

Data analysis began with the active process of semi-structured interviews (Howitt & Cramer, 2008) augmented by field notes and memos, and followed by verbatim transcription. Transcriptions were e-mailed to participants for member checking (Rubin & Rubin, 2005). Three

participants requested minimal changes concerning the clarity of responses to their interview transcripts; one requested deletions out of concerns for anonymity and study relevance.

Written text was coded using a theory-led approach. Topic coding facilitated identifying text explicitly related to study subjects of parental role construction, values, valence towards the school, and sense of self- and collective efficacy (Richards, 2006). Analytical coding aids led to the identification of novel themes and reflected personal interpretation of meanings more implicit in the text (Richards). Pilot coding of one interview was checked by the study supervisor to ensure coding dependability. Finally, with the identification of tree and free nodes and subcategories within each node, relationships within the data were identified and synthesis of relationships and findings was constructed. A peer review process occurred to ensure the report was clear, coherent, and complete (Bloomberg, & Volpe, 2008; Dooley, 2002).

Cross-case analysis of individual parents as cases. "Human affairs always involve a complex network of conditions and effects"; cross-case analysis allows the researcher to embrace this diversity "to develop and test a well-grounded set of explanations" (Miles & Huberman, 1994, p.207). Creating a case-ordered predictor outcome matrix enabled a visual display of predictors theorized by Hoover-Dempsey and Sandler (2005c) to contribute to parents' decision to become involved in HAS (See Appendix D). According to data, values of absent, moderate, high or unclear were assigned to predictors; comparison to individual case reports confirmed the coherence of the emerging picture (Miles & Huberman, 1994).

Patterns of similarities and differences between parents reflected categories and four possible typologies (Decreased Motivation, Balancing Act, Worker Bees, Social Reformers) of motivational beliefs in involved parents (Miles & Huberman, 1994; Yin, 2003). Further, data

analysis could be checked to see if it was working well, or if there were other predictors that I had not recognized (Miles & Huberman).

Researcher's role. Just as reality is a construction and interpretation of the meanings that are available to us, so too was this study 'value bound' by the researcher's role of parent , profession as a teacher, and having physical health and education degrees (Boyd, 2000; Taylor & Ussher, 2001). The researcher holds strong personal beliefs related to the value of children's health for learning, and school actors the acknowledgement and valuing of parent involvement. The researcher holds ideological beliefs that children's learning starts at home, and children's health at school is effectively facilitated by HAS. Taking a subjective and transactional stance with parents (Toma, 2000) allowed the researcher to delve deeper into the human dimension of these individuals' motivation for HAS involvement (Peshkin, 2000).

Making personal values explicit reminds evaluators that this study was not a neutral examination of parents' motivations (Gummeson, 1991). The researcher's values grounded study fieldwork; data was actively determined by the researcher's (Stake, 1998) methods of sampling, research design, and interview guides; the choices made were reflective of her values (Greenbank, 2003). Further, these values informed the researcher's "way of being" (Schwandt, 2001, p.101) and, "facilitated [the researcher's] understanding of [the] situation by sharpening [her] awareness" (May, 1997 in Greenbank, 2003, p.796) and "providing the motivation to rigorously analyse data" (Abraham, 1996 in Greenbank, 2003, p.796).

Trustworthiness. Several steps were taken to ensure the trustworthiness of this study. First, a thorough and up to date literature review was conducted throughout the research process (Tuckett, 2005). Rationale was given for the selection of case study methodology (Dooley, 2002). Participants conformed to study requirements; pilot interviews tested the constructs of the

model and study methods. Meaningful and context-rich descriptions (Denzin, 1989) were supplemented by interviews with school principals and allowed for comprehensive accounts of each school (Miles & Huberman, 1994). Parents checked transcripts for discrepancies.

Research questions were congruent with the study design and closely aligned with the model of parent involvement (Hoover-Dempsey & Sandler, 2005c). Cross-case analysis of participants facilitated the identification of "meaningful parallelism" across findings (Riege, 2003, p.79). My supervisor confirmed and verified the identification of themes and concepts to ensure inter-rater reliability of codes (Graziano & Raulin, 2004). Finally, the steps taken throughout the research process were documented to facilitate replication (Dooley, 2002).

I made explicit the understanding that my findings are inherently tied to my subjective position (Taylor & Ussher, 2001). I maintained an awareness of my own beliefs and background influences through journal reflections (Dooley, 2002) and the consideration of rival conclusions (Yin, 2003). Finally, a detailed account of the data collection sequence; displays used to draw observations and conclusions were maintained and all data collected was retained (Miles & Huberman, 1994).

Limitations

An integral aspect of research design is the identification of those weaknesses that limit the strength of the study (Creswell, 1998). First, the selection criteria for a school could not be very exclusive due to the challenging nature of achieving the comprehensive HAS approach (Lynagh, Schoefield & Sanson-Fisher, 1997). In addition, parents' motivation for involvement changes over time (Finkelstein, 2008); this cross-sectional study provided a description of a phenomenon at a specific time. As the recruited schools were at different stages of the HAS process, multiple

instances of data collection and causal network analysis (Miles & Huberman, 1994) might have been more effective.

This study represents one interpretation of the motivations of a small sample of predominantly white, middle-class, educated parents. Therefore, findings are intended to be "descriptive and informative, and not necessarily transferable to other contexts" (Giles, 2006). In addition, participants varied in their verbosity and explicit articulation of their motivations. As a result, some parents' statements have greater representation in findings, and may represent an imbalance in results. Further, parents' varying degrees of awareness resulted in their describing motivations more broadly related to their child's healthy development than contributing specifically to HAS. Consequently, responses may have not directly related to research questions. Finally, it has been known for some time that parents may be motivated to present themselves favourably (Becker & Krug, 1965; Holden & Edwards, 1989); self-report bias is an inevitable limitation to studies using semi-structured interviews.

Significance of Study

This study intended to contribute to the understanding of parents' motivational beliefs, current and future, specifically in regards to their HAS involvement.

Parent involvement research. To motivate parents' involvement, research must first gain a better understanding of what are parents' motivational beliefs (Shah, 2009). This study expands the understanding of parent involvement as it draws attention to a population obviously involved in children's education, but in a way that is linked to their children's healthy development. This study's examines a non-traditional strategy of involvement, in comparison to the majority of parent involvement that stresses "school-centred conceptions of parent roles" (Auerbach, 2007, p.253). Parents' motivations may differ depending upon the type of involvement in which they

participate (Deslandes & Bertrand, 2005). This study consequently focused on parents' motivation for HAS involvement. Applying the model to HAS involvement further informs Hoover-Dempsey and Sandler's theory (Lynham, 2002) and may advance the conceptualization of the model in its application to specific involvement and volunteering contexts (Dooley, 2002).

The majority of past parent involvement research has been quantitative. This study is unique for its qualitative analysis exclusive to parents' motivational beliefs for involvement within the context of HAS and CSH. This type of approach "highlights the voices and beliefs of parents themselves" (Auerbach, 2007, p.254); its emphasis on parents' perspectives within the school context contributes to a greater understanding of the nuances and variations of motivational beliefs between individual parents, of different demographics, in different types of involvement, with different needs of their children (Deslandes & Bertrand, 2005).

Parent involvement in CSH research. Knowledge is lacking regarding CSH current practice and future trends (Leidl, 2005). Distinct from the wealth of European and American literature on school health promotion and education, this study contributes to the gap in knowledge of local, provincial, and national perspectives on CSH approaches. Further, despite the emphasis on parents' involvement for CSH and HAS success, minimal Canadian research exists in this domain. This study thus provides a "base of useful descriptive information on parents involved" (Green & Hoover-Dempsey, 2007a, p.281) in a local CSH approach that may facilitate a deeper understanding of parents whose involvement beliefs lead them to HAS involvement. Further, Canadian research specifically examining parents' motivations for involvement in CSH approach is minimal. This study contributes to the advancement of knowledge on parents as key stakeholders in the CSH approach, and uniquely contributes to a sparse knowledge base surrounding what motivates parents' involvement in HAS.

IV RESULTS & DISCUSSION

This study proposed two research questions to understand parents' motivational beliefs. Each question is specifically related to parents' decision for school-based involvement in the Healthy Active Schools (HAS) initiative. The organization of findings will consequently be as follows: first, parents' responses related to their role construct will be presented, followed by their responses related to their self-efficacy. The influence of parents' prosocial values (Penner, 2002, 2004) and the potential emergence of parents' collective efficacy (Bandura, 1997, 2000; Goddard, Hoy & Woolfolk-Hoy, 2004) are examined as additionally salient aspects of parents' motivational beliefs not directly addressed by Hoover-Dempsey and Sandler's model.

As each school is alone considered a case, responses will be grouped and discussed according to the unique context of each school. Examining parents' responses unique to each school may lead to a greater understanding of parents' motivations for involvement and the impact of this increased motivation on HAS at each school. The following sections note subtle differences in the manifestations of parents' role construct and self-efficacy, discernible through (a) the value beliefs that motivated their self-initiative, (b) the sources of information they used to determine their accomplishments, and (c) the scenarios through which they persisted. The unique experiences of individual parents, irrespective of school are then presented following the same organization of conceptual themes. Emerging patterns of parents' involvement beliefs are described and discussed.

Results from this study and discussion comments will be presented together. Since what constitutes data is ultimately the decision of the researcher (Stake, 2006), transforming findings "into data presuppose my interpretations" (Ronglan, 2007, p. 83). Maykut and Morehouse (1994) thus suggest that a definitive distinction cannot be made between results and discussion; as such,

findings are presented accompanied by detailed and salient quotes. Discussion comments follow the presentation of findings for each salient construct, and will enable to reader to situate this study within the context of parent involvement literature. Enumeration data were utilized in the following results section. Specifically, the term "many" denotes more than 50% of the participants gave a particular type of response, the term "some" indicates that between 25 and 50% did so, and the term "a few" indicates that fewer than 25% did so (Orcher, 2005).

Parents' Role Construction

Parents' role construction is commonly defined as a set of beliefs guiding individuals in fulfilling their role as parents (Eccles & Harold, 1993; Hoover-Dempsey and Sandler, 1997). According to Hoover-Dempsey and Sandler (1995, 1997, 2005c) this construct is theorized as the most influential aspect of parents' motivational beliefs towards involvement. In the following sections, findings related to themes of (a) parents' active role beliefs, (b) beliefs about the values and teaching approaches the child should experience in school and finally, (c) parents' negative valence, are related to involved parents' role construction (Hoover-Dempsey &Sandler, 1995, 1997, 2005c; Grube & Piliavin, 2000; Penner, 2002) and help in explaining the development of (d) parents' role orientation in their relationship with their child's school. Further, examining parents' role construct allows for a greater understanding of the contextual influences of each school.

HAS1 parents' role construction. HAS1 parents held strong beliefs of how they should fulfill their parental role, manifesting their values through their active involvement in the HAS initiative.

Active role beliefs. All parents believed they were the most responsible and most influential in facilitating their child's healthy development at both home and school: "we are the

ones that are taking care of the kids, first and foremost. It's more up to us" (Chandra). "Unless we as parents at home do it, the kid won't do it ... they don't do what [the school] tells them to do. I think their real learning is what they are shown at home" (Matt).

Parents commonly believe that their involvement in their child's education is "an important means of ensuring their child's success (Munroe, 2010, p.125). School involvement was consequently believed to be an "obligation" (Matt) to ensure their child's best interests: "I'm doing it for her, for the best thing" (Matt).

Proself and prosocial beliefs. Involvement was motivated by parents' interests for their own children: "I'd like to say that I'm totally socially driven and I believe that I can devote my time to making the school a better place, but if my daughter wasn't here, I wouldn't be here" (Noreen). This proself orientation (Penner, 2004) is common in studies of parents' involvement in their children's academic experience at school (Lareau, 2003; Ritblatt, Beatty, Cronan, & Ochoa, 2002).

Parents believed that their involvement contributed to the fulfillment of their parental role. Chandra explained that her involvement "keeps me connected to my son"; casual conversations were more relevant and genuine, and may have allowed for the subtle transmission of her values and beliefs (Fredericks & Eccles, 2005). Further, parents also believed they gained "an awareness of what's going on within the school" (Noreen); "I know the staff, I know the teachers" (Julie), and resulted in parents' belief that "you've got your finger on the pulse of what's happening" (Chandra). Ford and Amaral (2006) noted parents' similar beliefs of the benefits of increased interaction between parent and child. Parents felt closer to their children through an increased awareness of their child's school experience; this connection to their child, and their child's school was highly valued by parents as a way to effectively facilitate their role

as a parent. Parents' sense of satisfying their role construct through HAS involvement may have contributed to parents' motivation (Marta & Pozzi, 2007).Interestingly, many parents in this study also expressed prosocial value s (Penner, 2002) beliefs that oriented their involvement. Specifically, parents believed that *all* students should have healthy development opportunities. For example, dismayed upon learning of the "turn-around" label of the school, Chandra's belief in a "moral duty" motivated her "inherent desire to improve the school … because it shouldn't be a have-not school with the demographic it has, and the parents, and the commitment it has from the teachers". Ellen noted the "huge resource of parents … that can be used" to benefit all students; sending her children to public school rather than private gave her the "opportunity to be a force of change" in her community. Parents' consequent volunteer behaviour appeared to be motivated by the moral or ethical value of helping others (Mowen & Sujan, 2005). For example, June's healthy cooking class was "not necessarily for my kids, because that's our philosophy, that's the way we live". Clearly, these parents' prosocial beliefs acted as interpersonal motivators for parents' *volunteering* for others (Green et al., 2007b), complementary to their proself motivation for *involvement* for the sake of their own child (as per Hoover-Dempsey and Sandler, 1995, 1997, 2005c). Being oriented to others' needs may have further motivated parents to continue to give of themselves, facilitating a "giving cycle" (Briggs, Peterson & Gregory, 2008, p.323).

Value of Health. All parents had a strong belief in the value of children's health to ensure their success; part of their role as parent was thus to ensure healthy opportunities for their child at home and school by actively

> providing a healthy lifestyle for [our] children, to allow them to maximize their potential … social, emotional, and physical activity levels, nutritional … supporting [them] if they

> have a special need, exposing them to different groups of children, different activities so that they learn how to play, free play, structured play, structured programs, if there is anything like bullying ... intervening when necessary, bringing in professionals (Noreen).

Despite how challenging they found it to "walk the talk" (Chandra), parents believed role modeling desired health behaviours was an integral aspect of the parental role. Johnson, Kent and Leather (2005) found that parents who strongly believed that their role was to raise healthy children exhibited parenting practices that influenced their child's healthy development. Parents' values for children's health similarly motivated parents in other studies in modifying their children's physical activity and diet (Rhee et al., 2005) and school health promotion and education programs (Doyle, 1998; Eyler, 2008). Other studies describe similar beliefs of parents in terms of modeling physical activity (Cottrell, Minor, Murhpy, Ward, Elliott, Tillis … Neal, 2007; Granich, Rosenberg, Knuiman & Timperio, 2010), limited screen time (He, Piche, Beynon, & Harris, 2010), and healthy amounts of eating (Davison & Birch, 2001). Within the school context, parents who consider their involvement an integral part of their role are motivated to be involved in their child's learning (Hoover-Dempsey, Bassler & Burrow, 1995; Okagaki, Frensch & Gordon, 1995) and healthy development (Eyler, et al., 2008). Parents' HAS involvement was motivated by their value for children's healthy development opportunities.

The working environment. The structure of the HAS1 Committee (principal and three parents) may have influenced parents' role construct and consequent motivation through its structure for dialogue and opportunity for parents to share their values and beliefs (Giles, 2006). Rather than simply a reporting relationship, parents and the principal met face-to-face; this may have facilitated members' dialogue and consequent getting to know each other personally. Ensuring dialogue between different levels and units of the school structure facilitates members'

learning from one another (Shook, 1990, in Murphy & Meyers, 2009). Indeed, schools with a school health council were found more likely to consider family involvement in developing health policies and plans (Brener, Kann, McManus, Stevenson, & Wooley, 2004). Further, small groups such as HAS1's Committee have been found to allow for greater group cohesiveness and limit problems with group coordination (Watson, Chemers, and Presier, 2001). Group work in school-family community projects has been noted to facilitate participants' communication and consequent efforts (Deslandes, 2006), making it more likely that the voices of parents, as 'the other' were listened to by the principal (Nilsson, 2008). Indeed, Matt noted that the principal "has made it very clear that she is very open to talking with parents". Ensuring parents' opportunities for dialogue may have thus motivated involved parents and contributed to building the school's HAS capacity (Murphy & Meyers; Nilsson).

Further, parents' opportunities for dialogue within this structure may have facilitated the sharing of personal values and beliefs (Vince Whitman, 2009). Since "people in groups tend to move towards normative actions" (Kubler, 2001, p.29), it may be that parents on the HAS Committee grew to incorporate each others' beliefs and values. Consequently, the structure of the Committee may have acted as a vehicle that facilitated parents' influencing each others' development and interpretation of the parental role, specifically in relation to school-based involvement and children's health (Morgeson & Hofmann, 1999; Schlichter, 2008). Consistent with these findings, parents' representation on "governance and decision making bodies" at their child's school has similarly been shown to significantly influence changes in parents' role construction (Shah, 2009, p.225).

Some parents' personal goals for their own children became more aligned with the Committee's prosocial vision of health for all HAS1 students (Van Vugt, Meertens & Van

Lange, 1995). Monthly HAS meetings were a vehicle for setting HAS goals (June). Having a child involved at school was shown to increase the likelihood that a parent will *volunteer* for the benefit of others (Nichols & King, 1998; Wymer, 1997).

Noreen described how her motives "snowballed from OK, I'm doing this for her, to ... it's good for the kids, it's good for the school, so therefore I'll do it again, for the others". Indeed, a British audit of Healthy Schools initiatives found that a key factor facilitating effective implementation was "an overarching concern for pupils' health" (Aggleton, Rivers, Mulvihill, Chase, Downie, Sinkler, Tyrer & Warwick, 2000, p.105). Certainly, parents' shared prosocial value of health for all schoolchildren united parents; identifying with group values may have motivated their HAS involvement (Kark, Shamier & Chen, 2003).

Parents' shared values and beliefs were the root of their collaborative relationship (Schlichter, 2008); parents may have been motivated through the process of reaching a mutual agreement on what constitute the parental role (Griffith, 2000). Together, parents developed concrete and specific health-oriented goals reflective of their collective beliefs. "When we sit as a committee and we look at these programs, we're trying to focus more on kids that aren't as exposed to it, as our kids" (Noreen),

> "to target these at-risk kids, the younger kids, and the girls out …. walking was easy, walking might attract girls …. we wanted to encourage those students who didn't feel like they really had any PA skill set, to become involved in a club that they felt that they could do, and they felt good about it, and their only competition was with themselves (Chandra).

Certainly, the extent that parents can achieve consensus in relation to their involvement has been found to have a positive relationship to their involvement.

The principal's direct interactions with the HAS Committee parents may have contributed to parents' belief that the principal valued their involvement, akin to findings by Chen, Tjosvold & Liu (2006). Further, her collaboration rather than management with Committee members may have supported the building of common goals and cooperative efforts between involved parents (Newmann et al., 1989). "She's very keen for HAS (Noreen) and "she's been very supportive in terms of what we want to do" (Chandra). Certainly, feeling valued by the principal and having her collaboration may have then supported the development of parents' trust (Griffith, 1998; Lawson, 2003), a motivational belief which "reduces the fear of being exploited" and enhances group identity (Bogaert et al., 2008, p.454; Ronglan, 2007). A strong group identity has been shown to transform group goals from personal to collective, and increase members' cooperation (Brewer & Kramer, 1986).

Coleman surmises that such the social and "cooperative network of this small group of dedicated parents, based on new norms and trust" may have facilitated "the development of a nascent social movement" (Coleman, 1988), and "in general lead persons to work for the public good" (p. S105). Within a collaborative environment of the HAS Committee, parents' shared values and beliefs not only influenced their motivation to be involved for their own children's benefit, but to also ensure opportunities for all students' health.

Beliefs about the values and teaching approaches that their child should experience in school. Parents' (a) ideological, (b) pedagogical, and (c) value beliefs are described in relation to their fulfillment by the school. First, parents held the ideological belief that one of the school's roles was to provide "good opportunities" that are "more than academic" (Ellen), "parents are taking on more and more physical activity …where I think it could be a part of education" (Noreen). Parents believed HAS would ensure the delivery of health promotion and education at

school. And since "kids are going to spend a lot of time in school" (Matt), many parents believed the school to be an ideal setting for HAS. To be effective, parents believed that HAS programming should be "a permanent part of the school day" (June) and "offered within the school curriculum" (Ellen).

Second, parents held the ideological belief that HAS should be "more a school and a Board role, than a parent role" (June).

> It should be the school picking up and running with it. It would be nice if parents were called on to help programs that were already offered in the school, as opposed to trying to lobby [and] raise enough to get things started (Noreen).

Third, many parents pedagogical and value beliefs that the appropriate and effective delivery of HAS required a shared commitment of school and parents to HAS principles; this shared commitment has been found to be crucial to schools' capacity in adopting school health innovations (Aggleton et al., 2000). Promotional discourse from OCDSB and OME encouraged parent involvement and indicated to parents that the education system shared parents' health values and sense of responsibility for developing healthy children. The HAS initiative seemed attractive to involved parents as a suitable means of involvement for acting on these seemingly shared beliefs (Schneider, 1987).

Parents believed that the principal was fulfilling their expectations of her role in fulfilling their ideological beliefs: "It's mostly been the principal" (June); "It's her job to go back and canvass the teachers for these sorts of [HAS] things - so she does. She's taking a leadership role that way which is good" (Chandra). Notably, the principal's empowering behaviours of role modeling, coupled with positive and encouraging support may have been more potent to parents due to her expertise, trustworthiness and credibility (Bandura, 1986). Her comments may have

countered parents' self-doubts and setbacks that are inevitable to the development of a new initiative such as HAS. The principal's leadership type appears to have contributed to the development of a trusting relationship with parents and positive school climate, similar to findings by Giles (2006), Griffith (1998, 2000), and Lawson (2003). These factors have been consistently associated with greater parent involvement (Griffith, 1998; Lawson, 2003).

Yet parents believed teachers were critical to fulfilling their pedagogical beliefs of what their children should experience in school. Teachers were the key actors who controlled the development and trajectory of the HAS initiative; "parents can't initiate and drive the teams; it has to come from the school" (June). Further, parents believed someone with credibility, "a teacher, or the principal" (Matt), or "the public health nurse" (Ellen) was needed, "from a healthy active [perspective] to coordinate and oversee the program" (June). The leadership of an HAS champion would facilitate the building of school capacity for HAS by facilitating the relations between parents and staff, supporting and aligning parents as a key resource, but also ensuring that parents' voices are heard in decision making (McCall, 2007). Global and local case studies of CSH implementation reinforce the importance of champions as essential for HAS sustainability (Deslandes, 2006; Vince Whitman & Aldinger, 2009).

Fourth, many parents held ideological beliefs that the school should implement HAS to positively affect students who may not have healthy opportunities otherwise. Parents commonly believed the school population consisted of "a large percentage of kids who come from underprivileged families" (Noreen), "who cannot offer their children anything" and who seemed to be "…falling through the cracks a little bit …the only sport or gym activities available, other than just plain outdoor play, is what is offered in the school" (Ellen). Involved parents believed that the school's role should include the provision of healthy development opportunities for *all*

students; HAS implementation during school hours seemed a logical way for the school to "take care of its students, offering healthy activities to low-income families [who] disappear on a bus [so] you can't keep them and then it's probably also a money issue" (Ellen). Similar beliefs were expressed by middle school parents in a Newfoundland study (Doyle, 1998). Further, parents believed that their involvement was integral to effective HAS implementation. "The more [the school is] trying to adjust things, I think, the more [the school is] going to need the parent resource" (Ellen).

It is understandable that as schools are faced with decreased budgets and greater educational demands, yet statistics indicate the rise in childhood obesity and children's lack of healthy opportunities, parents with prosocial values would be motivated to help increase the school's capacity to provide healthy development opportunities to those children lacking (Bronfenbrenner, 1986; Mitra, 2006; Penner, 2004). Indeed, all parents at HAS1 believed their school-based involvement ideologically as something greater than solely achieving their goals for their own child.

Negative valence. Parents' valence reflects parents' motivation to be engaged in HAS given their past personal experiences as a student (Green et al., 2007) and parent of a student (Anderson & Minke, 2007). It appeared that all but one parent had negative valence. Aspects of the school's organizational capacity that contributed to parents' negative valence are parents' beliefs related to (a) teachers' lack of collective commitment, (b) the school's insufficient human resources, (c) the organizational structure of HAS, and (d) parents' HAS knowledge and access to HAS knowledge.

Teachers lack of collective commitment. Collective commitment applied within the context of HAS may be exemplified by a collective sense of responsibility for students' holistic health

and a school culture that emphasizes continual improvement through the implementation of HAS (Hausman, 1997). Teachers' perceived lack of commitment to HAS was believed to be due to the heavy demands of their profession. Teachers seemed "strapped for time" (Matt); possibly because they were "struggling with behavioural programs, trying to manage teaching, testing, and everything else" (Noreen) making "it tough for teachers to get stuff like [HAS] going" (Matt). Many expressed frustration with the perceived lack of leadership teachers took in HAS implementation, but parents believed

> we're kind of having to stretch the teacher's capacity too in terms of what they're already doing … I think they're happy that there is somebody going to these meetings and taking it on. I mean, they are so busy, that it's just one more thing, that if somebody else takes some initiative, they're happy (Ellen).

Parents consequently believed they needed to "motivate and change the attitude of teachers" from the "expectation that the parents will carry the ball on [HAS]" (Noreen). Both Deslandes (2006) notes similar beliefs about "sparking" (p.89) teachers' involvement due to lack of interest and "heavy schedule" (p.95) expressed by participants in a Quebec school-community partnership. If teachers were not motivated by a personal interest in HAS, it was difficult to get their commitment of time and energy (Ellen). Many parents believed that teachers were not fulfilling their professional role. Similar to O'Connor's (2003) findings, parents indicated a low level of trust in teachers' ability to implement pedagogy conducive to healthy development opportunities for their children. This belief contributed to parents' development of a parent-focused role orientation.

A few parents believed that teachers' lack of commitment limited opportunities for healthy development to which they believed all children should have access (sport teams, lunch time

activities). Some parents subsequently felt powerless, with limited directed control over school practice. Parents wanted to do something about what they felt to be an integral component of teachers' role: "We can't tell gym teachers how to run their program. We can't mandate that teachers start teams up. We only have a little bit of effect on what's being done" (June).Gibbs (2005) recounted similar experiences of powerlessness by parents in the American education system.

Chandra expressed greater insight into the demands of teaching; her mother being a teacher gave her the

> predisposition to understand the demands on a teacher that far extend beyond the time that is spent in the classroom … they are working their behinds off every other night …. When I was growing up, all of that [health messages] happened at home.

Despite sharing the goal of improving students' health, she did not include the delivery of HAS in her expectations of teachers, and believed that the school should "really be focused on the learning and literacy".

The school's insufficient human resources. Parents believed that the school's human resources were inadequate to fulfill the requirements of HAS.

> Will it happen? Someone's got to come in and pick up the ball. I just think who can do that? Who has the time? [...] The school is receptive to focusing on this, but it needs hands and bodies and time and energy that it doesn't have (Noreen).

Because of the lack of available human resources, "parents without professional skills will step up and do it [but] I still don't think it's up to me for 2 lunch hours, each week, to run our program" (Noreen).

Many parents believed school staff shared a global ignorance of the extent of parents' time and energy invested through their HAS involvement; parents were not incorporated into the school's communication infrastructure. .

> You could have parents who want to volunteer who have to actually make time, and then it is a bit of a slap in the face. It's not that it's taken for granted, not necessarily … and it's not that it's not appreciated; I think that they just don't think about it. (Ellen).

Parents' valence was negatively influenced by their belief that their involvement was neither recognized nor acknowledged by teachers; possibly leading parents to believe their involvement was not valued as an additional resource for the school (Lawson, 2003).

School organizational structure for HAS. Parents believed the school lacked clear direction from which to orient HAS within educational pedagogy. The school system lacked clear expectations for HAS-parent involvement. HAS was consequently believed to be "an ad hoc thing where parents get involved because of a particular interest or a particular demographic of the school, or socio-economic status of the school" (Ellen). If expectations for HAS involvement were clearly defined, the school may have had a strong influence on parents' construction of their role (Hoover-Dempsey & Sandler, 2005b). As it was, the ambiguous and uncertain organizational structure for HAS contributed to parents' distrust and negative valence. Schlichter' (2008) study revealed American schools similarly having little in place to ensure the effective implementation of parent involvement policies and programs. Involved parents were clearly unsatisfied with the organizational structure of the school in implementing HAS philosophy and in appropriate facilitation of parent involvement.

Parents' knowledge and access to knowledge related to HAS. Parents lacked knowledge of the organizational structure of HAS.

> Is [HAS] coming from the school? Is it coming from the School Board? How did it originate? Who is pushing for it? Or are we just pushing for it as parents because it's something that is a good thing to have? (Ellen)

June incorrectly though that the initiative "was started by an interest to get parents involved". Analogous beliefs of a lack of leadership, direction and insecurity about players' roles existed in a Quebec school-family-community partnership (Deslandes, 2006).

For explanation, parents looked up the educational hierarchy. Parents felt dissatisfied with the present state of HAS, and felt that the Board was not fulfilling its leadership role in "running and sustaining" (Ellen) the HAS program. Many believed their frustrations were a function of inherent problems in the OCDSB and OME. Noreen used a business metaphor to explain her dissatisfaction:

> It's not happening, and you can see that year after year, with the way our Board is, and our system the way it is…. The people are paid to run [the School Board], right? I don't have my [clients] coming in to volunteer at my workspace because I'm short on time. I have to utilize my resources effectively. The school is like a big business, with a CEO at the top that has got to make things run. [The OCDSB] should be accountable.

Skau (1996) agreed, noting that "without infrastructure of detailed plans, the down-loading of decisions to the school level has the potential to create tensions between the differing ideologies and expectations that individuals bring to the decision-making situation" (p. 35). Incorrectly believing the OCDSB was responsible for initiating HAS, parents consequently distrusted the Board's ineffective HAS leadership and direction for staff and parents' HAS involvement.

Parent-focused role orientation. A parent-focused role orientation indicated the manifestation of parent's role construction in their relationship with HAS1, determined by

parents' negative valence and their active role beliefs (Hoover-Dempsey et al., 2005c). Parents believed that their involvement was part of the parental role, their active role beliefs and values of health were manifested through HAS involvement. Yet parents held a negative valence; their experiences at HAS1 led them to believed that the school lacked the organizational capacity for HAS.

Parents were then uncertain how to respond to this situation lacking clear and uniform expectation. Noreen wondered: "What happens if you don't see it happening? … I don't think that parents should have to question whether these things are being done". She expressed a perceived need for consistent monitoring of the school in fulfilling its' role, to

> act as a watchdog, to look and say "Okay, what is needed and what is missing?" If you see things that are happening around the school that can be changed easily, and there's nobody within the school system who has seen that, bring it to others' attention.

Many expressed discomfort stepping over their perceived role at school; they believed that their increased involvement extended past parent role obligations, and incongruent with their desired partnership-focused orientation.

> It feels more like its' an initiative from the parents' side. Which is odd, considering that it's not supposed to be that, but the connection between school and parents seems a bit vague at the moment (Ellen).

Yet parents were motivated to act because of their belief that the school could not be trusted to do what was in the students' best interest (O'Connor, 2003, in Hoover-Dempsey et al., 2004). Herein lay the paradox of parents' motivational beliefs and ensuing involvement, their active role beliefs and negative valence elicited a parent-focused role orientation that contradicted their desired collaboration with teachers.

Chandra explained their consequent parent-focused orientation by comparing it to the partnership-orientation that parents desired:

> Ideally we would support what the school wanted to do. But I think in reality it's the parents that have to say, "Let's try this, and do we have the schools support to do it".

June agreed: "We're flipping it, how are we trying to draw the school into this program?" In sum, involved parents at HAS1 were motivated by the belief that it was up to them to ensure the effective implementation of HAS for the best interest of all students' healthy development.

HAS2 parents' role construction. HAS2 parents expressed strong beliefs that to effectively fulfill their parental role they should be actively involved in their child's school experience.

Active role beliefs. HAS2 parents' role construction was grounded in the strong belief that parents' primary responsibility is to actively ensure their children's healthy development, by "setting the expectation and attitude of what is normal" (Alice) and also found by Rhee and colleagues (2005). "It's so sad when you see kids not eating good food. It makes me want to cry, it's just not right. …. If you love your kids, don't feed them all that crap!" (Zoë). Being a good parent was thus linked with effectively fulfilling the parental role, by providing "mental, social, physical" opportunities for their children's healthy development , "intertwined in daily life" (Molly). "If you can work health into that early on [as] lifelong learning … [parenting healthy practices] has a huge impact on kids" (Alice).

Parents also believed that they themselves should actively role model the healthy practices they desired their children to adopt. Role modeling was believed to be what made healthy behaviour "stick" (Alice). Numerous studies affirm similar beliefs of the importance of modeling physical activity (Cottrell et al., 2007; Granich et al., 2010), limited screen time (He et al., 2010),

and healthy amounts of eating (Davison & Birch, 2001). Specific to HAS involvement, Molly believed that her actions modeled the importance and values of both school and health to her children; this perception is affirmed theoretically (Grolnick & Slowkiaczek, 1994) and empirically (Sheldon, 2002). Butler and colleagues (2008) affirm that parents' modelling of behaviour they feel important can influence their children to emulate their actions.

Positive childhood memories of "walking adventures" to school motivated Dan to act in ways he believed appropriate to his role as parent. He struggled with the fact that his actions did not always support creating these experiences for his own child:

> I should say [to my child], "No, we are biking, it only takes another two minutes to get back by biking" I should be more active. I should be more insistent upon active transportation to school; whether it's walking or biking [and] that we do physical things every weekend.

Dan's desire to model healthy behaviours and attitude has been shown by other parent studies to predict changes in their children's' healthy behaviours (Beardslee et al., 2003).

In addition to their HAS involvement, parents listed cycling or walking to school (Dan, Lisa), encouraging free and outdoor play (Betty), open communication (Molly), and preparing healthy family dinners (Zoë, Alice) to facilitate a healthy, balanced lifestyle and development opportunities for their children. Sallis and colleagues (2000) cite similar findings of parents that manifested parenting behaviours that overtly conveyed their beliefs about the value of being active and healthy.

A few parents believed that limiting their involvement was also important for their children's healthy development as autonomous individuals; "Parent involvement is fabulous, but to a point. There is a line that has to be maintained for the sake of children's … accountability

and responsibility for themselves" (Barb). Children need to "develop an identity away from their parents" (Dan). Analogous to these findings are those of parents' of teenagers; as their children age, parents were found to restrict their involvement in efforts to facilitate the healthy development of autonomy of their maturing children (Deslandes & Bertrand, 2005; Ng, Kennedy-Benson & Pomerantz, 2004).

Parents' childhood experiences influenced their values and motivated their HAS involvement. For some, healthy lifestyle practices were ingrained in their upbringing. "All my values growing up … I learned at home"; she "grew up eating healthy … good whole foods" (Zoë). For others, their motivation may have been due to perceived childhood deficits. Alice explained, "the amount of fruits and vegetables we had on the dinner table in the middle of winter, not a whole lot …. I didn't exercise at all growing up, I'm doing it now because of the kids". Molly credited her ill mother with providing her "an example of what I don't want my children to be". A similar sense of childhood deficit motivated parents' role beliefs in Jamaica (Munroe, 2010) and United States studies (Auerbach, 2007). Parents were motivated by a need to forge new roles distinct from family history, and provide their children with what they believed they had not had (Auerbach). For example, Zoë stated, "I wanted to have meals as a family, and I want to be active, and I want to be involved in the school as much as I can". Because of, or, in spite of their childhood experiences, parents valued healthy opportunities and behaviour, and were consequently motivated to become involved in HAS.

Proself and prosocial beliefs. Parents were predominantly motivated out of self-interest for their own child: "I am concerned about all the children that are there, but … I would certainly not be doing this [if her children were not going to benefit]…your energies would go elsewhere" (Barb). This proself value orientation is typical to North American individualistic culture, and

reported in several studies of parent involvement (Reed et al., 2000; Ritblatt et al., 2002; Walker, Whetsel, Dallaire & Wilkins, 2002).

Parents believed most of the involved parent population to be motivated by proself interests that satisfied individual parental goals. Many parents are not involved with the school as a whole, a lot of the time it's 'What can I do for my child, and how does it affect my child specifically?' Otherwise, they're not interested (Lisa, ten years involvement experience). Interviewed parents at HAS2 believed the school climate to be grounded in the proself perspective of the school community.

Notably, most interviewed parents were additionally motivated to volunteer for the benefit of all students "if two kids are interested then that is great" (Alice). Molly concurred "obviously I'm involved giving my time to the school because of my two kids … but my involvement is for the long term, it's not [just] because of my children ... I look at it as a whole that we're trying to build a better community for the future". These parents' involvement appears to have been motivated by prosocial beliefs to volunteer for the benefit of other students, as found by Rioux and Penner's (2001) study of volunteers.

HAS Committee. The predominant proself orientation of many parents may have restricted parents' opportunities for more meaningful involvement and the consolidation of parents' role construct (Good et al., 1997). This me-oriented reasoning may contribute to a school climate unfavourable to others' pro-social motives, such as parents' value for volunteering (Briggs, Peterson & Gregory, 2008).

To begin, the HAS Committee consisted of one parent, the principal, and three teachers. The sole parent representative reported decisions back to other parents through School Council meetings. There appeared to be no common forum for like-minded parents to share their health

beliefs, values and goals. As discussed within the context of HAS1, dialogue is an essential factor of building identity and team, and of facilitating the growth of parents' motivation. Without a formal vehicle for parents' dialogue, parents were unaware of other like-minded parents and lacked opportunities for sharing their health values and role beliefs; an important "social process" for framing the parent role to include involvement (Griffith, 2000, p.181). Consequently, the numerous and conflicting interests of parents' best intentions for their children fragmented the involved parents as a group, and limiting their developing a collective sense of agency (Watson, Chemers, & Preiser, 2001). Ironically, "unconditional cooperation [such as] maximizing joint outcomes, maximizing other's outcomes turns out to be an effective strategy" in coping with such a proself climate of involvement at HAS2 , as well as a strategy to encourage cooperation of others (Klapwijk & Lange, 2009, p.94). Although the structure of the school system facilitates parents' involvement to be more proself than prosocial (Englund, 2004), the existence of dichotomous social value orientations clearly limited parents' opportunities for reciprocally influencing each others' parental role construct and motivating their decision to be involved.

Beliefs about the values and teaching approaches that their child should experience in school. Parents believed that the responsibility for the development of their children's health was theirs, "they're our children" (Lisa). In comparison to the school, parents thus believed that they had the greatest impact on their children's health: "you can still educate, not change, [but] educate that child via the school" (Molly). Consequently, many parents held the ideological belief that the school should reinforce what parents prioritized as important healthy values: "I want the school to teach what I think is right" (Alice). The school's reinforcement of parents'

health values was believed to "really help the parents ... If you only have one, it's not going to be successful, whether it is the parent or the school" (Dan).

Parents thus believed in the value of a parent-school collaboration on HAS; a "60/40 split" (Dan) with the school to facilitate their children's healthy development. This collaboration was believed to strengthen and affirm parents' health goals: "If a child sees that it's important at home, and at school and in the community, then they will view it as important [and understand that] society views it as important .... You need all the stakeholders" (Molly). Pedagogically, parents believed HAS and their consequent involvement provided a seamless delivery of their health values at school, and helped them achieve their health goals for their child.

> I really believe that I need to be in there … to be involved in the school with the kids seeing you in it is the whole idea, or reinforcing that 'home and school' ... because it's the same community to them (Tricia).

Several parents viewed the school as a more logical leader to initiate this desired partnership orientation by engaging parents in communication and consultation. "The key is having input from the parents as to what the school should do. Consultation is huge, communication is huge" (Molly). Pushor (2001) noted that the school's engagement of parents and access to their knowledge may encourage the alignment of parents' health ideologies with school pedagogical practice. Parents believed that the school's increased awareness of parent goals would then enable the development of a more effective relationship for facilitating healthy development opportunities such as HAS.

Negative valence. Many parents held a negative valence towards the school. Parents believed that the school lacked the capacity for HAS, explained by parents' beliefs about (a)

school climate, (b) teachers' commitment, (c) the principal's leadership, and (d) HAS discourse versus school practice.

School climate. Research suggests that health promoting schools need to adopt "a general attitude of playfulness, a tolerance for disagreement, willingness to compromise, and the ability to cooperate" (Burbules, 1993 in Nilssen, 2008, p.257). In contrast, parents believed that the proself orientation of others created a scenario of numerous agendas, less conducive to achieving parental consensus and achieving prosocial goals that would benefit all students.

> There sometimes seems to be that there has to be friction between the school and the parents ... There are some parents that go in from day one very much gloves off because they feel that is the only way they are going to get anything done, which is the case sometimes (Betty).

The value of working as a group was rarely expressed by parents, similar to findings by Good and colleagues (1997). Lisa described how frustrating and discouraging it was to then try to gain consensus: "you really have to have a very strong voice, or talk to a LOT of people, and get them on board, which is hard [….] It's a lot of leg work to get the people formed to make the change. Implicit in parents' comments was the belief of the existence of a competitive scenario, in which most parents focused on their individual goals without considering a greater collective vision that had the potential to benefit other children besides their own. Consistent with Klapwijk and Lange (2009), parents believed it was difficult to work cooperatively and gain consensus amongst so many other parents with diverse agendas.

Interviewed parents may not have consequently trusted that other parents would work collectively and cooperatively with them for the greater gain of all students. "These parents are not easy [to work with]. There is a group of parents that run School Council. Others have

volunteered but did not get 'in'" (Tricia). It is unsurprising then, that parents may have limited their own cooperative tendencies, consistent with Smeesters, Warlop, Van Avermaert, Coreneille, and Yzerbyt (2003). Despite their prosocial intentions, the type of involvement activities interviewed parents chose reflected personal values and individual interests: "it's better for me to do a small focused activity where I have a personal interest … and I can come in and do something that has an impact and leave rather than be involved in a committee [....] The dynamics of committees are very difficult for me, …. they just drive me nuts!" (Alice).

Research indicates that the "short-sightedness" of parents' proself orientation may "erode the very attitudes vital to ensuring that volunteers continue doing so" (Briggs et al., 2008, p.323). To illustrate the effect on motivation, Lisa backed away from her efforts of recruiting parents to help her establishing a Walking School Bus program; it was "something I'm not willing to put my time and effort into anymore". An uncooperative school climate may have negatively influenced parents' valence for HAS involvement.

Teachers' lack of collective commitment. Many parents believed that teachers lacked commitment to HAS. Few teachers seemed to volunteer for after school sports (Dan) or physical activities (Barb), and teachers' decision to participate in the school health fair seemed only to be "compelled by the principal's decision" (Tricia).

> As the sole parent on the HAS Committee, Molly spoke of her experience, and said that unless you have the teachers [saying] yes, this is a great idea ... let's do it, it's really not going to get implemented the way it should. And it might peter out. If you have that momentum within the teacher body, then it just flows. When the [HAS] Committee says, "Well hey, let's do this, the teachers don't just say, "Oh, it's one more thing! And they will do it.

Yet some parents believed that teachers maintained a distinct separation between their teaching role and taking ownership of HAS. Many parents believed teachers felt overloaded with the demands of their profession, and therefore having "no time" (Dan) for HAS involvement. Lisa noted that some teachers "bike to school, they do all kinds of sports, but I can't say if they pass that on to the kids in their class, or to the kids in general". As supposed key actors of a HAS ethos, many parents desired "greater support" (Lisa) and teacher engagement in HAS (Barb); with teachers rather than parents "being the ones implementing with the parents help" (Lisa). Despite the recognition that teachers had a demanding role to fulfill, most parents believed that teachers' role included HAS participation and support. Although teachers personal actions appeared representational of HAS, parents did not trust that teachers were incorporating health values and HAS in their pedagogy.

Principal leadership. Parents believed that the principal exerted a strong influence on the school's climate, consistent with Griffith (2000). Some parents believed her strong leadership style too controlling and restricting of HAS, thus negatively influencing parents' motivation for involvement. Appropriate leadership reflect the beliefs and values of an organization (Hart, 1992).

Some parents believed that the principal was not open to parental input; "She definitely listens, but I think with her, personally, the decision is already made" (Lisa). "This principal has her own ideas for … HAS" (Tricia). Tricia also noted that the principal's approval was required for any idea to be put into practice, and hard earned parent consensus was not synonymous with the principal's consent: "It's top down, you have to understand that it's what you have to work with … the school council, the teachers…they're living under the principal who is the boss". Consequently, parents believed that "the principal is the priority […] If you don't have the

principal on board, then even if the staff want to do it, it won't get done" (Molly). By denying follow-through on the few goals that achieved parental consensus, the actions of the principal may have contributed to these parents' negative valence.

Some parents believed the principal to be a strong, yet inclusive and caring principal with "really strong ideas [who] certainly cares ... she certainly supports the HAS" (Barb), and who "consistently informed us about or asked to participate in or asked for our opinion on things like field days or various other sports activities" (Dan). Her strong leadership style was to counter the assertiveness of other highly involved parents assertively pushing their personal agenda on the school. Indeed, research indicates that parents, especially middle- or upper-class samples, may be viewed as over involved and intrusive by school staff as they act on their concerns regarding their children's education, safety and treatment (Deslandes, 2001; Fine, 1993; Gibbs, 2005; Hoover-Dempsey et al., 2005c).Varied beliefs regarding the principal's leadership style did not unify parents already fragmented by competing proself and prosocial orientations for involvement.

Through social interactions with parents, the principal can influence school climate towards greater collegiality (Deslandes, 2006), with the potential "to facilitate parents' identification, pursuit and achievement of valued goals" for their children (Schein, 1985 in Hart, 1992, p.39). By identifying and unifying parents' social value orientation, as a critical aspect of their role construction, the principal had the potential to unify parents in a critical aspect of their role construction. Yet typical of troubled organizations (Murphy & Meyers, 2009), HAS2's principal did not appear to be adapting her leadership to facilitate a shift towards a more unified school climate. The principal's leadership may not have fulfilled parents' expectations and

beliefs of her role; she consequently appeared to lack positive influence on parents' valence for involvement.

HAS discourse versus school practice. Consequent to the seeming lack of unified staff HAS vision and commitment, parents were dissatisfied with school policy and practices. Despite the principal's description of a "healthy school ethos", parents listed numerous practices they believed unhealthy: lack of green play space (Barb), overcrowding and use of portables (Dan), and sanctioned school activities serving unhealthy or allergenic foods (Zoë). Further, parents were concerned about a high amount of desk time in comparison to little physical activity (Barb), no PE teacher (Zoë), inconsistent fulfillment of OME mandated daily physical activity (Barb), and a disjoint between school policies and realistic and healthy parenting (Zoë).

> Sometimes I think our school supports us. But it's more of a lip service than it is real support. So we are a HAS [….] I feel sometimes it's more show than it is substance (Barb).

Parents' believed the label of being a *Healthy and Active School* as inauthentic; school policies and practice did not fulfill the promoted principles of HAS that parents were attempting to ensure at their child's school.

Parent-focused role orientation. HAS2 parents' involvement appeared to be motivated by a strong belief that their parental role required acting on their values of health at school. Most parents' distrusted the school's authentic implementation of HAS and resulted in their negative valence. Consequently, parents' active role beliefs coupled with their negative valence elicited a parent-focused orientation for HAS involvement. Parents' negative perceptions of their school made them more likely to be involved in school activities, as found by Seefeld, Denton, Galper and Younoszai (1998); since they believed were ultimately responsible for their child's healthy development opportunities at school. For example, Zoë's motivation to be involved resulted

from concerns related to unsafe school practices regarding her son's allergies. Parents of children without allergies were also involved, because "they wanted to ensure that their children were receiving proper nutrition … that they had control over what their children were eating". Indeed, similar to other studies of parents with a parent-focus (Green & Hoover-Dempsey, 2007), parents were motivated by the belief that their children's health is ultimately their responsibility; these beliefs have been linked with parents who are more controlling, yet also more motivated in their child's life (Georgiou, 1999). Further, parents' school-based HAS involvement was motivated by their belief that the school was incapable of ensuring the best interests of their child's health, as found by O'Connor (2003). Table 4 summarizes key themes that emerged from the first set of results related to parents' role construction at the two schools, consistent with Hoover-Dempsey and Sandler's theoretical work (1995, 1997; Walker et al., 2005).

Table 4

Key themes of parents' role construction at two schools

Similarities	• Strong parental role construct that includes HAS involvement.	
Health Outcome Expectancy	• HAS school-based involvement to ensure child's healthy development.	
Active role beliefs	• Fulfilling parental role requires concrete actions. • Raising a healthy child fulfills aspect of parental role. • Parents hold primary responsibility for ensuring child's health.	
Health and Social Value Beliefs	Social • Proself: HAS involvement for own child's benefit. • Prosocial: HAS volunteering for all students' benefit. Health • Supports child's school success. • All children deserve healthy development opportunities.	
Ideological beliefs support HAS as part of child's schooling	• Parents should determine the health values inculcated at school. • School is the logical setting for providing healthy development opportunities. • Collaboration between school and parents to achieve goals of both	
Pedagogical beliefs support HAS as part of child's schooling	• School should integrate health values into pedagogy. • HAS is a logical approach to integrate health values and pedagogy • Ensuring delivery of health values through parents' HAS involvement. • Teachers should actively lead HAS.	
Negative Valence	• Teachers too busy for HAS. • Unsatisfactory school practices for parents' value fulfilment. • Lack of school capacity for HAS.	
Parent-Focused Role Orientation	• Parental responsibility for ensuring delivery of their health values	
Differences	*HAS1*	*HAS2*
HAS Committee,	• Parent dominated. • Dialogue and sharing between parents, principal. • Social process shifted parents to prosocial value orientation. •Co-operation. • Positive interdependence.	• Staff dominated. • Reporting relationship to School Council.
Working environment	• Shared values beliefs gave group identity. • Cooperation. • Positive interdependence.	• Dichotomous social values fractured involved parents. • Competition. • Negative interdependence.

Parents' Self Efficacy

Parents' self-efficacy relates specifically to parents' sense of competency in acting in ways that will elicit the outcomes they expect and desire (Bandura, 1986, 1997). Parents' role construct and self-efficacy beliefs are theorized to be interrelated belief constructs (Anderson & Minke, 2007); within the specific context of each school setting. "constructs do not operate in isolation … efforts to measure one construct may necessitate changing definitions and assessing others" (Walker et al., 2005, p.100). School case results indicate parents had high self-efficacy for involvement, consistent with previous parent involvement literature (Hoover-Dempsey et al., 1992; Seefeldt, et al., 1998; Shumow & Lomax, 2002). Consistent with literature, parents' high self-efficacy beliefs for involvement were supported by their strong role construction (Green & Hoover-Dempsey, 2007; Munroe, 2010), negative valence (Seefeldt et al., 1998), parent-focused role orientation (Green & Hoover-Dempsey, 2007) and high level of education (Davis-Kean, 2005; Deslandes & Bertrand, 2004; Taylor et al., 2004).

The influence of parents' self-efficacy on their goals, outcome expectations, and perception of barriers and facilitators at school will affect their actions directly and indirectly (Bandura, 2001). In the following sections, parents' high self-efficacy is made evident through salient themes of parents' (a) self-initiative (Green & Hoover-Dempsey, 2007), (b) beliefs that they accomplished their goal (Shumow & Lomax, 2002), and (c) their persistence and commitment to HAS (Cooper et al., 1998; Hoover-Dempsey & Sandler, 1997). Clearly, parents' high self-efficacy beliefs influenced them to act on their role beliefs and choose to be involved in HAS.

HAS1 parents' self-efficacy. Despite negative feedback from other parents and staff, HAS1 parents' high self-efficacy beliefs influenced them to set and achieve both independent and collective HAS goals that would benefit all students. Further, HAS1 parents' high level of

self-efficacy may have promoted a pro-social orientation, evidenced by parents' co-operation and a willingness to help all students through their HAS involvement (Bandura, 2001).

Self initiative. Strong self-efficacy beliefs supported parents' initiation of HAS involvement as theorized by Bandura (1986):

> Sometimes it's just dependent on parents having the initiative to start a process ... given how busy principals and teachers are, it really is run by, or driven by, parent volunteers … so it's not the principal or the teachers asking parents to come in and do this, it's more parents attending meetings and figuring out what they want to do, setting goals for the school, and trying to get teachers and the principal involved (June).

Parents' self-initiated actions appeared linked to the parent-focused belief that they must ensure the school's delivery of healthy development opportunities. Parents consequently took ownership of HAS.

> You look at the school as a whole, and you say, "Are there things that need to be led, that the parents need to stand up and take a stand at?" Parents like me say, "I've got to make a change" (Noreen).

Parents transcended their beliefs of school/parent roles to ensure that HAS was developed and implemented. Parents' high self-efficacy motivated them to act when they believed the school was not adequately doing so.

The principal appeared to play a supporting role in parents' self-initiative (Soodak, et al., 2002). Contexts described as *autonomy supportive* are those that give parents' choice and encourage personal initiative, in addition to supporting people's sense of efficacy, or competency in a climate of relatedness (Deci, et al., 2001). Parents believed that the principal supported them in taking on HAS leadership. She was willing to collaborate and was "always open to our ideas.

We've never been really turned down for anything, we've been encouraged" (June). By giving license to parents' undertaking of goals and tasks more suited to their own unique skill sets and interests, the principal may have facilitated parents' gain of a greater sense of autonomy and competence in their involvement. With the principal's collaboration, parents filled the gap in leadership they had expected teachers to fulfill. Indeed, research affirms the principal's leadership is related to higher parent engagement (Deci et al., 2001) and their consequent increased self-efficacy (Ford & Amaral, 2006). Clearly, the principal's leadership has "an invaluable impact" on implementation of school health promotion and education initiatives (Vince Whitman, 2006, p.129).

With the freedom to direct their involvement, parents initiated activities in areas in which they were personally competent. Rather than traditional standardized and routine tasks, such as photocopying and supervision, parents took responsibility in more complex areas of personal interest and skill sets (i.e. nutrition, physical activity, and communications). Such innovative approaches to HAS involvement may have contributed to parents' sense of competence and autonomy (Bass, 1985). In addition, parents may have been enabled to take on more meaningful expressions of their parental role construction and volunteer role identity (Shamir, House and Arthur, 1993; Shamir, Zakay, Breinin and Popper, 2000). Parents' greater engagement for all students' benefit may have further integrated volunteering into part of their role as parent, as found in a study on organizational citizenship behaviour (Finkelstein & Penner, 2004). As well, by thoughtfully planning in a familiar domain, parents could control their processing of feedback and results, thus increasing effectiveness in their personalized tasks (Sitkin, 1992). "I've made [my involvement] be used effectively because I'm in control of what I set up ... and the same with the others. But that's parent driven, for sure, because I took the initiative" (Noreen). This

process may have reciprocally furthered parents' personal interest (Lindsley, Thomas & Brass, 1995), encouraging further self-initiative (Speier & Friese, 1997), and self efficacy for HAS involvement (Dempsey & Dunst, 2004).

Moss Katner (1981) explains that people can be "stretched and motivated" (p.560) by having more responsibility. Parents' self-efficacy motivated their self-initiated actions. The principal's support gave parents the freedom to make unique contributions based on their own discretion and judgment, and thus facilitated a growth of parents' power and control in HAS; furthering their self-efficacy for involvement.

Accomplishment of goals. HAS1 parents' high self-efficacy facilitated setting challenging goals (Bandura, 1986); goals perceived as challenging, rewarding, and attainable are the most attractive to individuals (Bandura, 1997; Locke & Latham, 1990). Based on their shared health values, applying their self-efficacy towards social purposes may have fostered parents' sharing of HAS goals; this shared motivation then fosters community (Bandura, 2000). Further, setting health-based goals gave parents a sense of direction and purpose in fulfilling their parental role.

Generating statistics provided a valuable tool to measure and affirm parents' goal achievement, by indicating "the return rate of kids, who's coming, how often, is the program effective". This then informed parents, "so I can go back and say, "Ok, this year, we put 100 kids through badminton" and ultimately, "It's your motivation, isn't it? To finish something and have it be successful" (Chandra). Deslandes (2010) underscored the importance of goals linked with impartial and concrete measures, directed by such a vision as HAS. Parents' attainment of successes that matched their personal beliefs resulted in a sense of competency and self-satisfaction (as per Bandura & Cervone, 1983). The results were "a lot better than I expected. It's been really good…there are a lot of different sports and a lot of different stuff going on and they

all seem to have a pretty good turn-out" (Matt). As Bandura (2001) theorized, by taking on challenging tasks and believing that they had achieved their HAS goals, parents' self-efficacy beliefs for HAS involvement may have been further consolidated. Parents' sense of accomplishments was then a potent means to inform and strengthen their self-efficacy, and serve as a standard from which to develop a greater sense of parent self-efficacy and further motivate parents' continued involvement (Deslandes, 2010; Epstein et al., 2009).

Parents' descriptions of immaterial accomplishments alluded to their belief that they made a positive impact on students. Positive feedback received indicated that children experienced "feeling a sense of belonging" (Ellen), and gaining "self-confidence that they could actually do something" (Chandra), and were interpreted as examples of parents' HAS accomplishments. Murphy (2009) defined the belief of having made a positive impact within an organization as *organizational based self-esteem*. Parents believed their involvement made an impact on the school community; this belief was consequently very motivating; "a huge plus for me … a very socially beneficial thing --that sense of accomplishment for everybody. It's the connections we make that are really positive (Ellen).

> I think what we are doing is good, and we have impacted a number of children … I like to think there's a change in attitude, of making people more aware of healthy living (June).

Many parents also expressed appreciation for the principal's positive feedback through her supportive comments, and recognition of parents' HAS achievements such as "It's great, we're so lucky to have you" (Ellen). The principal herself stated "Thank goodness [the involved parents] are here, because they do help us out a lot". Successful leaders are those willing to recognize and credit success with others (Zimmerman, 1991), as evidenced in a school-family-community project in Quebec (Deslandes, 2006). In addition, leaders' enthusiasm and positive

attitude are key themes of organizational change (Murphy, 2007), these qualities of leadership have been shown specifically to "extend the reach and deepen the effectiveness" of school health initiatives (Vince Whitman & Aldinger, 2009, p.66). Parents believed that the principal's "cheerful" nature (Ellen), supportive comments and enthusiasm for HAS (Noreen) positively influenced the climate of the school for HAS. Noreen believed she could see positive effects within the school community from the principal's leadership style and the ensuing implementation of HAS: "more people are on board. I think the school seems more upbeat, more enthusiastic". Maggee (2003 in Murphy & Meyers, 2009) affirmed that "morale deepens as a culture of positivism begins to spread" (p.15). The principal's supportive and affirming leadership consequently underscored parents' sense of accomplishments. Strong sources of information supported HAS1 parents' efficacy beliefs and contributed to their persistence in their HAS involvement.

Persistence and commitment to HAS. *Commitment* is "what makes a person assume or continue a course of action when difficulties or positive alternatives would lead them to give it up" (Brickman, 1987, p. 2 in Jimenez, Fuertes & Abad, 2010). HAS1 parents' high self-efficacy appeared to support a greater level of commitment, persistence, and effort to achieve HAS goals, their resilience supported by the challenging goals and sense of accomplishments (Bandura, 1994). Indeed, parents' achievement of their individual projects (proximal goals) affiliated with the greater goal of children's health (distal) not only provided them with the sense of accomplishment, but also consolidated their self-efficacy, "which in turn lead to increased perseverance" (Applebaum & Hare, 1996, p.40).

Despite negative comments from school staff such as "Why would you want to do that for grade one and grade two? That's not going to work" (Noreen), parents persisted by adapting and

self-correcting their behaviour to achieve success. For example, Noreen's self-efficacy sustained her perseverance in her self-initiative to develop a badminton club for younger children:

> I fought for [a badminton club], and took initiative to do it, initially. … had I not fought for it, no, it wouldn't have been... [I also fought] to make it easier for other parents coming in". I almost gave up, because it was so frustrating. I thought, "No way, I'm going to see this through"

Parents' high self-efficacy supported their perseverance and commitment to their vision of HAS.

Parents' strong identification with HAS values and goals implied their commitment (Jimenez, 2010). Despite the "ton of time" involved in taking statistics for the Walking Club, Chandra's belief that "taking the extra step is worth it, because it keeps getting [students] to come out." reflected her commitment to HAS and facilitated her persistence and continued effort with the Club. Despite challenges inherent to HAS involvement, a high self-efficacy appeared to support parents' ability to remain task-oriented and committed to achieve positive outcomes.

The emergence of collective efficacy. The mechanisms of human agency can be extended from the individual to that of the collective group; collective efficacy is thus defined as individuals' and the groups' aggregate beliefs that their group can effectively work and perform its tasks successfully (Bandura,, 2000); development of collective efficacy depends upon the "social dynamics and social support" of the group (Ronglan, 2007, p.85). Parents' shared values and collective agency initiated the emergence of their collective efficacy, consequently facilitating parents' belief of the potential for greater individual and collective HAS achievements (Bandura, 2000). Parents believed that for their involvement to be effective, the "different agendas … different wants or needs [of parents' volunteering required the] need to get coordinated, and focused and aligned in terms of how we want to proceed (Chandra). The

supportive nature and leadership style of the principal and the structure of the HAS Committee engendered a working environment to complement parents' desire to work together, and conducive to the emergence of collective efficacy.

Collective efficacy emerged from similar sources of information as self-efficacy. First, parents believed that to be most effective, they needed to work cooperatively and interdependently; they consequently divided up duties to satisfy both individual and Committee goals:

> Chandra is good in communications, June's interested in food, and because of my [sport] background, … we divided into three sub-sections, so that we didn't just go in circles, and were also choosing our areas of interest (Noreen).

Initial collective efficacy beliefs formed as parents observed and assessed their own and each other's capabilities and accomplishments (Bandura's, 1997). By dividing tasks specific to each parents' skill set, parents worked interdependently and increased their effectiveness to overcome the school's limited capacity for HAS.

In such an example of positive interdependence (Johnson & Johnson, 2009), small groups such as HAS1's Committee have been found to allow for greater group cohesiveness and limit problems with group coordination (Watson, Chemers, and Presier, 2000). Characteristics of group work were similarly valued by team members of school-family-community projects; positive team relationships, task sharing, and communication were found to facilitate their efforts (Deslandes, 2006). By working cooperatively on their collective sense of agency for all students, parents believed they were able to achieve their common goals for HAS.

Working together may then have shifted individual parents' perceptions of achievement towards that of the group (Schwartz, 1990); comments reflected parents' belief that together,

they had the combined skills necessary to make a positive impact on students within the school and that they had made this impact, "The more we [parents] can do to support programs being offered at this school, the better this school will be" (Chandra). Using the collective term "we" instead of "I" suggests parents' belief that their achievements were made as a collective group, and reflective of collective efficacy beliefs (Dempsey & Dunst, 2004; Short, Sullivan, & Feltz, 2005). Notably, parents' cooperative working style may have enabled them to realize their individual goals more fully (Bandura, 1997) while also contributing to an improved school capacity (Johnson, Johnson & Skon, 1979); group accomplishments have been shown to further collective efficacy but also reciprocally enhance self-efficacy (Bandura, 1997).

Although collective efficacy beliefs are not part of Hoover-Dempsey and Sandler's model, it is important to acknowledge their impact on HAS1 parents' motivation for involvement. Parents' collective efficacy beliefs may have fostered a greater commitment to the HAS vision, promoting greater motivation despite the challenging nature of the school's organization, and encouraging future accomplishments to be more aligned with HAS discourse and parent goals (Gibson, 1999).

HAS2 parents' self-efficacy. As was the case for parents at HAS1, HAS2 parents' high level of self-efficacy in realizing their parental health goals motivated them to become involved (Speiers & Frese, 1997). Differences in school context are illuminated through the examination of HAS2 results.

Self-initiative. Parents' self-initiative appeared to be strongly motivated by their belief that their school involvement was a means of ensuring the delivery of their health values, and consequent parental role fulfillment. The initiatives that parents led revealed parents' beliefs about the values that their child should experience in school. For example, Alice delivered a

seed-planting demonstration, Maria organized a multi-cultural night, and Dan formalized students' school participation in the city's Race Day weekend. Notably, parents expressed a lack of HAS awareness; many did not realize that their initiatives fell under the HAS umbrella. Parents in other studies of initiatives for school health promotion and education have similarly lacked adequate information from their school (Good, et al., 1997). Doyle (1999) stressed the importance of parents' HAS awareness is integral for a linked delivery of health knowledge from home and school; this linkage is essential for ensuring the comprehensive nature of CSH initiatives.

Accomplishment of goals. Accomplishing a goal is the most potent source of gaining or furthering self-efficacy (Bandura, 1997). HAS2 parents worked independently to achieve individual goals. Activities were typically short term, directed towards areas of personal interest (Alice), and limited to small group impact rather than effecting the whole school, possibly due to parents' lack of knowledge specific to HAS. Greater commitments over the long term were questioned for their value related to parents' time demands and the impact of their own children (Barb). Little mention was made of initiating any long-term goals to achieve a greater HAS vision.

Consequently, parents' perception of accomplishments appears to have been based solely on the feedback received from others. Parents interacting with students believed they were "100% absolutely sure" of their success due to the children's direct and enthusiastic positive feedback, and of seeing the positive impact "in their faces …. There are always some kids that go 'Wow!'" (Alice). Parents' interpretation of this positive feedback was integral to the consolidation of their self-efficacy (Bandura, 2000). Zoë's response indicated this effect when she described students' physical and emotional responses to yoga classes: "It was awesome.

They were all focused, they were having fun … It was a hit! In fact, I'm going back in two weeks to do it again." Students' positive feedback furthered parents' self-efficacy for involvement, encouraging and motivating them to continue their HAS involvement. Conversely, parents involved in more administrative tasks had little means to consolidate their self-efficacy beliefs. Further, parents made no mention of using concrete measurements (i.e. statistics, attendance, surveys) to determine if they were successful in achieving their goals. Without the measurement of incremental goals, parents lacked a standard to which to compare their performance and the opportunity to perceive accomplishments that might encourage further involvement behaviour (Epstein et al., 2009; Deslandes, 2010). Thus, parents' lack of interdependent goal setting with other parents' of similar beliefs may have prevented them the opportunity for further consolidation of their self-efficacy.

Persistence and commitment to HAS. Most parents' high self-efficacy supported a greater level of commitment, persistence and effort exerted to achieve their goals. Despite contextual challenges, Molly persisted for over two years trying to add an organic food component to HAS2:

> I don't stop, and say "Okay, well, it hasn't happened so we won't continue [….]" I just keep at it, in a nice way …I just keep bringing in more surveys, what other schools are doing, and sooner or later it chips away, it gets to people.

Zoë persisted with the Allergy Awareness Committee despite a stressful, year-long scenario of adversity with other parents: "Everybody hated me. People would come up to me in the schoolyard saying "You're the one who's banning cupcakes! [….] I was covering [my kids] ears!" Faced with such a stressful scenario, Zoë's high self-efficacy may have aided in her interpretation and positive coping of her emotional arousal (Bandura, 1986; Lindsley, Brass and

Thomas, 1995). Certainly, in addition to such contextual challenges, those parents not directly involved with students revealed little certainty of experiencing a sense of accomplishments. For example, Lisa invested two years of involvement "to get the money … to apply for the grants" for the kinderyard; she appeared discouraged by the belief that the outcome was then a compromised structure design. The lack of perceived accomplishments may have limited parents' further consolidation of their self-efficacy (Bandura, 1997).

Parents adapted to deal with obstacles they faced, persisting until they were able to fulfill their individual goals. For example, Tricia was frustrated with limited freedom to do HAS programming, and instead did head lice checks. Due to the time constraints of her full time career, Barb looked for "the biggest bang for what I can offer," acting as the physical activities coordinator and planning the primary yard revitalization. Having a high-self efficacy facilitated HAS2 parents to persevere through stressful experiences, be adaptive and flexible in order to maintain their commitment and achieve their goals in facilitating healthy development opportunities for their child's school experience.

Although parents' involvement was independent, their self-efficacy was affected by those around them (Bandura, 1997). Unregulated by the principal, the competitive and unsupportive school climate limited parents' opportunities to unify their efforts and consolidate their self-efficacy through concrete group accomplishments. The scenario at HAS2 thus limited the chance for parents' involvement to gain greater momentum as a collective force for change. Ironically, "unconditional cooperation [such as] maximizing joint outcomes, maximizing other's outcomes turns out to be an effective strategy" in coping with such a proself climate of involvement at HAS2 , as well as a strategy to encourage cooperation of others (Klapwijk & Lange, 2009, p.94).

Without an interdependent group of parents aligned with similar goals, and cooperating to achieve them, there was no indication of an emergence of collective efficacy (Deslandes, 2010). Table 5 summarizes key self-efficacy themes as per Bandura (1997, 2000) that emerged from the second set of results.

Table 5

Key themes of parents' self-efficacy at two schools

Similarities	• High self-efficacy for school-based involvement	
Supported by Strong Parental Role Construct	• Mediated by active role beliefs. •Supported by strong parent-focused role orientation.	
High Education	• University degree, minimum	
Persistence	• Despite negative comments of parents, staff.	
Self-initiative	• To ensure the delivery of their health values.	
Sources of information	• Negative verbal feedback from other parents, staff.	
Differences	*HAS1*	*HAS2*
Type of Involvement Choice	• To address areas parents believed the school was not adequately delivering.	• Based on parents' personal interests.
Goals	• Proximal and distal, measured goals. • Proself goals purposefully linked with greater prosocial HAS vision.	• Lack of concrete and measurable goals. • Proself goals lead to activities with prosocial outcomes.
Sources of Information	• Positive verbal feedback from students, principal • Concrete and impartial measurements such as statistics.	• Positive verbal feedback from students. • Lack of positive feedback if not interacting with students.
Working Environment	• Co-operation between parents to achieve individual and HAS goals. • Principal's collaborative leadership style encouraged parents' HAS ownership. • Emergence of collective efficacy.	• Competition between parents to achieve individual goals. • Principal's inconsistent and unsupportive leadership discouraged parents' decision making.

Parents' Motivational Beliefs: Individual Considerations

Individual parents were examined as separate cases in efforts to reveal details unique to the individual and not addressed in the analysis of schools as cases. Individuals' data was analyzed to compare parents across schools, and note patterns in the similarities and differences of their motivational beliefs. Examining individual parents' motivational beliefs may thus furthers the process of comparison between schools' influences, and facilitates a greater distinction between those motivational beliefs that are tied to experiences at the school, and those that are not related.

This section takes a complementary approach to previous sections, building on the theoretical and contextual explanations already included. Similarities and differences in belief constructs of the parental role, self efficacy and values (Hoover-Dempsey & Sandler, 1995, 1997, 2005c; Penner, 2002, 2004) are indicated through the description of clustered characteristics that contributed to the emergent four patterns of parents' motivational beliefs. See D for the case-ordered matrix used for analysis.

Parents of older children: Decreased Motivation (Dan, Lisa). Dan and Lisa's apparent decrease in motivation is related to the influences of their role construct, children's age, and self-efficacy. To begin, Dan and Lisa's children were older than most parents in the sample. Similar to parents in other studies, Dan and Lisa now manifested less involvement than when their children were younger (Anderson & Minke, 2007; Deslandes & Bertrand, 2004; Green et al., 2007). Their parental beliefs surrounding appropriate involvement behaviour appeared to shift over time. Dan explained, "It's my role to try to lead it, but it's more my role as a parent to get out of the way of it". Lisa added, "Your kids don't always want you there, especially as they get older". Parents' role construction exerts an inconsistent influence on parents' involvement as a result of the child's age (Deslandes & Bertrand, 2004, 2005). The shift in the motivational

influence of Dan and Lisa's role construct is considered a natural progression of parenting; as children age, parents' decreased involvement may facilitate the healthy development of autonomy in their maturing children (Deslandes & Bertrand, 2004; 2005).

Parents' history of involvement in a challenging school context may have also influenced their motivation. Lisa's experience was that "nothing happens quickly [….] it's a very slow process". Because both parents had been volunteering for several years, they may now be in a phase of motivation in which challenges and obstacles are more salient and outcome expectancies are lower, parents' motivation is consequently lessened (Wicker, Turner, Reed, McCann & Do, 2004).

Lisa and Dan both appeared to lack aspirations and goals for future HAS involvement, atypical of other motivated parents. "Maybe something will motivate me to do something, but right now, no" (Lisa). Dan concurred, "I don't think I am doing enough, but …. I don't want to be more involved". Moreover, Dan and Lisa's comments indicate a lower self-efficacy than other sample parents. Parents with older children were found to be less efficacious in their *home*-based involvement (Deslandes & Bertrand, 2004); further studies are needed to affirm similar results related to parents' efficacy for *school-based* involvement, such as HAS. In this study, Dan and Lisa's lowered self-efficacy for school-based involvement appeared to have influenced their lack of perceived accomplishments, and decreased persistence and commitment to HAS.

Neither Dan nor Lisa described personal accomplishments to any extent. Dan's expressed disbelief that his involvement made a positive impact on opportunities for children's healthy development opportunities: "I'm not sure if getting healthier happens". Lisa felt "frustration that you don't see it going forward". Indeed, lacking a definitive sense of accomplishments may have negatively influenced Lisa and Dan's self-efficacy.

Dan and Lisa's commitment to HAS and persistence for involvement wavered without the support of a strong self-efficacy. Dan's beliefs reflect a lessening commitment specifically for school-based types of involvement: "Parents' [school-based involvement] even collectively, can't make up for the lack of Phys-Ed teachers in the school [and the] ... inconsistency of activities". Over time, Dan came to believe more in parents' home-based inculcation of healthy values.

> I think the schools are in the way of [healthy development opportunities] .... I think it's more up to the parents and up to the culture … Our culture in a bigger way needs to recognize that kids need more activity and parents need to do that in much less formal ways. You need to have the walk to school. Doing that in all the formal ways, intramural sports, Phys-Ed doesn't cut it.

Lisa's comments suggest a more global decreased commitment to school-based involvement. She appeared discouraged by the challenges of working with members of the school community, teachers' lack of involvement, and the slow rate of change. Certainly, believing the school context to be unchangeable has a negative impact on one's self-efficacy (Lindsley et al., 1995). Lisa consequently believed she had a personal lack of competency to affect change:

> I'd like to make a bigger difference. I don't know how to go about it … it's a personal thing, I'm not the person to get them all fired up ... I have ideas, I don't find I'm a very strong motivator to get people working on them.

Findings suggest that parents' lowered motivation negatively influenced their involvement. Lisa's beliefs of an unchanging and challenging environment lowered her sense of efficacy, thereby negatively affecting her motivation to persevere in the face of obstacles (Bandura, 1990).

She decreased her involvement: "You back off a little bit. You don't think that there's anything more you can do". Dan decided not to return to Council executive the following year because "it's not where I want to spend my time".

Deslandes and Bertrand (2005) noted that parents must believe that parent involvement is a part of their role before they choose to contribute to their child's schooling. Once involved, parents meet challenges inherent to each school's unique context. Dan and Lisa's beliefs about the school context (Ford & Smith, 2007) appear to have weakened their self-efficacy for involvement. Accompanied by decreased role beliefs that occurred as a function of their children's age, Dan and Lisa's initially active role beliefs for involvement subsequently decreased; Lisa decreased her involvement at school and Dan centred his involvement to be more home-based.

The Balancing Act (Alice). Alice is unique in her motivational beliefs. Alice's positive valence was grounded in her childhood experiences as a student: "my teacher did that [seed planting activity] for us. [Also,] I come from a line of teachers, my mother was a teacher and my sister was a teacher so I talked to my sister about [my involvement]. My two nieces are teachers so I talked to them about it too". As a parent, Alice expressed her "love" of her children's school, appreciation of teachers' support and the principal's "intelligence and awareness [and] competency". Alice subsequently believed that the school's approach delivered values in alignment with her own; "I knew I liked it right away because the school … expect[s] parental involvement and it lets you know that it wants parental involvement and that it wants volunteers just in general". Alice's positive interpretation of the school's approach to parent involvement contributed to her positive valence; her active role beliefs and positive valence combined for a partnership-orientation with the school, as described by O'Connor (2003).

Alice's high self-efficacy was evident through her initiative to lead activities, her persistent involvement despite time constraints, and the perception that she had accomplished something of value. Mothers' initiative and efficacy were found to be crucial to their negotiation of the balance between work and involvement (Weiss, et al., 2003). Some research indicated that parents' reports of time and energy were found to be significantly related to their level of school-based involvement (Green & Hoover-Dempsey, 2007). Parents with demanding occupations tended to be less involved than others (Weiss et al., 2003); especially since mothers such as Alice tend to bear the primary responsibility for childcare and balancing work requirements with family (Bailyn, Rapoport, Kolb, & Fletcher, 1996 in Weiss et al., 2003). It seems that as a function of her time and availability Alice's involvement is specific, short term, and defined by her schedule, similar to findings by Lopez (2001).

Yet unlike studies of working low-income mothers who believed they did not have time to be involved in school-based involvement (Chavkin & Williams, 1989), Alice was involved on a regular basis and appeared motivated to continue. She believed she was involved "the right amount" to fulfill her active role beliefs. She did note that although "I didn't anticipate that I would be volunteering as much as I am …. With the level that I am at in the business …. I can manage that … I have flexibility." Weiss and colleagues (2003) noted that negotiating involvement with work demands depends on contextual opportunities such as flexible schedules provided by work or school. Certainly, being CEO of her own company may have supported Alice's self-efficacy for managing her schedule to include school-based involvement. As per Hoover-Dempsey and Sandler's original model (1995, 1997), Alice's strong self-efficacy appeared to have enabled her to fulfill her active role beliefs, despite the contextual restriction of time she had available. Further, Alice's involvement experiences seemed to satisfy her strong

parental role construct, her positive valence supporting her placing a high amount of trust in the school to deliver her health-based values.

The Worker Bees (Ellen, Matt, Betty, Zoë). An active parental role construct for their child's healthy development and for involvement at their child's school typified these parents' motivational beliefs. Coupled with a negative valence elicited a parent-focused orientation in parents' relationship with the school. These parents are distinguished by less self-directed involvement.

Most of these parents' involvement was initiated by their proself orientation to facilitate healthy development opportunities specifically for their child. Parents' prosocial motives and sense of collective agency were evident through their concern expressed for the well-being of the entire student body, yet prosocial concerns were not in the forefront of these parents' motivations for involvement. They ultimately looked to getting "the biggest bang for the buck" (Betty), involvement would typically shift according to the changing needs of their growing children, and not due to a collective HAS vision for the general student body.

Results suggest that this group of parents had a high sense of self-efficacy for HAS involvement. This may have been a result of perceiving their results as accomplishments and the belief that their involvement made a positive impact on students in their respective schools. Noteworthy is the fact that the types of involvement behaviour that these parents manifested appear not to be self-determined or the product of their self-initiative; these parents were all invited by other parents or staff to contribute to specific opportunities within the HAS initiative. Ellen explains: "We have Noreen, who's happy to do the badminton. We have Chandra, who's triggering the class parent stuff, and people like myself who just say fine, I'll help out here there and everywhere". It is possible that by having others direct their behaviour and hold greater

decision making power may have limited these parents from further consolidating their self-efficacy. Without taking self-initiative to direct their involvement behaviour towards areas of personal interest, these parents may have limited a potential furthering of their self-efficacy beliefs, thereby restricting opportunities for further motivational growth.

Parents' strong and active role construction and high self-efficacy initiated these parents' involvement. Despite investing great amounts of time, commitment and effort, these parents did not indicate the use of their personal skills and interests to self-determine what types of activities they pursued through their involvement. Other parents' invitations tended to determine what types of involvement they manifested.

The Social Reformers (Noreen, June, Chandra, Molly, Tricia). Finally, parents who showed the greatest level of motivation and subsequent involvement efforts compose the final category of parent involvement.

Parents' idiocentric motivations were thus compounded by their altruism and empathy, characteristics typical of a prosocial personality type (Penner, 2002); this may be the reason these parents were all similarly drawn to involvement in HAS. These parents appear to have an internalized prosocial role that is manifested through their HAS involvement, such as volunteers in a study by Finkelstein and colleagues (2005). Finkelstein et al. (2005) found that a volunteer role identity was strongly correlated with prosocial goals and altruistic motives of helping others. It may be that parents' identity as a volunteer parent was similarly linked to their motivation to help other students at the school.

This group of parents appeared highly motivated to act on their active role beliefs and health values, and identified the HAS initiative as an effective means for achievement of their goals. Findings suggest that these parents are part of a *social movement*, typified by individuals

who interact due to something they all agree is dissatisfactory (Schreuder, 1981 in Soeters, 1986). Indeed, a negative valence was pervasive because of parents' strong dissatisfaction with the school's pedagogical approach to HAS and delivery of children's healthy development opportunities. Parents were motivated to take it upon themselves to reform school practice to fulfill their values for children's school health. Further, social movements are characterized by everyday problems reformulated in terms of *central values* (Soeters, 1986). Many of these parents had chosen to stay at home to be more fully engaged in their child's development, indicative of their core values of parenting and healthy development. The central value of HAS is children's healthy development, embedded within the school experience. The greater social purpose of involvement for *all* children's health, not just one's own children, gave parents' involvement further meaning, and helped parents view "their accomplishments as something larger than themselves" (Ford & Smith, 2007, p.164). Parents' involvement in HAS thus expressed parents' role identity as well as their central value for children's healthy development. Moreover, the prosocial nature of parents' involvement may have had the effect of amplifying parents' motivational beliefs (Cameron, 2003 in Ford & Smith, 2007).

A high self-efficacy was integral in enabling these leaders to mobilize the collective effort of parents that was needed to bring about social change at school (Bandura, 1994) through such an innovation as HAS (McCall, 2007). All these parents expressed sentiments of personal and group satisfaction for their achievements, acknowledging the challenges that they have faced were met by their own skills with positive results. Parents' high self-efficacy enabled them to self-direct their involvement and choose types of activities based upon their own skills, interest and previous experience. This may have satisfied parents' sense of autonomy and competence; fulfillment of these basic needs has been shown to be motivating by influencing the extent to

which parents grow to value and enjoy an activity (Deci & Ryan, 2000; Reis, Sheldon, Gable, Roscoe & Ryan, 2000). Consequently, these parents were immersed in more rewarding activities, thus encouraging further engagement.

Innovative achievements such as HAS demand leaders to have a resilient sense of efficacy over a long period of time with no certainty of positive outcomes (Bandura, 1994). Often, as Noreen pointed out, these innovations may conflict with existing practices, habits, and school culture. Due to parents' high efficacy but inconsistent contextual support, parents exhibited a tenacious pattern of involvement (Ford & Smith, 2007). Parents' belief that their involvement made a positive impact and high self-efficacy for involvement supported parents' goal achievement despite challenges and obstacles.

Specific to HAS1, the parents within this group overwhelmingly indicated a high sense of collective efficacy for their involvement with support from the principal and through working cooperatively. At HAS2, Molly revealed her tenacity despite feelings of discouragement: "sometimes I feel like I'm effective, sometimes not". Her extensive history of membership on various boards and parents groups seems to have protected her from some of the lack of cooperation and collective efficacy specific to her school. Working with others may have satisfied the basic need of feeling connected and supported by others, and increased Molly's enjoyment of her involvement (Deci & Ryan, 2000), despite a challenging school context. Unified efforts with others enabled these parents to work through challenges, and gain an increased sense of accomplishment in their individual and group involvement behaviour. Kark and colleagues (2003) equated parents' self-efficacy (SE) , collective efficacy (CE), and sense of making a positive impact (otherwise known as organizational-based self-esteem; OBSE) with the

motivational belief of empowerment (E): SE + CE + OBSE = E. It may be that social reformers experienced the motivation of empowerment in their HAS involvement through their experience.

It is important to note that classifying participants into distinct categories must be done with caution; some parents could fit into more than one motivation pattern. For example, the sole outlier to the reformer group appears to be Tricia. As a professional with a high degree of health literacy, she was strongly motivated to contribute to the HAS initiative, and expressed the desire to contribute to a school that needed her skills. Tricia exhibited characteristics of high self-efficacy and the belief that she had positively impacted students at her child's school. Yet without an interdependent working group of other parents aligned with her goals, she gave no indication of a collective sense of efficacy. Further research would be useful to clarify and validate these emergent patterns of motivation.

Parents' self-initiative, persistence, and tenacity is characteristic of *social reformers* (Bandura, 2000). Soeters (1986) cautions that social movements "flare up, but they also burn out not long afterwards" (Soeters, p.308). In terms of sustainability, it is imperative that social reformers share their stories of success, and continually integrate new leaders who can inject new energy and vision into the movement (Bandura, 2000). These leaders of HAS play a great role in the sustainability of the initiative by sharing their experiences with schools just beginning to implement CSH principles.

Chapter Summary

Hoover-Dempsey and Sandler (2005c) specified that parents' role construction and self-efficacy for involvement were psychological process variables of integral influence in parents' decision to be involved in their child's schooling. To the current researcher's knowledge, there

has been no previous attempt to investigate these motivational beliefs in specific relation to a CSH approach.

Findings from the current study were thus able to provide new insights into parents' beliefs for a specific type of school-based involvement. Further, findings confirmed the results of prior parent involvement research by investigating their influence on parents' motivational processes for HAS involvement in Ontario. In addition to substantiating the significance of these processes, the current study further demonstrated that these processes can be applied to types of involvement not directly linked to academic outcomes. Of note, however, is that any process discussed, (or any multiple of processes) may have both motivating and discouraging influence on the involvement process. For example, parents' negative valence may decrease or facilitate parents' motivation (O'Connor, 2003; Seefeldt et al., 1998).

The major purpose of this study was to explore the beliefs that motivate parents to be involved in HAS at their children's elementary school. Complementary constructs of parents' value beliefs, beliefs about the values and teaching approaches that should be included in their child's schooling and parents' social value orientation added a greater dimension to the analysis of findings. Examining two schools revealed that involved parents similarly had strong role construction, characterized by active role beliefs, negative valence, and consequent parent-focused role orientation in their relationship with the school. Parents' high self-efficacy was consolidated through their sense of accomplishments and positive feedback.

Yet individuals, groups and organizations are not separate entities, but rather, part of the whole school community; each affects and is affected by the others (Lindsley et al, 1995). Accordingly, research indicated that social processes inherent to the school setting may have had differing influences on parents' role and efficacy beliefs related to their involvement

(Christenson, 2004; Soodak & Erwin, 2000). Consideration for each school's unique context was crucial for gaining a deeper understanding of parents' motivational beliefs within the specific context of each school setting. By developing a model that consists of concentric spheres, the current researcher attempted to demonstrate greater understandings of the current study's results. Prominent themes of motivation and influence that emerged from school and individual case results were organized by the researcher into a grouping of spheres, similar to Bronfenbrenner's ecological systems theory (1994). This model aims to demonstrate the interrelationship between parents' role construct, parents' self-efficacy for involvement, school context and the greater culture; spheres are nested within each other to demonstrate their interrelationship and thus interdependence.

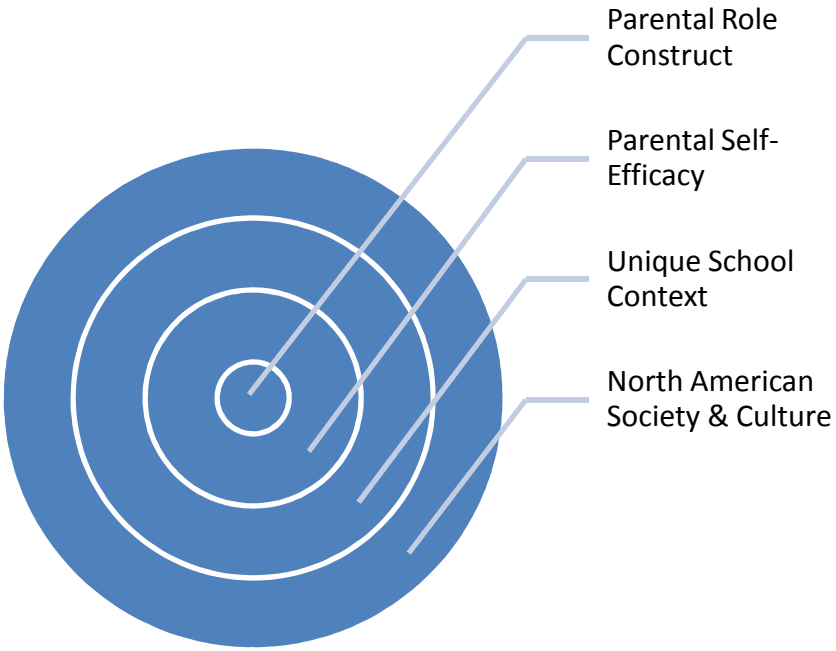
The central core of the model indicates individual parents' central values, beliefs and parenting experiences that ground their role construction and orient their motivation for HAS involvement. Parents' role construct grounds their self-efficacy; their self-efficacy may be more distal to involvement decisions than their role construct (Deslandes & Bertrand, 2005). The current study's sample held a parent-focused role orientation that further supported their strong self-efficacy. Parents' self-efficacy for involvement is the complementary motivation to parents' role construction, the next step of beliefs required to ultimately put parents' role beliefs into action. For these reasons parents' self-efficacy occupies the next sphere.

Looking outward, the next two spheres illustrate the next theme - that "environments are contexts of development" (Bronfenbrenner, 1994, p.39). The social processes that parents experience in the greater systems of school and culture may not be explicitly evident in their influence, but rather exert indirect impact on both self-efficacy, and possibly to a lesser extent,

role construct. In sum, the power of parents' motivation varies not only due to their unique and individual beliefs, but is also affected by the influence of the systems in which they are part.

Figure 1

Model of influences on parents' motivational beliefs for HAS involvement. Based on the "Environments in developmental perspective: Theoretical and operational models", by U. Bronfenbrenner, 1999, in S.L. Friedman & T.D. Wachs (Eds.), Measuring environment across the life span: Emerging methods and concepts (pp. 3-28). Washington, DC: American Psychological Association Press.



Chapter V Conclusions & Future Recommendations

The current inquiry sought to explore the motivational beliefs of parents involved in HAS at their child's elementary school in Ottawa. Hoover-Dempsey and Sandler's model of parent involvement (1995, 1997, 2005c) was utilized as a conceptual framework that guided a critical review of literature. Literature presented distinguished those key psychological processes integral to parents' motivation for involvement (Bandura, 1986, 2000; Hoover-Dempsey & Sandler, 1997, 2005c, Reed et al., 2000; Walker et al., 2002, 2005; Grolnick et al., 1997; Siegel & McGillicuddy-DeLisi, 2002). Additional literature affirmed the importance of these processes (Anderson & Minke, 2007; Deslandes & Bertrand, 2004, 2005; Green & Hoover-Dempsey, 2007; Green et al., 2007; Munroe, 2010; O'Connor, 2003; Seefeldt et al., 1998), thus justifying their utilization in the current study. It was thus proposed that examining the psychological process variables utilized by Hoover-Dempsey and Sandler's model would aid in the understanding of the motivational beliefs of parents involved in HAS. This chapter describes how this study fits into previous parent involvement literature, summarizes three emerging themes from this study, and discusses future research that may arise from this study.

Results from the current study were consistent with previous parent involvement research. First, involved parents shared similar demographics, typically being highly educated mothers of two children, with a high household income (Anderson & Minke, 2007; Deslandes & Bertrand, 2004; Green & Hoover-Dempsey, 2007). Second, involved parents held outcome expectancies that their involvement would impact children's healthy development opportunities (Johnson et al., 2005). Third, parents' strong and active role construct (Deslandes & Bertrand, 2005; Reed et al., 2000; Sheldon, 2002) was grounded in values of health and pedagogical beliefs of what their child should experience in school (Green & Hoover-Dempsey, 2007). Fourth, although parents

expressed desires of collaboration with school actors, their lack of trust for the school's HAS capacity resulted in a negative valence (Seefeld et al., 1998). Parents' negative valence and active role beliefs cumulated in a parent-focused role orientation to their motivation for involvement (O'Connor, 2003; Reed et al., 2000). Finally, involved parents' high self-efficacy enabled them to act on their values and role beliefs through their HAS involvement (Bandura et al., 1996; Eccles & Harold, 1996; Hoover-Dempsey et al., 1992; Reed et al., 2000).

To note, in contrast to this study's findings of high parental self-efficacy, Green and colleagues (2007) found parents' high self-efficacy negatively predicted their school-based involvement; they suggested that parents motivated to be involved but not academically efficacious may reach out to the school for assistance. It may be that parents in this study had high health literacy or career experience that supported their self-efficacy for involvement. As Hoover-Dempsey and colleagues (1992) suggested a reciprocal effect between self-efficacy and parents' choice of type of involvement; further investigation could clarify the relationship between parents' health literacy, efficacy, and CSH approach involvement choice.

Three key themes that emerged unique to this study are discussed in the following paragraphs: (a) parents value and type of involvement, (b) the unique influence of each school, and (c), patterns of motivation and empowerment.

Values and Type of Involvement

The first key theme that distinctly emerged from this study was the strong influence of parents' values on their HAS involvement. The three main values parents expressed were (a) values for health, and (b), prosocial values (c) prosocial health values.

First, parents typically want their children to succeed in life. Parents specific to this study valued good health because they believed it to be essential to their child's ultimate success in

life. By positively influencing their children's health outcomes, results indicate that parents believed they had fulfilled an aspect of their parental role. Previous literature affirms that parents' health outcome expectancies motivated their CSH involvement (Doyle, 1999; Eyler et al., 2008; Johnson et al., 2005). In addition, outcomes tend to be more valued if individuals believe they are competent to achieve them (Feather, 1992). Parents' value for creating healthy development opportunities through HAS may have reflected their high self-efficacy beliefs specific to health oriented involvement. Parents valued health for its key role in their children's successful development, and as something they believed themselves competent in helping their children achieve.

Next, parents' school-based involvement is commonly motivated by their proself goals for their own children. Yet many parents in this study also expressed personal prosocial values and beliefs; these values may have been grounded by a prosocial personality type (Penner, 2002). These parents believed it was their responsibility to actively help better the school community; they were consequently motivated to volunteer at their child's school.

Last, results then indicated a complementary interrelationship between parents' values for children's health and their prosocial values of volunteering. Some parents held strong beliefs that they must actively contribute to a community process that ensures health for *all* children. Parents were thus motivated to create a healthy school setting through HAS; their type of involvement consequently benefited all students in the school. Parents' *prosocial health values* were thus an unexpected emergent theme that clearly show a decisive aspect of parents' motivation for school-based involvement. Understanding the influence of these values is consequently paramount to achieving a greater understanding of parents' motivation for HAS involvement.

Key theoretical studies and empirical research on parents' motivation for school involvement have notably lacked depth when addressing the effect of values on parents' motivational processes for involvement (Mowen & Sujan, 2005). In light of the current study's findings, this highly influential domain warrants further research. Future studies can more closely scrutinize the relationship between parents' health values, role construct, and self-efficacy beliefs for CSH involvement. Further investigation of parents' prosocial values specific to school-based involvement in CSH approaches may elicit a deeper understanding of parents' motivation to volunteer. Finally, additional studies that examine parents' prosocial health values in relation to their CSH involvement are warranted, not only to understand parents' motivation for involvement, but also for gaining a greater understanding of the implications of this knowledge related to school practice.

School Context and the Emergence of Collective Efficacy

The second key theme to emerge was the decisive impact of social processes inherent to school-based involvement on parents' motivational beliefs. Analysis of parents' role construction and self-efficacy revealed that many facets of the school setting (i.e. school structure, management practices) may influence parents' beliefs related to their involvement (Christenson, 2004; Schlichter, 2008).

Contextual factors found to be influential to parents' motivational beliefs and consistent with previous literature include the principal's leadership (Ford & Amaral, 2006; Soodak et al., 2002; Vince Whitman, 2006), school climate (Briggs et al., 2008), and the structure of the HAS committee (Anderson & Minke, 2007; Deslandes, 2006; Sheldon, 2002). These social structures also exerted influence on parents' decision to volunteer for the benefit of others, as found by Hart, Atkins, & Donnelly (2006).

Evaluative research specific to school health promotion and education indicated that organizational and human factors such as "the need for collaboration and the invaluable impact of a principal's leadership" are critical to the initiative's success (Vince Whitman, 2006, p.129). It is thus crucial to acknowledge the real-life school contexts that face parents (Whitaker, 2008), "where actions are influenced by group pressures, social norms, and other imposed conditions, and where freedom of movement is often restricted by the realities of the situation" (Feather, 1992, p.21).

Considering each school community's unique influence through multiple case study analysis was thus fundamental for a deeper understanding of parents' motivational beliefs (Stake, 2006). Future qualitative research utilizing Hoover-Dempsey and Sandler's revised model applied to parents' motivation for CSH involvement is consequently recommended at other Ottawa schools and within other school boards to illuminate the unique and contextual response of parents in different locales.

Patterns of Motivation

The third theme that emerged from this study is of four patterns of parents' motivation: parents with decreased motivation, the balancing act parents, the worker bees, and the social reformers. First, parents with decreased motivation may have been as a function of their children's older age (Deslandes & Bertrand, 2004, 2005; Green et al., 2007). Yet the two parents whose motivation had decreased were both from HAS2. This suggests that these parents' decreased motivation may not have just been a function of their children's age, but perhaps too a function of the negative influence of the school's context. It may be that over time, parents' motivation may be adversely impacted by school actors and other parents. This finding may be

of interest to school leaders attempting to sustain parents' motivation as the child progresses through school.

Second, parents' available time impacts their motivational beliefs for involvement (Green & Hoover-Dempsey, 2007; Green et al., 2007). Balancing demanding careers with active role and value beliefs, especially for mothers, is grounded in a strong sense of self-efficacy (Weiss et al., 2003). Types of involvement chosen by busy parents tend to consequently be specific and short-term (Rapoport & Bailyn, 1996); the flexibility of work schedules and school involvement opportunities contribute to parents' ability to act on their motivation.

Third, worker bees reflected those parents that were motivated to volunteer in whatever way needed for the benefit of their child and other students. Notably, despite strong efficacy beliefs, worker bees did not express the need to choose the type of activity they were involved in, nor did they exhibit as much self-initiative as the social reformers. Typically, each was recruited by another parent or staff member to be involved. The willingness of these parents to help students in whatever domain is a valuable characteristic for schools needing additional human resources; yet these parents may have limited the consolidation of their efficacy beliefs and role satisfaction due to the lack of personal connection to their actions.

Fourth, the social reformers indicated the strongest prosocial values for HAS volunteering, possibly as a result of having a prosocial personality type (Penner, 2002, 2004). These parents' strong ideological, pedagogical and value beliefs appeared to ground their identification of the school's lack of HAS capacity as an area that required parent involvement. Parents in this group appeared to have very high self-efficacy to support their persistence and commitment despite school barriers. Through their self-determined type of involvement, parents' efficacy beliefs were further consolidated. Social reformers' collective efficacy may have also *enhanced* their

high self-efficacy, possibly influencing their future motivation and goal achievement (Bass, 1997). Along with self-determined types of activities, these processes may have facilitated the emergence of a sense of empowerment (Bandura, 1997; Bass, 1985; Dempsey & Dunst, 2004).

Notably, the theme of empowerment underlies most recommendations based on similar research on parent involvement (Hoover-Dempsey et al., 2005c), yet the concept is not included in the model. Equally important is the omission from the model of the concept of sustainability of parents' motivation for involvement. It is possibly that parents' empowerment serves as a sustaining influence on their motivation for involvement.

To address these issues, future studies utilizing Hoover-Dempsey and Sandler's model could investigate the link between parents' role construct and efficacy beliefs, prosocial values, and motivational beliefs of empowerment. In addition, further research that examines these motivational beliefs and their relationship to sustainable motivation are warranted. Due to the strong influence of prosocial values that emerged from this study, inquiries in this area may benefit from additionally utilizing Penner's theory of sustained volunteerism (2002, 2004). Surely understanding what empowers and sustains parents' intent on supporting CSH would benefit schools and health promoters alike. It may be that with a greater understanding of parents' motivational beliefs for HAS involvement, school actors and health promoters can move towards more effectively facilitating a context that empowers and sustains parents' involvement throughout their child's elementary school experience.

Practical Recommendations

Certainly the most productive approach to perpetuate parents' motivation for HAS involvement is to try to understand how to "enhance or reconfigure" school context in such a way as to "fuel exploration and competence development" of parents through their involvement

(Ford & Smith, 2007, p.160). Relating school HAS practice and parent involvement policy to salient motivational beliefs of parents could potentially improve retention and sustainability of parents' involvement, as found by Grube and Piliavin (2000). Further, school actors and health promoters should also consider the valuable knowledge, input and collaboration of involved parents when developing HAS policy. This bottom-up approach to CSH initiatives could positively influence parents' motivation by enhancing the involvement process, as has been shown in other studies (Pushor, 2001; Shah, 2009; Vince Whitman & Aldinger, 2009).

Admittedly, parents in the current study were involved in a CSH approach. This study has justified *involved* parents' role construction and self-efficacy as salient belief constructs for parents' motivation for HAS involvement. Inference can possibly be made that these constructs can also be considered applicable to understanding uninvolved parents' motivation. Any motivational belief construct discussed contains a spectrum of positive to negative; by taking into consideration those belief constructs motivating for involved parents, individuals in charge of parent involvement and HAS (parent organizers, public health nurses, teachers, principals, and the OCDSB) could potentially aid uninvolved parents in making the decision to become involved.

Results indicate that motivating parents requires communication from the school that is directly tailored to parents' values and role beliefs (Clary et al., 1998). Dialogue and collaboration between the two parties can shift parents' distrustful beliefs to a sense of empowerment that their involvement is valued and integral to the school's capacity for HAS. Principals especially should communicate to all parents that their involvement in HAS is expected and valued, as each one has a unique role in their child's healthy development (Hoover-Dempsey et al., 2005c); especially for school-based involvement, this may "sensitize parents to

their duties and responsibilities" (Deslandes & Bertrand, 2005, p.173) and activate their parental role to include involvement. By facilitating "the development of feelings of importance and belonging ... and value to the organization" (Murk & Stephan, 1991, p. 75), school-parent discourse can consolidate parents' self-efficacy, linking parents' involvement to HAS as a meaningful change in the school (Briggs et al., 2008) that can makes a positive impact on students' health. Future research should therefore include studies specifically examining the constructs of *parents' perceptions for specific invitations from teachers and children*. Hoover-Dempsey and Sandler (2005c) hypothesized and Green et al. (2007) confirmed that these constructs predicted parents' *type* of involvement behaviour. Since parents' involvement in HAS may be considered a type of parent involvement, studying the interpersonal and contextual constructs of parents' perceptions of specific teacher and child invitations may reveal further influences on parents' involvement behaviour distinct from parents' motivational beliefs. These findings would then complement those of the present study, and be compared and contrast to gain a greater and more comprehensive understanding of the entire range of influences on parents' decision making for involvement.

Parents in this study believed that their involvement was vital to their children's health outcomes. Though the current study affirmed the key psychological processes previously identified to motivate parents' involvement, there is still much to be explored in relation to parents' motivation for involvement in CSH approaches. Research on uninvolved parents is lacking, as well as the effect of the school context on their decision to become involved in CSH. Future studies could investigate a correlation between involved and uninvolved parents and their individual strength of parental role construct and self-efficacy for involvement. Because this research only investigated involved parents, it might be viable to conduct a study comparing both

involved and uninvolved parents. This type of study could then compare the motivational beliefs of the involvement process from the perspective of both standpoints, possibly exposing an evolution of factors.

Research recommended in this domain includes examining the relationship between parents' prosocial beliefs, health values, role construct and self efficacy for involvement in CSH approaches. Studies examining the links between these beliefs, parents' empowerment and the sustainability of their motivation for CSH involvement are also warranted. By examining these salient constructs in other schools, boards, and provinces, school and health professionals can better understand parents' beliefs specific to their unique school community. For example, a mixed methods study of a large sample of parents involved in HAS within the OCDSB is recommended. A quantitative survey could access and investigate a large sample of involved parents; qualitative follow-up semi-structured interview questions with random parents could then contribute to a greater understanding of involved parents' motivational beliefs for HAS across Ottawa.

A Final Reflection on the Study

Being a parent and a teacher gave me a multi-dimensional perspective throughout my research experience. As a parent, I am driven by a seeming innate parental role to protect and care for my children. To me, effective fulfillment of my role means ensuring that my children grow up to strong and healthy. I believe that success is sure to accompany their healthy development. Through this study, my values for healthy development opportunities resonated with many of those expressed by these parents. Fulfilling my role as protector, guide and leader means not only doing all that I can in this role, but also ensuring that the strong influence of school actors and pedagogy fulfills what I perceive as their role. My parenting practices are

based on my own experiences being parented; the process of this study has encouraged me to more actively seek out additional information sources such as accomplishing goals, positive feedback and increased education in efforts to consolidate my self-efficacy for parenting and pre-school involvement. With my daughter's entry into kindergarten, I hope to be a more efficacious parent who can positively contribute to her and other students' healthy schooling experience by cooperating and supporting collective HAS goals.

As a teacher, I have experienced the professional demands of an overloaded curriculum, lengthy hours and the absence of professional development to involve or engage parents. I am well aware of the numerous programs available to teachers to implement in their class; I could see how HAS is easily lost in the overlap with other programs. Further, my experience as a teacher made me appreciate how highly influential a principal is on teaching staff. As a new parent to the school system, I empathize with both teachers and parents as they struggle to fit new demands within outdated role definitions. I will strive to meet teachers halfway, and take personal initiative to ensure that my involvement is engaging and meaningful.

Our education system, despite numerous reforms and developments from outside influences, shows itself slow to change its culture and construction of roles of parent, principal and teacher. Yet with rising rates of obesity, Type Two Diabetes, bullying and other health issues, I believe it imperative that schools and parents come to a consensus and work together to achieve children's healthy development. Both teachers and parents are experiencing a paradigm shift; the seemingly simplistic solution of authentic dialogue and cooperation is the best way to start understanding each other's interpretation of their respective roles and how to collaborate from there.

I am dismayed that schools are so focused on test scores and academic success; I agree with Dan's perception that the problem is not just the school system, but a cultural problem. Daily living must incorporate healthy habits, ingrained within parenting practice and pedagogy. Until both schools and parents acknowledge and act on this, there will always be tension between academic and health demands. Schools will more easily reach their goal of greater *academic* success by creating an empowering school environment that facilitates parents' collaboration and involvement to ensure children's *health*. Parents can be part of the solution rather than part of the problem by contributing, as these parents did, to a CSH approach.

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APPENDICES

Appendix A

Hoover-Dempsey and Sandler's model of parent involvement

Level 5
Child/Student Outcomes

Skills & Knowledge	Personal sense of efficacy for doing well in school

Level 4
Tempering/Meditating

Parents' use of developmental appropriate strategies	Fit between involvement activities & school Expectations

Level 3
Mechanisms of parent involvement's influence on child's school outcomes

Modeling	Reinforcement	Instruction

Level 2
Parents' choice of involvement forms, influenced by

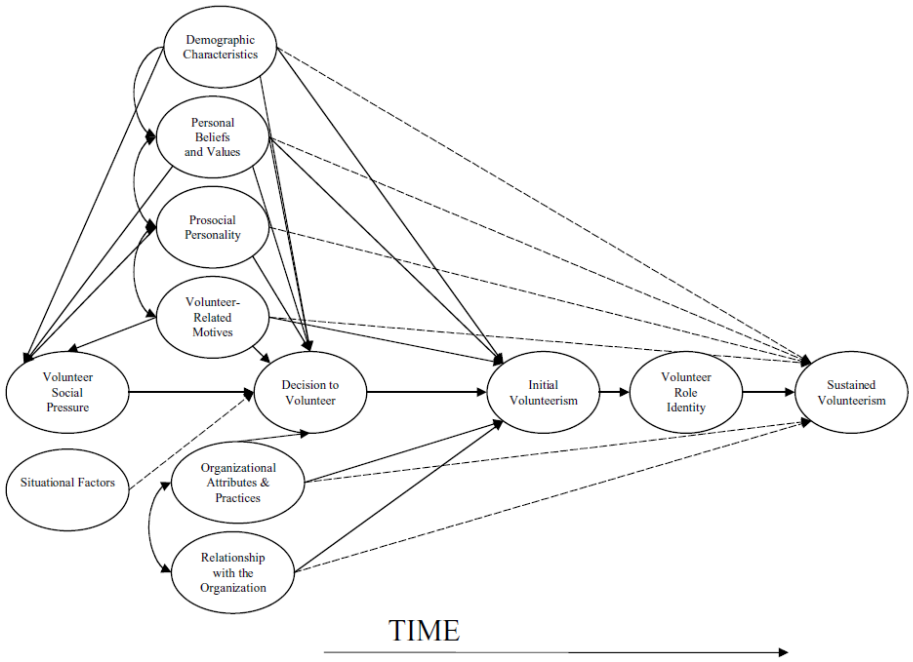
Specific domains of parents' skills & knowledge	Mix of demands on parents time & energy (family/job)	Specific invitations & demands from child & school

Level 1
Parents' basic involvement decision, influenced by:

Parents' construction of parental role	Parents' sense of efficacy for helping the child succeed in school	General invitations & demands for involvement from school

"Parents' Motivations for Involvement In Their Children's Education`". K. V. Hoover-Dempsey, J.M.T. Walker, and H.M. Sandler, 2004, *School-Family Partnerships for Children's Success*, p.42.

Penner's model of sustained volunteerism



Appendix B

Interview Guide Questions

1. (a) How many children do you have attending this school?
   (b) What grade is each in?
   (c) How long has each child been attending this school?

2. What do you know about the Healthy Active Schools program at your child's school?
   Clarify with parent in case of misunderstanding.

3. (a) What do you think is the role of parents in the Healthy Active Schools program?
   (b) What do you think your school **expects** you to do?

4. (a) Do you think you are an involved parent in the Healthy Active schools program at your school?
   (b) Please describe how you are involved, or what you do at the school.

5. (a) What would you **like** to do within the Healthy Active schools program at your school? *Or* (a) What is **your** 'dream' or 'ideal' contribution or type of involvement?
   (b) In terms of time demands, energy and other responsibilities, what do you think you could be doing?

6. Do you feel like your skills and resources are being used effectively within the HAS program?

7. (a) Do you feel that your contributions are making a difference? Why or why not? Please explain or elaborate.

8. (a) What is your opinion about the ways that you can be involved or contribute to the HAS program at your child's school?
   (b) Can you **suggest any steps** that would enable you to become more involved or contribute more?
   (c) In your opinion, what would be the ideal way(s) for parents in general to become more involved in the HAS program at your child's school?

9. (a) What ways do you think you can you voice your opinions regarding the HAS program at your child's school?
   (b) Do you use any of these ways? Please explain how you use these ways.

10. (a) What suggestions do you have for the future development of the Healthy Active schools program at your school?
    (b) How would you contribute to these suggestions?

11. (a) Do you have any further comments to add about *parent involvement* in the HAS program at your child's school?
    (b) Do you have any further comments to add about *your* involvement in the HAS program at your child's school?

Appendix C

Case-Ordered Predictor Outcome Matrix

Pattern of Individual Parents' Motivational Beliefs Contributing to their Decision to Become Involved

	Decreased Motivation		**Worker Bees**				**Balancing Act**	**Social Reformers**				
	Dan	Lisa	Betty	Ellen	Matt	Zoe	Alice	Tricia	Molly	Chandra	,	Noreen
Parent Role Construction for Leading Health of Children	●	●	●	●	●	●	●	●	●	●	●	●
Active Role Beliefs for School Based Involvement	o	●	⊖	●	●	●	●	●	●	●	●	●
Negative Valence	⊖	●	●	⊖	o	●	o	●	⊖	⊖	●	●
Satisfaction with Principal's Actions	●	o	●	●	●	●	●	o	●	●	●	●
Satisfaction with Teachers' Actions	⊖	o	o	⊖	⊖	⊖	●	o	o	⊖	o	o
Satisfaction with School Board	o	o	o	o	o	o	**?**	o	o	**?**	o	o
Parent-Focused Role Orientation towards Health in school	o	●	⊖	●	o	●	o	⊖	⊖	●	●	●
Proself Orientation	⊖	⊖	⊖	o	⊖	●	⊖	●	o	⊖	o	⊖
Prosocial Orientation	⊖	⊖	⊖	●	●	⊖	⊖	⊖	●	●	●	●
Self-Efficacy for Involvement at School	⊖	⊖	●	●	⊖	●	●	⊖	●	⊖	⊖	●
Perceives Positive Impact Through Involvement	o	⊖	●	●	⊖	●	●	⊖	●	●	●	●
Self- Initiated Involvement	⊖	●	●	o	o	o	●	●	**?**	●	●	●
Self-Determined Type of Involvement	⊖	●	●	o	o	●	●	●	●	●	●	●
Persistent. Occurs over length of time	o	o	●	**?**	●	●	**?**	●	●	●	●	●
Positive Verbal Persuasion	⊖	⊖	⊖	⊖	**?**	⊖	●	o	⊖	●	**?**	⊖
Collective Efficacy for Parents' Involvement at School	o	o	o	●	⊖	⊖	o	o	o	⊖	●	●
Empowerment	o	o	⊖	⊖	⊖	⊖	⊖	o	●	●	⊖	●

o absent ⊖ moderate ● high **?** unclear or not mentioned