

Carer Supports in Reading-Writing for Children with Learning Difficulties: An Exploratory Cross-Sectional Pilot Survey

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Abstract

When carers are involved in the reading-writing activities of their children at home, their academic performance shows improvement. In this study, a descriptive exploratory survey research design is used to evaluate the nature, type, length, quality, quantity, extensity, and intensity of such carer supports. Following a six-step tool development process, including a review of the relevant tools, and expert validation, an investigator-designed 10-item unstructured questionnaire was administered through open-ended interviews with a random sample of 143 carers of 120 students (comprised of 60 boys and 60 girls in the age group of 6-15 years) suspected of academic difficulties. The derived data in the form of yes/no responses and descriptive narrations by carers was recorded, content-analyzed, coded, scored, and collaboratively evaluated as frequency counts, percentages, and inferential non-parametric statistics. The results were analysed for key parameters like (i) place of study; (ii) time of study; (iii) study materials; (iv) initiation to study; (v) availability of support; (vi) timetable or curriculum; (vii) supervision; (viii) extracurricular activities; (ix) gadget use; and, (x) future goals. The findings are profiled, discussed, and highlighted along with recommended remedies in light of their implications or utility for reading-writing in such affected children.

Keywords: Parents, home settings, study habits, gadget use

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INTRODUCTION

Carer support plays a crucial facilitating role in promoting reading-writing skills in children at home. Literacy is not merely the ability to read and write, because it enables one to think and apply knowledge from one area to another. An early home learning experience characterized by a literacy-rich milieu provides opportunities for

children to observe, model, and practice reading-writing activities regularly to improve their academic and social skills with long-lasting effects (Lehrl, Evangelou, & Sammons, 2020). When parents turn into teachers for their children, the teaching-learning curriculum can be tailored to suit their interests, strengths, and learning styles. Such personalized learning can lead to a stronger parent-child bond as well as a more engaging and effective learning experience. The teaching-learning schedules can become flexible for both the carers and the child. Further, the arrangement can be cost-effective, safe, and comfortable for the child-free from bullying or other negative influences.

There are also drawbacks to carers serving as teachers for their children. Some carers might not have the same level of knowledge, resources, and supplies as teachers with formal training. The potential for the child to be exposed to social circumstances and interactions with peers is lost inside the carer-child dyad of teaching-learning. It could be challenging and ill-affordable for carers to provide the time necessary to serve as teachers. The primary carer-child relationship may become strained if they spend too much time together in a learning-teaching situation. The child's ability to participate in clubs, athletics, music, art, and other extracurricular activities may be impacted (Tarayevna, 2022; Vincent, 2013).

The Human Ecology Theory and Family Systems of Urie Bronfenbrenner serve as the foundation for the relationship-based and parenting-centered program known as the Parents as Teachers Model. The importance of carer involvement in young children's academic development is also supported by the cognitive development theory of Piaget and the socio-cultural theory of Vygotsky. Likewise, there are top-down, bottom-up, and integrated models of reading stressing word recognition and vocabulary building (Lee, 2000). According to rigorous research designs and personal accounts, these models are effective in improving the lives of children and their families (Gogh, Ehri, & Treiman, 2017; Bornstein, 2015; McKenna & Millen, 2013; Larkins 2011, Lee, 2000; Wagner & Clayton, 1999).

Available tools help measure carers' effectiveness as teachers, involvement, or engagement with their children. Such questionnaires are used for interviewing carers' involvement in educational activities, school functions, and interactions with other carers. Carers can evaluate their performance as teachers and offer insightful comments on their child's progress using educational videos, personalized learning dashboards, gamified lessons, quizzes, tutorials, and practice exercises available on online learning platforms. Accessibility, providing individualized learning experiences catering to each child's unique requirements and learning styles, adaptability, and cost-effectiveness are some advantages of these tools. The content of these tools varies widely. Evaluating their efficacy might be arbitrary and may differ based on the unique demands and learning preferences of each child. There are also potential risks or disadvantages to using tools that measure carers' role as teachers. The student's options for social connection and peer collaboration are constrained when carer-pupil educational exchanges are all that are taking place, as is the case in some homeschooling situations. The teaching materials could be unstructured, unlike in a classroom setting. Some carers lack the financial means to purchase the necessary tools and technical equipment needed for teaching. Carers are prone to becoming tired, worn out, and burned out teaching their children over time (Rothman, Ozolins & Doyle, 2018; Pomerantz & Moti, 2015).

Each child is unique and their learning difficulties manifest differently. The need, rationale, and justification for examining carer support for reading-writing in children is important for several reasons. It can enable early identification and interventions, and help minimize the later deleterious impacts on their social-emotional well-being and future success in reading-writing or academic performance. Going by these considerations, the research questions posed were: what is the nature, type, extent, duration, and amount of carer support in reading-writing made available for students with learning difficulties in the age range of 6-15 years? Are there differences by gender in the dispensation of such support? The general aim of this inquiry was to measure the available carer support for children with reading-writing difficulties within their home settings. The specific objectives were:

1. To develop a reliable and valid psychometric tool to measure the prevailing what, where, when, how, and why of carer support for reading-writing in children within their home settings;
2. To administer the developed tool to a representative sample of home-supportive carers having children with reading-writing difficulties;
3. To profile the distribution of given support by carers having children with reading-writing difficulties;

METHOD

The psychological attribute chosen for this study is carer support for reading-writing to children with academic difficulties. A few examples of available self-report tools to measure frequency, types, attitudes, and perceptions of carer support for reading-writing to children with academic difficulties whose contents were adapted from are The Parental Involvement Reading Questionnaire (PIR-Q; Sénéchal & Young, 2008), Parental Involvement Writing Scale (PIW-S; Graham & Harris, 1989), and Home Literacy Environment Questionnaire (HLEQ; Sénéchal & LeFevre, 2014; 2002).

(a) Procedure

A six-step tool development procedure was chosen. After reviewing available instruments on carer involvement in home teaching in reading-writing, two focus group meetings were conducted to learn how the carers perceive support or engagement. Conceptualization and operational definition of the key terms: reading-writing, carer-support, and learning difficulties, providing a theoretical basis for the theme or problem area under inquiry was completed. Then, 60-minute open-ended discussions with individual carers in person along with audio recordings and later transcriptions. The fourth step involved item generation and the formation of an item pool, comprising key potential indicators of carer involvement, engagement, and barriers. The tool was restricted to the selection of a subset of ten items most relevant and reliable for measuring the chosen construct since parsimony was deemed paramount in this investigation. To improve scale reliability, reverse scoring was avoided. Answer choices were restricted to a dichotomy of yes/no or true/false. Fifth, the items were subjected to an expert review procedure. Scholars and practitioners with no less than a doctorate in the field gave feedback about the clarity and relevance of items, possible missing items, and appropriateness for the carer respondents. Sixth, pilot testing, on a group of six carers, was recruited to give a final look at the scale and suggest if any ambiguities were observed. The final step involved try-out and collection of data.

(b) Research Design

This descriptive cross-sectional exploratory investigation was carried out between January 2017 and June 2019. Clinical interviews with the carers accompanying the children were conducted to profile what study support was provided by them. Each respondent was interviewed for about 15-30 minutes. The study sample (Table 1) comprised 60 boys and 60 girls in the age group of 6-15 years. A total of 143 cares were interviewed after their child’s assessment. The power and sample size estimation was undertaken by using a statistical calculator to determine the minimum number of subjects needed for adequate study power by using Fisher’s (for normal distribution) or Yamaane formula (for finite population) based on the research questions posed, choice of statistical test, setting of the desired power level (typically 0.80 or 0.90) and significance alpha level (typically 0.05), estimation of effect size based on previous research or pilot data (Rickles, Zeiser, & West, 2018).

Table-1

Sample distribution of children with learning difficulties and carers

CHILDREN-N=120(M60+F60)			CARERS-N=143		
Age in years	Boys	Girls	Males	Females	Males & Females
6-9	18	18	5	21	10+10
9-12	18	18	11	19	6+6
12-16	24	24	13	28	7+7
Total	60	60	29	68	23+23

(c) Description of Tool

The ten-item questionnaire covered the time spent by children excluding school hours and their systematic carer involvement in reading-writing at home. The questions probed the importance given by carers to reading-writing, the children's motivation, the type of discussion that carers had with the children, and discipline practices adopted by them. Also, data was collected on (i) place of study; (ii) time of study; (iii) study materials; (iv) initiation to study; (v) availability of support; (vi) timetable or curriculum; (vii) supervision; (viii) extracurricular activities; (ix) gadget use; and, (x) future goals (Table 2). The questions were randomly distributed to be answered by the respondents. The maximum score for a respondent on this tool is 143. Data was collected, compiled, and computed for descriptive and inferential statistics by using SPSS/PC Version 29 (IBM Corp, 2020).

Table 2
Item-wise distribution of obtained scores with inferential statistics

Sno.	Item	Options	Yes	No	Test Statistic
1	Is there a designated study place/work station for the child?	No	100 (70%)	43 (30%)	$X^2=22.72$; $p=.001$
		Sometimes s/he sits on a sofa/chair	110 (77%)	33 (23%)	$X^2=41.46$; $p=.001$
		The room where s/he studies is adjacent to the drawing room, from where he can be observed	115 (80.40%)	28 (19.60%)	$X^2=52.93$; $p=.001$
		We will observe him/her from the kitchen as I will be cooking and instructing him/her to study, complete homework, read, and write from there only	91 (63.50%)	52 (36.50%)	$X^2=10.64$; $p=.001$
		Never thought about a specific place	30 (21%)	113 (79%)	$X^2=48.18$; $p=.001$
2	Is a designated/specific time for study; if so, why is specific study time important?	Not thought	65 (45.40%)	78 (54.60%)	$X^2=1.18$; $p=.277$
		May be	105 (73.40%)	38 (26.60%)	$X^2=31.39$; $p=.001$
3	Are study materials made available/arranged for the child?	I will instruct	115 (80.40%)	28 (19.60%)	$X^2=52.93$; $p=.001$
		S/he has to arrange	51 (35.70)	92 (64.30%)	$X^2=11.76$; $p=.001$
4.	How is the child called/brought to the place of study?	Not specific	60 (42%)	83 (58%)	$X^2=3.70$; $p=.054$
		Repeated calling	80 (56%)	63 (44%)	$X^2=2.02$; $p=.155$
		Yelling	60 (42%)	83 (58%)	$X^2=3.70$; $p=.054$
		Screaming	90 (63%)	53 (37%)	$X^2=9.57$; $p=.002$
		Beating	30 (21%)	113 (79%)	$X^2=48.18$; $p=.001$
		Once s/he look at me they automatically sit and start doing their homework	20 (14%)	123 (86%)	$X^2=74.19$; $p=.001$
5	Who helps, assists or supports the child at home in reading-writing?	Attends tuition for 1-3 hours. The tuition timings depend on different classes	120 (83.9%)	23 (16.1%)	$X^2=65.80$; $p=.001$
		Me	60 (42.0%)	83 (58.0%)	$X^2=3.70$; $p=.054$
		He is scolded or spanked sometimes	35 (24.5%)	108 (75.5%)	$X^2=37.27$; $p=.001$
		I will sit with him/her and try all possible methods to teach	29 (20.3%)	114 (79.7%)	$X^2=50.52$; $p=.001$
		Don't know how to tell	63 (44.1%)	80 (55.9%)	$X^2=2.02$; $p=.155$
6	Is there any timetable to manage the child's reading-writing? If so, since when?	Time goes for homework,	68 (47.6%)	75 (52.4%)	$X^2=0.34$; $p=.558$

Sno.	Item	Options	Yes	No	Test Statistic
		Time goes for class notes	78 (54.5%)	65 (45.5%)	$X^2=1.18$; $p=.277$
		After coming from my work, sometimes the time varies as I need to spend my time with other people and for other work	20 (14.0%)	123 (86.0%)	$X^2=74.19$; $p=.001$
7	What do the adults/others do when the child is studying at home?	I will be cooking	81 (56.6%)	62 (43.4%)	$X^2=2.52$; $p=.112$
		I should pay attention to another small child	45 (31.5%)	98 (68.5%)	$X^2=19.64$; $p=.001$
		I will be advising him/her to study	60 (42.0%)	83 (58.0%)	$X^2=3.70$; $p=.054$
		Sometimes I scream	35 (24.5%)	108 (75.5%)	$X^2=37.28$; $p=.001$
		Sometimes I need to watch important news	35 (26.6%)	108 (73.4%)	$X^2=37.28$; $p=.001$
8	How does the child spend time at home apart from reading-writing at home?	Cycling	48 (33.6%)	95 (66.4%)	$X^2=15.45$; $p=.001$
		Dancing	6 (4.2%)	137 (95.8%)	$X^2=120.01$; $p=.001$
		Music	6 (4.2%)	137 (95.8%)	$X^2=120.01$; $p=.001$
		Instruments	6 (4.2%)	137 (95.8%)	$X^2=120.01$; $p=.001$
		Karate	6 (4.2%)	137 (95.8%)	$X^2=120.01$; $p=.001$
		Skating	6 (4.2%)	137 (95.8%)	$X^2=120.01$; $p=.001$
		Watching TV specific channels	100 (69.9%)	43 (31.1%)	$X^2=22.72$; $p=.001$
		Playing with gadgets	110 (76.9%)	33 (23.1%)	$X^2=41.46$; $p=.001$
		I don't allow him/her to do any other activity because who can receive such feedback from school teachers	10 (7.0%)	133 (93.0%)	$X^2=105.80$; $p=.001$
9	Does the child show interest in playing with gadgets?	Yes	112 (78.3%)	31 (21.7%)	$X^2=45.88$; $p=.001$
		Very much	110 (76.9%)	33 (23.1%)	$X^2=41.46$; $p=.001$
		Sometimes he/she cries to get my phone	60 (42.0%)	83 (58.0%)	$X^2=3.70$; $p=.054$
		He/ She indirectly demands my smart cell phone	70 (49.0%)	73 (51.0%)	$X^2=0.06$; $p=.802$
10	What are the child's future goals? Have they been discussed any time?	Sometimes he/she tells us to be a pilot	6 (4.20%)	137 (95.80%)	$X^2=120.01$; $p=.001$
		To be a doctor	20 (14%)	123 (86%)	$X^2=74.19$; $p=.001$
		To be an engineer	15 (10.50%)	128 (89.50%)	$X^2=89.29$; $p=.001$
		To be a cricketer	6 (4.20%)	137 (95.80%)	$X^2=120.01$; $p=.001$

Sno.	Item	Options	Yes	No	Test Statistic
		We don't discuss whatever it is his/her wish and ability	35 (24.50%)	108 (75.50%)	$X^2=37.27$; $p=.001$
		We don't have sufficient knowledge about that matter to discuss	40 (28%)	103 (72%)	$X^2=27.76$; $p=.001$
		I encourage by all possible ways but we don't feel he/she is satisfied by my response	45 (31.50%)	98 (68.50%)	$X^2=19.64$; $p=.001$

RESULTS

The raw data collected in this study was 46 responses (r1-r46) to 10 individually interviewed questions from 143 carers. Responses with similar meanings were merged to avoid duplication or repetition (Table-2). An in-house 2-week test-retest reliability check on the ten-item questionnaire on a sub-sample (N: 39) showed a correlation coefficient of 0.92. A series of inter item correlation was carried out to ascertain Kuder Richardson 20 (KR-20) estimates of internal consistency showed a coefficient of 0.82, thereby confirming the homogeneity of the item pool included in this questionnaire. A question-wise presentation of the data obtained on the profile of carers vis-a-vis reading-writing in their children is given below.

The results show that there is *no designated place for studying* or work-station for the majority of the children in this sample (N:100; 70%). A *majority of carers merely observe their children* from the kitchen or (N: 91; 63.50%) an adjacent drawing room (N: 115; 80.40%), while they sit on a sofa or chair to study (N: 110; 77%). A sizeable number of carers admitted that they *never spared a thought about their child needing a separate place* (N: 30; 21%) or *a specified time* for studying (N: 65; 45.40%). Although study materials are made available or arranged for the child (N: 65; 45.40%), carers report their preference for giving oral instructions over any other mode of assistance (N: 115; 80.40%).

Initiation of the study appears to be a challenging issue since many carers admit that they do not know how to go about it (N: 60; 42%). More frequently, they need to resort to repeated calls (N: 80; 56%), yelling (N: 60; 42%), screaming (N: 90; 63%), beating (N: 30; 21%), or throw a threatening glance at the child (N: 20; 14%) before they started to study. Admittedly, carers resort to tuition for 1-3 hours (N: 120; 83.9%) more than sitting with the child themselves (N: 29; 20.3%). When they are with their child, not knowing what to do (N: 63; 44%), they end up using scolding and beatings frequently (N: 35; 24.5%).

Caregivers acknowledge the stress of having to force themselves to be with their children after work (N: 20; 14%), assist them in doing their homework (N: 68; 47.6%), or aid them with their class notes (N: 78; 54.5%). In addition to looking after the child, they must cook (N: 60; 42%), look after other children (N: 35; 26.6%), or pursue their interests and hobbies (N: 35; 24.5%). Children are stated to apparently spend time on things other than reading-writing or academics alone, such as playing with gadgets (N: 110; 76.9%), watching television (N: 100; 69.9%), cycling (N: 48; 33.6%), and others. A small percentage of children are allegedly forbidden from taking part in any extracurricular activities (N: 10; 7%). In this sample (N: 112; 78.3%), preoccupation with electronics appears as the most desired playing pastime, and upon denial, the children scream. Many of the children and their carers declare they wish to pursue careers as doctors, engineers, cricket players, or pilots. Some carers never talk to their children about the future.

DISCUSSION

According to studies (Ceka & Murati, 2016; Chaudhry et al. 2015; Qayyum et al. 2015; Tekin, 2011; Berthelsen & Walker, 2008; Nye, Turner & Schwartz, 2006; Nichols, 2000; Bempechat, 1992), caregiver support and involvement in their general education is valuable or important. However, there is a dearth of empirical research that specifically examines their contribution to improving the reading and writing abilities in both typical and effected children (Silin, 2003). Fishel and Ramirez (2005) investigated the many types of careral support that have a direct impact on their kids' academic behavior. If given enough assistance and instruction in reading comprehension, many of these kids could achieve academic grade levels appropriate for their age (Pelletier & Brent, 2002; Gersten et al. 2001).

The carer-teacher dynamics for teaching reading-writing in home settings typically involve activity or play-based, functional, child-initiated, developmentally appropriate, individualized learner-paced involvement in an adapted curriculum (Venkatesan, 2015; Moore et al. 2006). When reading, children use encoding and when writing, they use decoding skills. These skills are followed by linguistic comprehension and meta-comprehension. The basics for writing are scribbling, drawing lines, drawing squares and circles. They are to be introduced from the age of 2 years and continued till the child attends nursery school. These pre-requisite skills act as strong support or basis for learning-writing comprehension. They enhance fine motor skills which are

primarily essential for the writing activity. Children who have not performed or received sufficient practice in these skills tend to have learning difficulties later (Venkatesan, 2020; Arnold et al. 2008).

A dedicated workstation or place of study for activities like reading aloud stories or reading along, followed by discussion exercises to improve their comprehension, fluency, and vocabulary, and having a literacy-rich environment by making books, stationery, magazines, comics, and newspapers available for paired reading are some of the methods or techniques used in the carer-child teaching-learning environment for the mastery of reading-writing skills at home. Additional resources to support their learning, study habits and organizational skills development, utilization of homework assignments, and group projects like painting, singing, reciting, storytelling, playing games, and rhyming are all things that caregivers could do. The caregiver-child can alternately divide assignments into digestible pieces, read excerpts from a book, or use technology-assisted devices like an iPad to practice collaborative reading (Osborne, Alfano, & Winn, 2010; Tran, 2010; Axford, 2007; Janes & Kermani, 2001). Children's ability to read and write is greatly influenced by study time, a set study location and time, the arrangement of study materials, the maintenance of good study habits, spaced learning as opposed to mass learning, the avoidance of negative stimuli like constant calling, yelling, or beating, and the use of discipline (Snellings et al. 2009; Burns, Dean & Foley, 2004; Mastropieri & Scruggs, 1997; Carr & Thompson, 1996).

SUMMARY, IMPLICATIONS OR UTILITY OF STUDY

The development and validation of a ten-item open-ended questionnaire for use by caregivers of children with reading-writing challenges in home settings, which helped profile significant elements including the absence of a specific location, time, or method of study, was the overall goal of the study. When their children were studying, a majority of the caregivers observed them from a distance and provided no useful advice. Children's excessive use of technology and television was restricted by caregivers who found it difficult to know how to support their children without resorting to harsh methods like calling them repeatedly, yelling, screaming, beating, or threatening them. They send their wards to school when they are unsuccessful in everything to assist them to complete their everyday home tasks. Carers had to give up their interests or hobbies to do the daily home assignments or class notes of their children, while also juggling the demands on their time from other children, household duties, and cooking. In light of this, the caregivers reveal their aspirations for the future, such as wanting their children to become doctors, engineers, cricket players, or pilots.

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