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## Experiences of parents regarding a school-readiness intervention for pre-school children facilitated by Community Health Nursing students



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### ABSTRACT

A school-readiness intervention, facilitated by Community Health Nursing (CHN) students, was conducted as an effort to provide parents with the skills to contribute towards their preschool children's early childhood development. The purpose of this study was to understand the experiences of parents regarding this school-readiness intervention.

The research followed a qualitative, descriptive, exploratory design. Focus group interviews gave the parents the opportunity to share their experiences of the school-readiness intervention. The data of the pilot interview as well as of the three focus groups interviews were analysed according to guidelines set by Creswell (2009).

Experiences of the parents were categorized into: emotional-, awareness-, and impact experiences. The category on emotional experiences was divided into five themes: fear, pride, trust, gratitude and relief. Awareness as category had two themes, namely difficulties and responsibilities. Awareness was further divided in sub-themes: discipline, challenging behaviors and parental involvement. The category impact was divided into themes describing the skills of the participants as well as the development noticed in the child. Development was divided into sub-themes of cognitive as well as social and emotional development.

When CHN students engage with communities through service learning, a school-readiness intervention may serve as a powerful tool to provide parents with the support that is needed to empower them with the skills to contribute towards their children's early childhood development. It may improve the parent-child relationship which is critical in the development of children.

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### 1. Introduction and background

Parental involvement is widely believed to be critical for children's early academic development. There is little doubt about the essential role of the family in early childhood when children learn at home how to take their place in the world (Durand, 2011). In disadvantaged communities, children are exposed to multiple risk factors. When one of these factors is low levels of stimulation, social and cognitive development is at risk and may result in a child not being able to develop to his/her full educational potential (Grace, Bowes, & Elcombe, 2014).

The area of research was an urban, low socioeconomic township, Heidedal, in Bloemfontein, South Africa. It is one of the oldest traditional Coloured suburbs in Bloemfontein and is situated to the southeast of the city. This mainly Christian community is plagued

by unemployment, alcohol and drug abuse, domestic violence and teenage pregnancies. Single-parent households operate in an area where HIV/Aids and crime are common. High room density commonly occurs. The median educational level of residents in 2012 was Grade eight. Over the past decade, the previously Coloured community has changed to a community where other cultural groups have also moved into the area (Pienaar & Van der Merwe, n.d.: Online; Walsh, Dannhauser, & Joubert, 2003). As in the rest of South Africa, early-childhood development (ECD) services, in the form of preschools, are rendered mostly by non-profit organisations (NPOs) in this area. However, parents in this community do not seem to be interested in the preschool activities of their children (Kaars, 2009).

Parents' involvement and sensitive responsiveness towards the child are crucial for preschool development (Aboud, 2007). For many years, people have been aware of the importance of parental involvement. In several studies by Epstein (1985, 1986), parental involvement refers to learning activities related to the child's schoolwork.

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These activities are carried out by the parents to assist their children at home and are requested by the teacher in order to share the responsibility for the education of their children with families. Fantuzzo, Tighe, and Childs (2000) support these views, calling the activities home-based involvement activities. Parental involvement also influences the relationship between parent and child, and it is through this relationship that a child develops his/her educational aspirations and desire for engaging in school. Studies show that students reported an interest in learning, a feeling of greater competence in their work and increased efforts when their parents were involved in their academic endeavours (Gonzalez-DeHass, Willems, & Holbein, 2005; Mo & Singh, 2008). Involved parents are likely to help build positive relationships between children and their teachers, foster positive feelings about school in their children and generally support children's social and academic development – all of which may facilitate learning (Arnold, Zeljo, Doctoroff, & Ortiz, 2008).

Parenting in Heideidal is largely, lacking and the benefits normally derived from parenting are reduced. According to Murray, Zentner, and Yakimo (2009) parenting is a process that continues for years. Parenting is a concept that includes ideas about how parents affect their children's cognitive and behavioural development. The parenting role includes the needs of the child to be cared for (physically and emotionally), as well as the socialisation of the child. There seems to be consensus that parenting is one of the most difficult jobs that exist (Moran, Ghate, & van der Merwe, 2004). Therefore Pugh and De' Ath (1984) stated many years ago that society should provide sufficient support to enable parents to fulfil their parenting role. Parenting support is described by Moran et al. (2004) as any intervention of parents or carers aimed at reducing risks and/or promoting protective factors for their children in relation to their social, physical and emotional well-being.

Various parenting interventions have been implemented around the world, some of which specifically focus on fostering conditions that optimise child growth and development. Educational interventions aimed at parents foster more parent-child interaction and thus assist in the stimulation of children (Aboud, 2007). *Head Start*, for example, is a parenting intervention aimed at increasing parental involvement, improving parental skills and fostering better parenting. The goal of *Head Start* is to increase the school readiness of young children in low-income families. It originated as a catch-up summer school programme for low-income children and now forms part of the United States Department of Health and Human Services programmes (Chang, Park, Singh, & Sung, 2009). Other countries make use of similar parenting interventions. In a parenting intervention in rural Bangladesh, one of the aims is to foster more mother-child interaction in order to improve stimulation and nutrition of the children (Aboud, 2007). In the southern area of Northern Ireland, the *DELTA* parenting intervention, Developing Everyone's Learning and Thinking Abilities, focuses on a multidisciplinary basis using a "Parents as Partners" model (Jones, 2006). The Dutch *Opstap Opnieuw* intervention, targeting disadvantaged children between four and five years of age, is aimed at improving the cognitive and social-emotional quality of mother-child interactions in order to enhance children's cognitive and language skills (Van Steensel, 2003; Van Tuijl & Leseman, 2004). It is one of the most-used home-based programmes in the Dutch context and was originally adapted from the Israeli Home Instruction for Parents of Preschool Youngsters (*HIPPY*) programme. However, a limited number of interventions focused entirely on preparation of capacities required for schooling and on helping families to understand their involvement in their children's preschool education (Biersteker, 2007).

In South Africa, various government departments have responded to the right of children to education and parental support as entrenched in the Constitution of the Republic of SA

(South Africa, 1996). An array of early-childhood development (ECD) interventions developed in South Africa and was assessed and analysed by UNICEF (United Nations Children's Fund). This analysis reviewed home and community-based ECD intervention programmes supporting the poor, vulnerable babies and young children in South Africa. Programmes of this type operate in some South African provinces. In 2012, the majority of these programmes were run in the Western Cape (17), Eastern Cape (12) and Gauteng (12). These community and home-based ECD programmes were found to be flexible enough to accommodate to the needs of their target populations, including multiple elements and a broad approach to meet the needs of the young child in the context of the family. An example is the *HIPPY* programme with two model sites, at Diepsloot and Winterveldt, which assist mothers to master skills and attitudes to gain confidence in their ability to help their children to learn (Hippy, 2012).

If the parents were not provided with some kind of intervention to support their children, these children would possibly not meet their first educational goal – being ready for school (Starkey & Klein, 2000). The lack of opportunities for stimulation and learning that must be created at home puts children at risk of, among others, a lack of language and cognitive development. If interventions can be implemented in communities to improve educational opportunities, especially investing in the crucial early years, it "can break the cycle of deprivation" (Jones, 2006). This cycle of deprivation includes a lack of language and cognitive development.

Against this backdrop, the School of Nursing at the University of the Free State places nursing students in community organisations where they learn and develop through active participation in service activities. These nursing students register for a one-year Advanced Diploma in Community Health Nursing (CHN) in the post-basic programme at the University of the Free State. This programme is aimed at students who have completed their undergraduate studies and want to obtain an additional qualification in CHN. One of the roles of CHN students as part of the Primary Health Care team is to initiate community-based primary health-care outreach services in crèches and day-care centres (South Africa, Department of Health, 2011). Service Learning is used for community engagement, where the academic curriculum of the student is combined with service to and in the community (Osman & Peterson, 2013). In the study that is reported here, the CHN students introduced the school-readiness intervention to the parents of children in the preschool of a non-profit organization (NPO), Reach our Communities Foundation (ROC).

The aim of the intervention was to foster more parent-child interaction and assist parents in the stimulation of their preschool children. The school-readiness intervention was aimed at providing parents with the skills to contribute to their children's educational and intellectual development. This intervention took place between 2010 and 2012, consisting of initial assessments of the children's readiness for school, followed by home visits to the specific children's parents. In order to prepare the children for school readiness, intervention plans were compiled, based on individual assessment and literature recommendations. Lecturers discussed these planned interventions with students before the students visited the parents again to implement the interventions required.

The purpose of this research was to understand the experiences of parents regarding this school-readiness intervention for preschool children facilitated by nursing students.

## 2. Methods

A qualitative, descriptive and explorative research design that was contextual in origin was used. The intention of this qualitative study was to see through the eyes of the participants, whilst

describing the experiences of parents (cf. Botma, Greeff, Mulaudzi, & Wright, 2010) with preschool children who had been exposed to the school-readiness intervention by CHN students. This article reports the results of a small-scale contextual study in a low socio-economic township, Heidedal.

### 2.1. Population and sampling

The population included all the parents who had children benefiting from the preschool educational support provided by NPO and non-government organisations (NGOs) in Heidedal. At the time of the research, five such organisations were known to be active in the area. The number of parents benefiting from these organisations was not known, since the number fluctuated. The parents from 24 ROC households were purposively selected, since they were exposed to the preschool intervention.

### 2.2. Data collection

Using focus groups was regarded an effective technique for gathering richly detailed descriptions (cf. Botma et al., 2010; Plummer-D'Amato, 2008) in order to understand the experiences of parents regarding a school-readiness intervention. A pilot interview was first conducted to determine whether the participants understood the question to be asked during the focus-group discussions (cf. Polit & Beck, 2012). The question posed by an experienced focus-group facilitator was clearly understood, namely

*How did you feel about the things you had to perform with your child after the visit of the nursing students?*

The pilot interview and focus-groups interviews were conducted in Afrikaans, as it was the first language of the parents. The interviews were translated verbatim from Afrikaans into English and verified with the facilitator.

Three focus-group discussions followed, using the same facilitator, setting and venue. The data collected through the pilot interview and the focus-group discussions were analysed. The data analysis followed a stepwise process, as suggested by Creswell (2009), in Table 1.

Trustworthiness was upheld according to the framework of Lincoln and Guba (in Polit & Beck, 2012). In this study, the participants verified the data themselves, which contributed to the credibility of the study. Dependability was enhanced by the fact that it was a homogenous group of participants. Confirmability was guaranteed by the involvement of two co-coders in the stepwise process of data analysis. This being a qualitative study, findings are bound by its context and cannot be used in different ranges of circumstances. Other researchers may replicate this study or use the findings in their own context if they so wish. Generalisation of the data was not of concern for this study.

### 2.3. Ethical principles

Approval for the study was obtained from the Ethics Committee of the Faculty of Health Sciences at the University of the Free State,

**Table 1**  
Stepwise process of data analysis.

Steps	Description
Step 1	Organise and prepare the data for analysis
Step 2	Read through the data and reflect on the overall meaning
Step 3	Start a coding process
Step 4	Describe the categories for analysis by using the coding process
Step 5	Suggest how the description and themes will be represented
Step 6	Interpretation of the data is given

as well as from ROC. Ethical principles adhered to were based on the guidelines of the Belmont Report (cf. Polit & Beck, 2012). The skills of the facilitator assisted in not causing harm whilst discussing sensitive issues during group discussions. Respect towards parents was shown through the availability of an information leaflet and signing consent prior to participating in the discussions. The privacy of parents was upheld, since their responses in the transcripts were indicated by numbers.

## 3. Findings and discussion

During the data analysis, three categories were derived from the information collected from the focus-group discussions. The three categories, with themes and sub-themes, where applicable, are displayed in Table 2 and will subsequently be discussed.

### 3.1. Category 1: Emotional experiences

People are influenced by the emotions they experience in almost everything – work, study, play. Izard (2009) states that once an emotion is activated, it in turn motivates the individual to act, whether positively or negatively. With the assistance of the CHN students, the parents were exposed to the intervention, during which they experienced mostly positive emotions. Parents' emotionally expressive behaviour also guides children to develop their own emotional reaction (Berk, 2012; Campos, Mumme, Kermoian, & Campos, 1994; Izard, 2009; Saarni & Buckley, 2002). Better socio-emotional competencies in children are linked with positive expressiveness in parents as well as explaining to the child of the cause and consequences of negative emotions (Havighurst, Wilson, Harley, Prior, & Kehoe, 2010). The concern is that in disadvantaged communities where parents themselves are deprived emotionally and socially, the children and parents might not develop emotions motivating them in a positive direction. Amongst the parents participating in the focus-group discussions, the emotions observed included that of fear, pride, trust, gratitude and relief.

#### 3.1.1. Fear

The initial emotional experience expressed was that of fear when approached by the CHN students:

*... I was so frightened the first time ... I didn't know what was going on.*

Feeling of fear or anxiety is usually alleviated the participants understand a threatening situation (cf. Steimer, 2002). This was also the experience of the parents in this study, since the moment the nursing students had explained the reason for their home visits, their reaction was

**Table 2**  
Categories, themes and sub-themes of data.

Category	Theme	Sub-theme
1. Emotional experiences of participants	Theme 1: Fear	
	Theme 2: Pride	
	Theme 3: Trust	
	Theme 4: Gratitude	
	Theme 5: Relief	
2. Awareness	Theme 1: Difficulties and challenges	Discipline Challenging behaviour Knowledge
	Theme 2: Responsibilities	Parental involvement
3. Impact	Theme 1: Parental skills	
	Theme 2: Development	Cognitive Social and emotional

... then they say, no, we are the people from the students, we come to teach the children ... then I said all right, you can work with her ...

The fear soon changed into experiencing pride.

### 3.1.2. Pride

With the support of the CHN students to the parents, the children showed progression. The parents experienced pride when they sensed the satisfaction of the children and realised their own achievement (cf. Huff, 2007):

... it makes me feel good when I see she takes her pen and paper ... and they do good at school and the teacher asks us to tell them where they have learnt this.

The experience of pride in disadvantaged communities is vital, because it creates the opportunity for feelings of self-worth, as it is associated with a positive outcome due to the person's own effort (Michie, 2012). The positive outcome progressed in trusting the CHN students' intervention.

### 3.1.3. Trust

Basic trust involves confidence in and reliance on oneself and others. From the following statement, it may be inferred that the parents experienced a feeling of trust towards the CHN students:

... they let the children progress nicely ...

In many studies, trust has been found to lead to cooperative behaviour among individuals, groups and organisations (Jones & George, 1998; Murray et al., 2009), which could explain the cooperation of the parents with the CHN students:

It felt good for me ... to also work like a teacher with them ... and with the child as well.

Feelings of gratitude developed because of the positive outcome the intervention had on children and parents alike.

### 3.1.4. Gratitude

The parents expressed their gratitude as they felt they had received something worthwhile,

... really, thank you so much, you helped me to raise XX ... it really helped and we are very satisfied.

The assumption made regarding gratitude is that the benefactor's gift or favour is assumed to be of value to the recipient (Chen, Chen, & Tsai, 2012). This view was supported by the reaction of the parents who were the recipients of the action:

X passed very well, so I say thank you very much. I say thank you very much and may God support you.

Feelings of gratitude, without recognising the benefit of such feelings, may not bring about a change in behaviour. Often the environment itself may act as barrier to experiencing such change (Kozier et al., 2012). The parents seemingly received support from the CHN students assisting them to overcome their perceived inability to change. It was therefore understandable that the parents experienced relief.

### 3.1.5. Relief

Relief was the indicator that parents did not have to be concerned about a threat any longer (cf. Carver, 2009), such as a child not being ready for school. Relief is also experienced when a negative outcome is no longer expected (Weisberg & Beck, 2010).

Parents expressed similar relief when they realised their children were being prepared for school:

... it was a feeling of peace in my heart to know when my child is going to school next year, she will be able to do what she should and is prepared for it.

All the emotional experiences culminated in the parents becoming conscious of specific awarenesses in their relationship with their preschool children.

## 3.2. Category 2: Awareness

Awareness, among others, is often accompanied by a lack of knowledge (Crist, Michaels, Gelfand, & Phillips, 2007) and is preceded by engagement with an activity. Engagement only occurs when a person realises the potential contribution such an activity would bring (Barnett, 2005). Parents became aware of difficulties and challenges they faced, such as maintaining discipline, handling of challenging behaviours and their own lack of knowledge in certain areas. This acknowledgement led them to becoming aware of their responsibility towards parental involvement and the positive outcome such involvement brings.

### 3.2.1. Difficulties and challenges

The first aspect that parents participating in the study became aware of and experienced as difficult and challenging was establishing discipline.

**3.2.1.1. Discipline.** Discipline serves to direct a child towards appropriate behaviour. Though it does not teach children self-discipline, discipline creates the opportunity to develop self-control (Larsen & Tentis, 2003; Mah, 2007; Murray et al., 2009). A parent seemed to accept with resignation her inability to direct the child towards appropriate behaviour, as she explained:

... he finds me sleeping already ... then I ask him why he is coming home at this time, no, he will say, I went to play. Now I won't know where to go and find him then ...

The foundation of discipline lies in the setting of boundaries. Limits should be set in a way that maintains the child and parent's self-respect (Mah, 2007; Murray et al., 2009). The intervention by the students made parents aware of limits that should be set for children, like certain chores that should be done before playing. Their general response can be deduced from the following comment:

... then they want to go and play and you must learn to say no, my child, we must first do this and that ...

The intention of limits and discipline is to educate and build the character of the child and therefore limits should not be applied angrily, violently or in an unpredictable manner (Mah, 2007). The parents participating in the study were unaware of strategies other than a hiding to discipline the children and welcomed guidance and support from the CHN students.

Personal growth was displayed in this parent's comment:

A person must have patience with your child ... you must learn to have patience ... so it helped me a lot.

Another tried to explain how she still found it difficult to set boundaries:

... and I am still battling with him ... if I say come, your sister is going to do her homework, maybe you can try and do the same ... then he says no, I am going to play ...

3.2.1.2. *Challenging behaviours.* Secondly, challenging behaviours such as a strong will, impulsiveness, lack of desire to please parents, slow to learn discipline and a high level of activity, makes the child a challenge for the parents to teach (Bloomfield et al., 2004).

A parent described the child with challenging behaviour as follows:

*... for me it is just that X, that thing of him about going wild, that problem is not solved, he is just the same ... he really does not concentrate ... he can concentrate, but he is too wild ... he jumps to this side, then he plays.*

Parenting plays a major role in the adaptive functioning of the child. Poor parenting can put difficult children at risk for adjustment problems later in life. By the second year of a difficult child's life, parents may resort to angry, punitive discipline, which undermines the development of effortful control. The parent becomes more anxious as the child reacts with defiance and disobedience. This results in inconsistent discipline and continuation of the parents' coercive tactics. It may increase the child's irritable, conflict-ridden style in contrast to when parents are positive, consistent and sensitive (Berk, 2012; Gartstein, Putnam, & Rothbart, 2012; Healey, Flory, Miller, & Halperin, 2011).

Parents did acknowledge their difficulty in parenting the child with behavioural problems:

*It was actually difficult for me to work with him because when I said X, come sit down and let us see what the nurses said we must do, then he will maybe say to me, no Mommy, I do not want to, I am going to play with my buddies. It took them some time to focus on one thing. No, X was very busy ... yes, she is very busy.*

3.2.1.3. *Knowledge.* Thirdly, the parents became aware of the fact that they did not have enough knowledge to help the children with school-readiness preparation. They explained it as follows:

*When the child goes to school, she [and not the parent] must be able to know what she must do at school ... that is what I thought before the nurses came.*

They also acknowledged that they did not know how to teach a child:

*I didn't know how to bring up the child ... didn't know how to teach the child ... didn't know what to do when the child goes to school one day. I have always asked my friends what I am going to do if she cannot count or write her name when she goes to school.*

Knowledgeable mothers also responded more sensitively to their child's behaviour, while mothers with inaccurate expectations about their child's development tended to be harsher (Belcher, Watkins, Johnson, & Jalongo, 2007; Fulton & Murphy, 1991). Studies have indicated that when mothers have more insight into infant and child development they show higher levels of parenting skills, their children have higher cognitive skills, and fewer behavioural problems ensue (Morawska, Winter, & Sanders, 2009; Starkey & Klein, 2000). As parents expressed their lack of knowledge, it seemed that they became aware of and realised that it affected their parental responsibilities negatively.

### 3.2.2. Responsibilities

Parental responsibilities and rights that a person may have in respect of a child are summarised in the South African Bill of Rights

(South Africa, 1996: 1255). The responsibility to care for the child is reflected as:

*Guiding, directing and securing the child's education and upbringing in a manner appropriate to the child's age, maturity and stage of development; Guiding the behaviour of the child in a humane manner.*

The parents of these preschool children experienced a sense of responsibility in respect of parental involvement.

### 3.2.3. Parental involvement

Parental involvement refers to learning activities related to the child's schoolwork. This means that parents should assist their children at home with learning activities, especially when a teacher requests families to share the responsibility for the education of their children. Fantuzzo et al. (2000) describe it as home-based involvement activities. In this study, parents experienced an increase in parental involvement, specifically related to the children's schoolwork activities, as can be seen in the following statements:

*When the child comes from school, then you must ask her what they have done at school today, does she have homework? If she has homework, then you sit with her and teach her; you tell her to finish her homework. When finished, she may go and play.*

Parents shared what they started to experience when they became involved with the children:

*It was a long way to go with your child, but you want the child to learn and understand. So now and then X did not know, because I said she must cut this side around the circle, then she cut the other side.*

Parental involvement also influences the relationship between parent and child, and it is through this relationship that a child develops his/her educational aspirations and desire for engaging in school. Studies showed that students reported interest in learning, a feeling of greater competence in their work, and increased efforts when the parents were involved in their academic endeavours (Gonzalez-DeHass et al., 2005; Mo & Singh, 2008). With the assistance of the CHN students, parents experienced similar feedback from their children after they started to be more involved:

*It is then when you give the child something to do, then the child sees that you are interested ... that is what I have learnt from the nurses, oh, my mother is interested ... so that the child will have the confidence to come to you every time and say, please mommy help me. So, that helped me a lot.*

The goal of the intervention by the CHN nurses was to enable parents to participate skilfully in the development of their preschool children and not to measure the impact of the intervention. Nonetheless, by sharing their experiences of the intervention, the parents did experience the intervention to have an impact on their lives.

### 3.3. Category 3: Impact

Impact in the health domain can be described as the effect interventions have on people leading to changes in their health-related behaviour (Australian Institute of Primary Care, 2003). Such changes enable people to make healthy choices (Berman & Snyder, 2012: 280; Pender, Murdaugh, & Parsons, 2011: 5; Setswe, Naude, & Zungu, 2011: 206). The impact of the intervention on the parents

in the study group was reflected by parental skills and cognitive as well as social and emotional development.

### 3.3.1. Parenting skills

Parenting skills encompass the ability of the parent to teach a child (Stevens, 1984) and although such skills can be seen as the expression of knowledge and practice (Hofstee, 2006), it entails more than just telling the child what to do. It also involves demonstrating, listening and talking about the situation in direct and understandable terms (Murray et al., 2009). Apart from parenting skills reflecting the ability to teach a child, it also reflects the actual performance of the skill after having gained training in or knowledge about it (Stefan & Miclea, 2010).

The emphasis for parents in their role in teaching children is on being a loving caretaker – this is the most critical factor. It involves the way the parenting person speaks to, touches and plays with the child who has the potential for socialisation and cognitive development (Murray et al., 2009). It seemed that the parents grasped something of the importance of this sensitive relationship from the following remark:

*You can talk softly with children and the children can listen ... now we have peace with our children ... now they get that love and comfort from us.*

Parents can be taught about cognitive development: how to provide environmental stimulation, showing interest in the child's activities and talking as well as working with the child (Murray et al., 2009). Parents were able to express how they started to use the skills they had learnt and what changes it brought about in their lives after having been assisted by the CHN students:

*... It taught me a lot, also to play and communicate with the child - ... so in the evening when we go to bed, we pray and we must sing. Really, I want to be honest and I have learnt to teach a child such things as those colours or anything, then I say go and fetch the red dress for mommy.*

After parents had been provided with skills to support their children, they were able to voice their experience of showing interest in the child's activities, by talking and working with the child (cf. Radziszewska & Rogoff, 1991; Starkey & Klein, 2000):

*... she battled in the beginning, but afterwards they showed me how ... I also battled and got impatient, but they encouraged me ... and then I learnt with the child and paid attention to the child and for a little while I sat with her ... since the people came to us, then we see what we must do, they taught us that when the child came asking, Mommy write your name, then I must write that name so that she can know.*

The perceived impact parental skills had on the parents progressed also to parents identifying their children's development.

### 3.3.2. Development

Development consists of a continuous process of change taking place throughout life (McCarthy & Phillips, 2006a, 2006b). Additionally, it includes the ability of a person to adapt to the environment. Development necessitates increase in the complexity of a function and leads to skills progression (Berman & Snyder, 2012). The parents specifically experienced development a cognitive, social and emotional level.

**3.3.2.1. Cognitive development.** Cognitive development refers to the way in which people learn to think or reason (Berman & Snyder 2012). Parents were very excited about the impact the preschool

intervention had on the children's cognitive development and they verbalised it with the following statements:

*And she can add figures; she can do everything well now. X, quickly tell granny what colour is that, oh Granny, you have blue trousers on. And the top? And she got it right, that eye-hand coordination problem of her.*

**3.3.2.2. Social and emotional development.** Social and emotional development is difficult to assess, but can be reflected by a number of indicators, such as the forming of good relationships with peers, the displaying of a strong sense of self-identity and the ability to express a range of emotions fluently and appropriately (Stewart-Brown & Edmunds, 2003). The experiences parents shared about their children being able to take responsibility varied from taking responsibility for self-care to taking responsibility for doing their own homework:

*... like my child, he can help himself at home now – he can go to the toilet, he can wipe himself and if he wants to urinate, he wakes me up ... and the children like X ... X knows he must come and do homework after school.*

Parents further became aware of relationships with their children as if they had experienced it for the first time:

*... because now you can sit and listen to the child telling what happened at the crèche – what they did and played and learnt – many things like colours and counting of numbers and ... so the relationship brought many things into the house.*

The basic physical and mental capabilities, as well as the social and emotional skills children require are developed as the child reaches out to form relationships with their family members, peers and others (Berk, 2012; Bukatko & Daehler, 2012). The foundation for skills that help children to succeed at school and in relationships with others is laid by early attachment, which is one of the strongest predictors of later development. Attachment refers to the give-and-take relationship between two people that endures over time. It starts with bonding as the first form of a relationship between the infant and the caregiver (Berk, 2012; Berman & Snyder, 2012; Bukatko & Daehler, 2012; Murray et al., 2009). Parents were surprised by the effect the growing relationship had on the development of the child. One parent said:

*... really, it improved my and X's relationship because she was someone that could not share easily what she had learnt, but now she knows everything, X can spontaneously say everything even before I can say ...*

If parents lacked social and emotional development when they grew up, they might also lack any understanding of how a good relationship with their children influences the development of their own children. In this research, the parents constantly needed the support of the CHN students to help them with the development of a relationship with their children.

## 4. Conclusions and recommendations

From this study, it transpired that a school-readiness intervention in low socioeconomic communities, where parents are supported in the involvement of their children's preschool education, leads to a rich description of involved parents' experiences of such an intervention. The results of the research showed how the parents experienced a range of emotions from fear of the unknown

to pride, trust, gratitude and relief as they realised that their children would be somewhat better prepared for school.

After the parents had been informed of and empowered with knowledge and skills, they realised and became aware of certain challenges and difficulties, as well as responsibilities regarding their children. Parents identified difficulties and challenges, for example, how to discipline their children. Parents also became aware of parental responsibilities, such as the importance of parental involvement that they had not even been aware of prior to the school-readiness intervention.

Parents experienced both the development of their parental skills because of the intervention and their children's development in a very positive light. The interaction between the parents and their children facilitated by the CHN students fostered the building of positive relationships between the parents, children and significant others. They could express how this relationship helped them to develop a positive attitude towards teaching the child. The cognitive, social and emotional development they noticed in their children excited them.

It is necessary to acknowledge limitations in the study. Parents of ROC were the only NPO included in the study, since the other organisations were not exposed to the school-readiness intervention. Including such groups would not have added to understanding the topic under investigation. Although both parents of children could not attend the focus-group discussions in all instances, due to work commitments or personal circumstances, the main caregiver playing an active role in the child's life did attend the group discussions. The researcher was sensitive to the possibility that, because she was known to the parents resulting from the student intervention, it could have influenced parents to share more of their positive than their negative experiences.

Engagement with communities, such as through service learning school-readiness interventions, may serve as a powerful tool to provide parents with the necessary support to empower them, making a positive contribution towards their children's education. It is a reality that a number of children in low socioeconomic communities in South Africa enter primary school with no preschool exposure. This form of parental support may compensate for that lack and insufficient parental involvement may be supplemented in this way. Through this kind of intervention, parents may acquire the necessary knowledge and skills to assist in the education of their preschool children. The positive experiences of the parents participating in this study also confirmed the importance of the support and service that CHN students may provide to communities.

### Conflict of interest

None.

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