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A Single Case Analysis of the Impact of Caregiver-Student Collaborative Learning on an Urban Community

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A SINGLE CASE ANALYSIS
OF THE IMPACT OF CAREGIVER-STUDENT COLLABORATIVE LEARNING
ON AN URBAN COMMUNITY

by

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ABSTRACT

The purpose of this study was to measure the impact of caregiver-student collaborative learning classes on an urban community. The study examined whether the self-efficacy of the caregivers increased with helping their children with school work due to the caregiver-student classes. The study also examined whether providing access to a resource not normally provided within this particular community led to increased self-efficacy within caregivers.

The research questions that guided the study were as follows: How do collaborative caregiver-student classes that focus on collaborative strategies impact the self-efficacy of the caregivers in helping their children with school work? How does increasing access to educational services impact the self-efficacy of the caregivers who participate in collaborative caregiver-student classes?

The researcher collected data through classroom observations, reflections from participants, and an initial focus group and closing individual interview. Classes were taught by a co-teacher selected by the researcher with the input of the principal. Four total sessions were held, three of which included the teaching of collaborative learning strategies, and the last of which was an individual interview.

Overall, data indicated increased self-efficacy within caregivers. The caregiver roles within the neighborhood proved not to always be between an adult and child, but rather cousins and siblings who may have been close in age. Families within the neighborhood exchanged care in different ways according to their culture, work demands, and family dynamic. This program

led to strengthened relationships between home and school, as well as enhanced self-efficacy and stronger relationships between caregivers and students.

This work is dedicated to my father John for inspiring me to further my education, my mother Holly for lifting me up whenever I felt like I might fall, and my sister Courtney for her perpetual belief in my success

-With love and faith, all is possible-

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Going through this process has been one of the most rewarding, yet challenging experiences of my life. Beginning with an idea of wanting to somehow work with families and having it develop into a collaborative learning study for caregivers and students was a dream come true. It would not have been possible for me to make this dream a reality without the support of some very special people.

To begin with, I must thank my amazing Dissertation Chair, Dr. Carolyn Walker Hopp. Dr. Hopp guided me through every step of the dissertation process, helping and teaching me how to achieve excellence. In a time that can feel very isolating, she made me believe in myself and made me feel like I was not in it alone. When I came across challenges throughout the study, she helped me problem solve and encouraged me through the finish line. She met me on Saturdays and Sundays and took time that she could have spent in her personal life to guide me. I feel like this study was a partnership, which is an experience that I will always remember.

I would also like to thank Kelly, Frankie, Lisa, and Debbie for providing me with support and encouragement throughout this process. We all started the program together and have kept in touch. The friendships that have fostered will last a lifetime and I look forward to having them in my life as colleagues and friends in the future.

Last but not least, I would like to thank my family. My mother, father, and sister all live in Massachusetts, but they have had their telephones ready to answer whenever I have needed them or doubted myself. They have helped me get back up and continue to take steps toward the

finish line. I am forever grateful for their love, not only in helping me earn my doctorate, but for

the love and support that never fails in all aspects of my life. I am truly blessed and grateful to

be coming to the close of this journey, knowing that I have the support of the people who matter

most.

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THE PROBLEM AND ITS CLARIFYING COMPONENTS

Introduction

Sitting in a parent-teacher conference as a fourth grade teacher four years ago, a blank stare came across the face of a loving and caring mother concerned about her daughter's slipping grades. The parent explained to me that she would often inquire about school by asking her daughter, who we will call Holly, what she had for homework and look at her student agenda, but when she would try to help, both of them would end up in an argument or too frustrated to complete the tasks at hand. At the time, I provided a list of questions that Holly's mom could ask her to help her with reading comprehension when she read independently at home. Upon reflection, this was a bare minimum approach that only provided support for one specific instance. What she really needed were different collaborative strategies that she could use to make the process of working together successful in order to foster her child's academic growth, regardless of what was required.

As pedagogy progresses, we encourage our students to engage in group work and learn collaboratively more than ever. In order for them to be able to do this, we teach them specific strategies for working together, such as how to take turns, ask questions, and be responsible. Working together is a skill that often goes untaught. In order for adults and children to work together, it is necessary to provide them with research-based methods for engaging in this process.

Chavkin (2005) researched strategies for enhancing the involvement of diverse families in their children's education. The primary factors for increasing student achievement proved to be increasing family involvement and creating a school culture where all families feel welcomed and valued. In beginning any form of learning, building strong relationships with caregivers and letting them know that they are important, may make them feel less vulnerable and more open to taking risks or trying something new to help their children. This is due to the fact that they feel supported. The goal is to create a school culture that promotes diversity and in which families and students feel safe logistically, socially, and emotionally.

Sending additional activities home for caregivers to practice with their children in areas of need serves no purpose if they are not fluent in the collaborative strategies needed to work together. This brought about the need for a new type of learning structure through which adults and their children learned side by side. Some adults attended simply to support their children even though they were already fairly strong in this area, while others were there because they recognized this as an area of need. The beauty was that the caregivers did not need to voice their key reason for participating, eliminating any possible embarrassment or shame that some adults should not, but may feel when they do not know something.

In researching adult learning programs, a common trend among advocates was to address a need within the community. Rabinowitz (2013) discussed looking at the wants and needs of the adults. Perhaps they want to have better employment opportunities, want to be able to actively participate in the voting process, or want to learn more about being healthy. In other cases, a community may be largely composed of English Language Learners, creating a focus on language development side by side with reading and writing.

In examining our community, we found that many adults attended family curriculum nights, teacher conference nights, and other events to support their children in school. Caregivers wrote notes to their children's teachers, sent emails, or made phone calls to inquire about how they were progressing and how they could provide support. Caregivers also reinforced teacher expectations and followed up with behavioral plans and consequences at home based on communication with their child's teacher. The adults in our community wanted their children to have the best lives possible. All of these assets made beginning a collaborative learning program here invaluable. At many of our activity nights, we were providing families with knowledge for a brief moment and sending them off with no follow up. The collaborative learning program provided the opportunity to teach strategies for working together to caregivers and students in order to promote continuous learning at home and throughout life.

The time has come for caregivers to feel empowered and for gradual change to occur within families and communities. In order to make this happen, a logical structure and educational resource that would otherwise be lacking needed to be put in place. Bi-monthly caregiver-student classes that focused on collaborative learning strategies were a step in the right direction for changing the educational foundations of not only the children, but also the adults in their lives.

Statement of the Problem

Almost all caregivers want to provide the best possible life for their children, but may not have the social education skill set necessary to assist them in effectively proven ways. On the other hand, some caregivers have the knowledge, but had never had the support and time to practice collaborative strategies with teacher scaffolding prior to having to work with their child on their own. Developing a common language of key terms and concepts was necessary between

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teachers, caregivers, and students. Explaining these issues to caregivers in the beginning of the

program helped them feel more comfortable due to the fact that we acknowledged that they

brought strengths to the table and that being a caregiver is a difficult job. Emphasizing the

purpose of the classes as more of a communication tool created a non-threatening experience.

People living in poverty have an even higher mountain to climb due to the multiple factors that

influence their lives and the fact that survival and where their next meal is coming from may be

their primary concern. According to Feagans (2011), people of poverty tend to live in more

chaotic circumstances than those living in middle or higher socio-economic statuses. When

adults in the household are working, older siblings often become caregivers at an early age. The

struggle to get bills paid each month, in combination with other issues, such as living in a

neighborhood with high crime rates, can make it difficult to have circumstances conducive to

completing school work at home. The collaborative learning strategies within these classes

provided that foundation.

At promise neighborhoods often lack resources such as a full grocery store with

nutritious fruits and vegetables, as well as educational counseling or opportunities. A large part

of my study participants fell at or below the national poverty line. Research is limited as to the

effects on learning when children and their caregivers learn collaboratively and the positive

nature of the neighborhood people made this a great environment to provide an additional

resource.

In order to determine if joint caregiver-student learning was effective in the areas of self-

efficacy and reading literacy of the adult participants, it was necessary to develop a study that

examined the potential relationship among these factors. In addition, a model for teaching

collaborative strategies, topics covered, and implementation needed to be designed. Based on

how successful the program and curriculum were or were not in this study, certain details may need to be adjusted if replicated in the future. However, there needed to be a starting place within a school context to determine program efficacy.

Purpose of the Study

The purpose of this study was to explore the impact that the teaching of collaborative learning strategies had on the adults who participated in the caregiver-student classes. More specifically, the focus was an examination of how the confidence of the primary caregivers was affected in helping their children with school work. The goal was to increase the self-efficacy of the caregivers in helping their children with school work through the implementation of research based collaborative learning strategies. In order to gain confidence in a particular area, one must develop stronger skills. Reflections completed at the end of each session by adult participants indicating how their thinking had changed as a result of each class indicated changes in self-efficacy levels. More extensive inquiry about self-efficacy and the impact of the classes on the community members involved was unveiled during the focus group at the close of the study.

Definition of Terms

The following terms define the relevant specific vocabulary within this study. The terms were chosen based on their relevance to the overall planning, methods, and implementation.

Andragogy: the process of adult learning (Merriam, 2001).

At promise: having the potential to improve due to strengths within a system or community.

Caregiver: for the sake of this study, the person primarily responsible for the child within the study, such as parent, grandparent, aunt, uncle, older sibling, foster parent, or guardian or the person attending the collaborative learning classes with the child.

Collaborative learning: the process through which learning is done through social interaction and group or partner work, which in the case of this study was between caregiver and student.

Community resource: services such as education and mental health counseling that are readily available and easily accessible within a community (Suich, 2012).

Cultural competence: the recognition of individual strengths and the responsiveness to the needs of individual learners (Ladson-Billings, 2001).

Culture of school: a culture that is created within a school by building relationships with families and other members of the school community in order to allow their voices to be heard and their strengths to shine. This is done with an internal as opposed to external lens.

Focus group: an interview process done to collect qualitative data through a collective process, rather than an individual one.

Generational poverty: having been in poverty for at least two generations within a family.

Multi-dimensions of poverty: lacking a specific resource necessary for advancement within one's life, such as education, transportation, healthcare, employment, or empowerment (Alkire & Foster, 2011).

Scaffolding: the instructional practice in which the appropriate level of support is provided according to the needs of the learner in order to help the learner be successful.

School culture: the beliefs and attitudes that shape the way that a school functions. This is often due to the leadership that is fostered within the school that makes families feel welcome or unwelcome.

Self-efficacy: a person's belief that he or she has the ability to succeed in a particular situation (Bandura, 1995).

Thinking routines: the process through which changes in thinking are demonstrated through guided verbal and/or written statements.

Research Questions

The central research question for this study was as follows:

- How do collaborative caregiver-student classes that focus on collaborative strategies impact the self-efficacy of the caregivers in helping their children with school work?

The supporting research question for this study was as follows:

- How does increasing access to educational services impact the self-efficacy of the caregivers who participate in collaborative caregiver-student classes?

Methodology

This study measured the impact of a collaborative caregiver-student learning program on the self-efficacy of the adults who participated in assisting their children with school work. This qualitative study included qualitative analysis of focus group interviews pre- and post-program time frames. Reflections from participants throughout the program were also used to support the qualitative analysis. The effects on self-efficacy and overall impact of the program were measured in more depth during a focus group at the close of the study. The study took place at

an urban elementary school in Central Florida where many families live below the national

poverty line.

Conceptual Framework

Concept of Care

A conceptual framework serves as a lens through which to analyze research and interpret

the results of a study.   It takes shape from a viewpoint that is developed through examination of

multiple pieces of literature and an overall thought process. It is difficult to pinpoint individual

concepts in designing a conceptual framework; however, for the purpose of this study, two

specific outlooks help frame the research questions.

Analysis of the first research question, which examines how collaborative caregiver-

student classes that focus on collaborative strategies impact the self-efficacy of the caregivers in

helping their children with school work is based on Nel Noddings' concept of care. The term

within the study referred to the adults as caregivers in order to avoid limiting participants to

parents or legal guardians. In many cases, it may be a grandparent, aunt, uncle, foster parent,

sibling, non-relative, or friend who was taking care of a child. This goes back to understanding

the needs of the community and tailoring the study to be most impactful.

Noddings (2012) discussed the idea of the caring relation in which there is a person who

is the carer and another who is the cared-for. The carer and the cared-for may take turns in their

roles depending upon the circumstance, although this is less common in the case of an adult

taking care of a child. When thinking about Noddings' concept of care, the relation is the

prominent factor. This creates distinction between what she refers to as virtue caring in which

there is no response from the cared-for and the relation in which both parties play an important role.

Noddings (2012) noted that the carer is in a sense "feeling with" the cared-for by attending to his or her needs; however, the cared-for plays an extremely important role. The role of the cared-for is to provide a response to the carer in order to acknowledge that the act of care has taken place. Both parties need to recognize the response in order for it to be a true caring relation. Noddings (2012) referred to this mutual recognition of the response as reciprocity.

In order for the carer to continue the caring relation with the cared-for, he or she needs the support of a caring community. This strongly relates to the study because we are providing the caring community through the collaborative caregiver-student classes in order to foster that caring relation. Noddings (2012) also pointed out that caregiving activities supported by people who are genuine carers tend to promote the development of a caring attitude or disposition. In providing the caregiver-student classes, the researcher also created an opportunity for this development.

This framework lends itself to the analysis of the first research question. In examining self-efficacy, elements of Bandura's theory of self-efficacy were applied to the interpretation of focus group responses and interviews. Bandura's theory includes four specific areas: mastery experiences (performing a task successfully); social modeling (witnessing others successfully complete a task); social persuasion (the capacity to believe that success is possible); and social persuasion (how one emotionally responds to situations and contexts) (Bandura, 1995). The research examined if a caring relationship had been established and how that development impacted the self-efficacy of the caregivers within the study. Additionally, providing the

collaborative learning classes fostered a caring community to support the carer and strengthened the establishment of the caring relation.

Multi-dimensions of Poverty and Collaborative Learning

Interpretation of data for the second research question that examines how increasing access to educational services impacts the self-efficacy of the caregivers in assisting their children with school work was based on research by Alkire and Foster (2011) on the multi-dimensions of poverty. These dimensions include factors such as asset ownership, access to public services, education, employment, empowerment, health, housing conditions, leisure, life expectancy, literacy, and social relations. Understanding this vast array of dimensions is crucial for working to create progress and putting appropriate programs and resources in place in order to reduce or eliminate these deficits.

In defining poverty within this study, it was necessary to acknowledge that many factors within economic circumstances are intertwined. If one does not have asset ownership, such as a vehicle, it may be difficult to gain employment due to lack of transportation. The area of focus in this study was education, specifically social education through the teaching of collaborative learning strategies. If one does not have an education, well-paying jobs are fewer and farther between. In addition, social skills are necessary for collaboration in any work environment, as well as in interactions within daily life. The belief is that when a dimension, such as education, is built upon, it creates a skill set which leads to other successes and aids in overcoming other difficult circumstances.

Merriam (2001) discussed andragogy, which is adult learning, telling us that in order for adults to want to learn, they need to see how the new learning will be relevant in their daily lives. Collaborative learning strategies are extremely relevant to our caregivers because they will

permanently and positively alter the ways in which adults are able to engage in tasks and communicate with their children. Additionally, fluency with collaborative strategies has the potential to positively influence other aspects of their lives.

Alkire and Foster (2011) argued that social and psychological deficits influence generational poverty even more so than economic circumstances. Socio-economic status is impacted by factors other than money and is an effect rather than a cause. Due to the fact that education, self-esteem, emotional control, or knowledge of a different way may be lacking, the cycle of poverty often continues.

In order to create empowerment within caregivers to move out of poverty, it is necessary to foster social and academic skills. The social interaction of working together in a productive manner, in addition to intellectual knowledge, creates the combination for success. If one is missing these life skills, being economically limited may be a result. Allison and Rem (2007) studied the effects of increasing opportunities to grow socially and emotionally during the middle school years. The study focused on multicultural classrooms in poor neighborhoods. The authors found that having strong social skills increased the abilities of students to effectively communicate with people of multiple cultures and backgrounds and also fostered a more culturally competent classroom and school environment. If adults did not receive this training as children, gaps within these social norms may still exist. Therefore, providing money is only a temporary solution and ultimately leaves circumstances stagnant. In this study, we taught collaborative learning strategies to increase self-efficacy within caregivers when working together with their children, in order to determine if this process could help a community.

Title I schools all over the country have Family Involvement Coordinators and special funds for family events and programs at their schools. Many schools tend to be more successful

in a variety of ways when strong home-school relationships are in place. Relationships are a crucial factor in getting caregivers to come to school and participate with their children. In order to establish these strong relationships, it is necessary to understand the background of families within the school setting. Sparapani, Seo, and Smith (2011) indicated that people are tip-toeing around talking about culture and race, rather than embracing it and having open discussions. Having the collaborative learning program increased the cultural competence of the students, teachers, and caregivers involved. By providing opportunities for caregivers to learn within a school setting, we can better the education of our caregivers and design a new structure for learning. There is a potential for stronger bonds with school families, increased self-efficacy of adults, and increased social literacy skills of both caregivers and children.

Examination of this question is also supported by the Ecosystem Services for Poverty Alleviation's (ESPA) viewpoint as written by Suich (2012), which stated that providing educational resources to a school community in which they are not normally provided has the potential to impact the social literacy rates of primary caregivers and students. Often parents or guardians feel that they have lost their chance to increase their own education and want more for their children. The challenge of working with one's child poses its challenges in any socio-economic circumstance; however, in our particular neighborhood, where caregivers have a strong hope and belief in something greater, we knew that the teaching of the collaborative learning strategies would be well received and implemented.

Suich (2012) discussed the fact that societal structures and processes provide enabling conditions for the poor and that in order for true and meaningful progress to occur, demographic, economic, or educational changes need to be made. In order for this powerful shift to take place, we cannot do what we have always done. Because research is sparse on the topic of children and

caregivers learning side by side, this is an opportunity to change a school program structure and/or put a whole new model in place. Another Central Florida school has a program similar to what aimed to be done in the implementation of this study; however, millions of dollars are behind that program. The powerful nature of the collaborative learning program within our neighborhood school stems from the fact that there were no resources being provided, but there we were, willing to provide our families with collaborative tools, and they were willing to embrace them and practice them consistently.

Suich (2012) also postulated that the way poverty is understood heavily influences the way that it is measured. Therefore, solutions are created based upon what the problems are considered to be. The purpose of this study was to examine if the service provided, the collaborative caregiver-student classes, impacted the self-efficacy of the adult participants. Suich (2012) indicated that providing families with an ongoing and relatable learning experience, a resource that is out of the ordinary, has the potential to light the academic fire and empower caregivers intellectually and emotionally, leading to individual and societal change. If some participants within the study already possessed these skills, it still benefited them to build a stronger relationship with their child and learn some new ideas for working together on academic tasks.

To fully understand the purpose of this study, it is important to understand the relationship between the two research questions and how they support one another. Common definitions of poverty include people who fall below what is defined as the national poverty line, which only emphasizes economic circumstances. According to the U.S. Census (2012), a family of four would be considered to be living in poverty if they make under $23,492.00 per year. Systems that are put into place include welfare, food stamps, and other forms of financial

assistance. These resources provide temporary relief; however, they do not empower people with the necessary skills to go out into the world, get a well-paying job, and truly change their lives. Sometimes welfare to work programs are put in place, but these commonly leave people worse off financially than they would be accepting welfare due to the fact that most of these jobs pay minimum wage.

In order to achieve the goals of increasing self-efficacy within caregivers and improving the collaborative learning literacy of caregivers and children, resources are needed within the community. The resource of social education in which these strategies are taught is crucial. Although this research study focused on the adults involved, it is logical to infer that the abilities of the children increased as well due to additional practice. The power of this program is that it had the potential to empower a small group of neighborhood adults who may then empower others, as well as strengthen the partnership between the community and school.

Significance of the Study

The significance of this study was that an additional educational resource was being provided in an at promise neighborhood, which had the potential to spark larger community change. Increasing the self-efficacy of caregivers in helping their children with school work may transfer to greater self-confidence in other areas of their lives. In addition, specific communities have individual needs and focusing on meeting these needs showed the power within the community itself.

The programs previously researched were held separately for adults and the information had to be brought home with inferred attempts of what to do during actual implementation. Not to mention, even if adults were able to help students in their earliest years, this did not further develop their skills for working with their children as they got older, coming home with harder

schoolwork, and struggling with issues such as social acceptance. Knowing how to communicate and work together in a productive manner with research based effective strategies was crucial. Another school in Central Florida has programs that promote more collaborative learning between caregiver and child; however, these resources are funded with millions of dollars behind them. It is important to remember that what made our program different was making it work with essentially no resources provided other than what was bought and created by the researcher.

Limitations

1. Classes were held from 5:30-7:00 PM, a time when only certain caregivers and students may have been available.
2. The study was limited to four sessions.
3. Although I designed the study, I was limited in how much of the teaching that I could do due to being the primary researcher, therefore lacking total control over the effectiveness of the teaching.

Delimitations

1. Fourth Grade students and caregivers were the only participants qualified to participate in the study.
2. Students had to attend the urban school where the study was taking place and caregivers were required to have a fourth grade student who attended.
3. A maximum of twenty caregiver-student pairs were allowed to participate in the study.

<u>Summary</u>

Collaborative strategies create the process through which caregivers and students are able to engage in a variety of tasks and activities successfully. Attending these sessions provided the foundation for caregivers to assist their children with school work at home and increased their self-efficacy in this regard. Having the sessions within the community school in which the caregivers and students were able to practice strategies learned before following up with homework, fostered more support for the learning process than other caregiver programs in which the adults were simply given information to take home to their children. Meeting the needs of the community members is now engrained within the school culture and we have empowered them.

CHAPTER 2
REVIEW OF THE LITERATURE

Introduction

The purpose of this study was to examine the effects of a combined caregiver-student collaborative learning program in which children and caregivers learned collaborative strategies in order to successfully engage in schoolwork at home. The goals were to increase the self-efficacy of the caregivers in assisting their children with schoolwork and to increase the tool kit of collaborative strategies for the adults by providing access to an educational resource that would not normally in place. In order to determine what had and had not worked in the past, it was necessary for me to explore the literature within the field as it pertained to the research questions at hand.

Next was to explore data bases, in search of multi-dimensions of poverty, education and poverty, and collaborative learning strategies. The articles that existed on the specific topic of multi-dimensions of poverty were limited. However, there were several hundred on various topics related to education and poverty. The research that examined collaborative learning focused heavily on technology-based strategies, meaning how to use technology for collaborative learning. Due to the fact that several of the participants in this study did not have internet access at home and the purpose of the study was to help them engage with their child by using collaborative strategies to successfully complete academic tasks, the articles centered on specific strategies for working together were more relevant.

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Within the research on the multi-dimensions of poverty, the greatest emphasis was on research pertaining to psychological, social, and societal issues other than income. This helped keep consistency with the viewpoint presented through the conceptual framework, defining poverty through the eyes of Alkire and Foster (2011), which focused on the powerful change that can take place when community members are able to access resources in order to increase their self-efficacy in areas such as education and empowerment. This relates to the research of Suich (2012) that pointed out that if we concentrate on filling in the gaps within these missing resources, we can ultimately change the way that poverty is perceived and measured. Providing the collaborative strategies helped strengthen the dimensions of education and empowerment for the caregivers within the study.

In narrowing down the research on poverty and education and collaborative learning, research was selected that best supported the research questions. It was impossible not to include some research about what makes certain poor urban and rural schools more successful than others. This category of research included research focused on student achievement, but focus remained on family education and strategies for working together. The work with families in this research study added a new educational structure, in which children and caregivers learned together.

The majority of the research in reference to collaborative learning focused on helping parents and guardians prepare their students to read in the Pre-K setting, as well as school readiness. This was relevant as it pertained to my goal of increasing the self-efficacy of the caregivers in helping their children with school work; however, it did not address the piece on caregivers and children learning these collaborative strategies side by side and then applying them at home with follow up.

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Based on the current research in the field, a need for a new format in family education through the caregiver-student collaborative learning program became evident. There was not a wealth of research on this particular system of bringing families together and increasing their confidence in working collaboratively with their child. In order for a community to advance, it was necessary to create a successful model that others would be able to emulate, without having any financial backing, but having the desire within a community that wanted to promote change.

<div align="center">Multi-Dimensions of Poverty</div>

The majority of research written about poverty (Ames, Brown, Devarajan, & Izquierdo, 2001; Norwalk, DiPerna, Pui-wa, & Wu, 2012, Vernon-Feagans, Garnett-Peters, Willoughby & Mills-Koonce, 2012) focused on the disadvantages that arise within this socioeconomic situation, such as a lack of vocabulary when entering school, lack of literacy skills, and lack of proper mental healthcare. However, programs that exist to assist people living in these difficult circumstances include various forms of financial assistance. These systems are forms of instant gratification or quick fixes to aid in the suffering and daily survival of people living in poverty. Although necessary for the here and now, solely economic assistance does not create long term change. Alkire and Foster (2011) reminded us to look at access, literacy, education, and empowerment in addition to a wide array of other dimensions.

In examining the understandings and misunderstandings of multi-dimensional poverty measurement, Alkire and Foster (2011) stated "How we measure poverty can importantly influence how we come to understand it, how analyze it, and how we create policies to influence it" (2011, p. 1). If we understand poverty differently, we will measure it in a more appropriate manner. The authors also discuss the importance of looking at areas of deprivation in measuring poverty. Often poverty is looked at in a macro format, comparing income levels to the rest of the

country. However, this method does not provide insight into specific dimensions that are causing families and individuals to be in these economic circumstances. Opposition would argue differently. Ames et al. (2001) believed that by increasing the country's economy by bringing more money into it through capitalism, we can help close the poverty gap. The theory is that more money for the rich will provide the ability for them to open more corporations and businesses, therefore creating more jobs. This argument views poverty from an economic perspective, rather than a perspective of varying factors. It is important to acknowledge this opposing view; however, even if more businesses were to open, providing more job opportunities within the country, wages may still be low and/or low income citizens may still not have the skills or resources necessary to be successful in these situations. By looking at causes of poverty in a more broken down way, dimension by dimension, we can pinpoint the specific need for resources that people have in order to change their current situation.

Suich (2012) pointed out that people often discuss the condition of being poor as opposed to considering how or why the condition exists. She noted that social processes strongly influence the circumstances of people living in poverty. Suich stated "Poverty therefore needs to be understood as being strongly influenced by the resources that people can claim, under what conditions and with what level of choice" (Suich, 2012, p. 2). This is extremely relevant to the study due to the fact that caregivers were provided a choice to participate in collaborative learning classes with their children. In addition to choice, an educational resource of this kind was not something previously available to the families who participated in this study. Levels of choice even came down to the distance that families would have had to travel to participate in certain activities. Having these classes at the community school made them more accessible for most families due to the fact that the school site was within walking distance.

In analysis of research, measurement of poverty comes up repeatedly. Changing the way that poverty is measured affects the way that it is viewed and vice versa. A study by Ferreira and Lugo (2012) examined alternatives to a dashboard approach to poverty measurement which is uni-dimensional, such as Venn diagrams, overlaps of deprivations among dimensions, and interdependency across dimensions. Results indicated a strong relationship between different dimensions. When one was positively affected, others followed.

Narayan as quoted in Ferreira and Lugo (2012) told us that "Poverty is lack of freedom, enslaved by crushing daily burden, by depression and fear of what the future will bring" (p. 37). Ferreira and Lugo (2012) also noted that attempts have been made to define poverty by combining factors to get an overall number based on the amount of deprivations with which a person or family is living. Although this method considers issues beyond economics, this approach brings us back to a large scale view where people end up falling into one broad category.

Education and Poverty

Education is one important dimension within poverty and lack of this resource has strong ties to socio-economic status. Within the study, access to education through the caregiver-student collaborative learning classes, thus provided a resource that would not have otherwise been present. A study from Asaju (2012) addressed the connections between poverty and education in Nigeria. He questioned why a country such as Japan, with fewer natural resources, has been able to alleviate poverty more effectively than Nigeria. The conclusion that Asaju (2012) came to is that Japan provides opportunities for development.

In defining development, Asaju (2012) states "Development can be seen as an improvement in the reduction of poverty, unemployment, and inequality, improvement in

education, demographic characteristics, self-reliance and social justice. Thus, development is achieved when people's needs and aspirations are met, thereby enhancing their wellbeing" (p. 6). The emphasis here is that all of these items are needs that different people, especially those living in poverty, may have that are not being met. If we are to improve education in at promise neighborhoods, for both children and adults, we are creating an upward trend through which self-esteem, as well as other dimensions may be fulfilled.

Vernon-Feagans et al. (2012) studied the relationship between language development and children living within impoverished and chaotic homes. As cited in Vernon-Feagans et al. (2012), Hoff (2009) found that caregivers with lower levels of education were less responsive to their children's language and provided a less optimal environment for word learning and grammatical development. Vernon-Feagans et al. (2012) discovered through their study that children living in more chaotic homes often had lower levels of language development. According to the study, this educational piece was missing from their caregivers as well. The study also indicated that homes were chaotic due to the worries of daily survival from one day to the next. Most caregivers had never finished high school and were unable to get well-paying jobs, so their vocabulary was often not at a level to help their children with language from an early age. These families were living in poverty because their lives were chaotic and their lives were chaotic because they were living in poverty.

Van-Tassel and Stambaugh (2006) conducted a study on advancing literacy development for children of poverty. They created a new curriculum structure which included a multi-cultural literature selection, a literature web in which students connected to the story using words and feelings about passages and images, a set of questions to probe students for deeper thinking, and a related writing assignment. When comparing this experimental group with the control group,

all students in the experimental group performed better on the formative and summative

assessments than the control group. In addition, teachers who taught this new experimental

curriculum differentiated instruction more thoroughly and consistently. According to this study

by Van-Tassel and Stambaugh (2006), it is necessary to find ways for students to relate to the

content. Knowing that the information had to be relevant and relatable for the participants

guided the choice of curriculum materials for the study.

Gassama (2012) conducted a series of case studies of children living in poverty. She

studied the correlation between learning and poverty and what can be done to help children

lacking particular resources learn. Through her research, Gassama noticed that the treatment of

students from lower socio-economic backgrounds tended to be different by teachers than those

students from middle and higher socio-economic backgrounds. According to Gassama (2012),

traditional ways of classroom management and relating to students cannot always be used with

children of poverty. It is important to consider the cultural backgrounds of all students and find

ways to relate to everyone, building their self-confidence and helping them succeed socially and

academically. Within her case studies, the author also noticed that students of poverty were

often not turning in homework assignments and it was very difficult to contact parents to discuss

this matter. When teachers did get in touch with parents, they learned that these caregivers

struggled academically themselves. Additionally, even if they had the knowledge, some lacked

the communication skills to collaborate with their child effectively.

<center>Collaborative Learning</center>

In exploring the research on collaborative learning, specific research based collaborative

learning strategies were examined to use within the implementation of the caregiver-student

collaborative learning classes. Additionally, studies were examined in which information was

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given to caregivers to help their children, but was not taught in a collaborative manner with the child. Research and results of these studies are included as well in order to show how the gap of guided practice between caregiver and child can lead to improper application of strategies learned when transferred to the home environment.

Barone (2010) created a parent literacy project in a high-poverty and linguistically rich elementary school. This project involved teaching parents how to properly use shared reading strategies with Kindergarten students when reading books together at home. In this case, Kindergarten students were encouraged to attend with their parents so that parents could practice the new skills in a classroom environment with their children, then transferring the knowledge to be used at home. The results of the study indicated that students who participated had strong print and book knowledge, all letters and sounds were known, and parents were engaging students in reading at home. Since this research included older students, caregivers felt pleased to receive support at this point in time, a less common time than in the early childhood years.

Norwalk et al. (2012) conducted a study on three students involved in the Pre-Kindergarten Head Start Program. Early reading skills were measured using the Early Arithmetic, Reading, and Learning Indicators (EARLI) assessment. The focus here was on whether or not the progression made within these students would continue to accelerate and knowledge could be maintained after program participation. Main areas of focus included phonemic awareness, phonological awareness, and language and vocabulary development. All of these children came from homes in which they were living in poverty. The results of the study found that all three children made progress in the areas of phonemic and phonological awareness throughout the course of the program, as well as language and vocabulary development. When tested again a few months later, the results indicated that a portion of the

letter and sound knowledge was maintained, but that language development had back tracked or slowed down. The conclusions indicated that without the caregivers having the necessary training and education for strategies to reinforce these literacy skills at home with their children, they were easily lost. In this case, it was the children who were learning without the adults, but it displayed the strong need for the connection between home and school. This once again implores a need for more studies during which caregivers and students are involved in learning simultaneously.

Examining the literature on specific collaborative strategies helped guide the methods and design of this study. Strategies all included a partnership structure of discussion and activities. Strategies included engaging in active speaking and listening, during which partners took turns building upon each other's thoughts and ideas, asking each other questions while engaging in reading or other academic tasks, and incorporating an additional modality, such as a writing component to express ideas in addition to discussion.

Francisco (2012) completed a study in which students worked collaboratively to build upon each other's ideas when working on mathematical tasks. In order for this to be possible, it was necessary for students to be active speakers and listeners so that equal contributions were occurring within the collaborative process. They had to justify their thinking, which was also done in the case of our study by providing caregiver-student pairs with prompts for discussion. These prompts included statements that allowed collaborative pairs to agree with and disagree with each other respectfully and productively in order to understand the thinking of the other person. Caregivers and students were able to build upon each other's ideas by adding their additional thoughts to the discussion after hearing what their partner had said. Francisco (2012) also emphasized the need for each collaborative pair to have ownership over the activity or task

being completed, which was done in our study due to the fact that teachers were facilitators for learning through guided practice.

Gomez et al. (2013) conducted a study on the benefits of co-located computer based collaborative learning in the early childhood years. Children were put in collaborative groups, working on a single computer to complete academic tasks. According to the observation rubric used in this study, results indicated that students in the experimental group showed a statistically significant greater increase in understanding of the academic material as opposed to the control group in which students worked on computers independently. An emphasis was placed on the social skills that the children developed and that they had others to depend on who could deepen their learning if they did not understand a concept initially. This deepening of understanding was done through the opportunity to engage in questioning. This research supports the questioning strategy that was used in teaching collaborative strategies to caregivers and students in our study.

Engaging as an active listener and speaker when working collaboratively, as well as knowing how to ask pertinent questions are both crucial strategies to the success of the collaborative process. In addition, it is important to provide opportunities for collaborative groups to work together on tasks that require different modalities. Kangas, Seitarnaa-Hakkarainen, and Hakkarainen (2011) conducted a study on how effectively students could collaborate to design a lamp. This process included brainstorming and going through much trial and error, but it was noted that providing pairs with steps to follow when working on a task, such as brainstorming, sketching the design, and building a model, all built up to a successful design. The general steps allowed some room for imagination and uniqueness in the process, but served as a guide. This study proved that providing a guide or outline is another helpful collaborative strategy. In the case of our study, we provided a guide as caregivers and students engaged in

writing an essay together in order to help them know which steps to complete in which order. This was applied beyond writing because caregivers left with the skill set of knowing how to brainstorm in order to problem solve when working with their child, as well as create a guide for other tasks within the home.

Cultures of Care

Cultures of care are important to understanding the purpose of this study. Through the collaborative learning sessions, we were supporting the opportunity for the caring relation to take place between caregiver and child. Noddings (2012) discussed the idea of the caring relation in which there is a person who is the carer and another who is the cared-for. The carer and the cared-for may take turns in their roles depending upon the circumstance, although this is less common in the case of an adult taking care of a child. In really thinking about Noddings' concept of care, the relation is the prominent factor. This creates distinction between what she refers to as virtue caring in which there is no response from the cared-for and the relation in which both parties play an important role.

Noddings (2012) noted that the carer is in a sense "feeling with" the cared-for by attending to his or her needs; however, the cared-for plays an extremely important role. The role of the cared-for is to provide a response to the carer in order to acknowledge that the act of care has taken place. Both parties need to recognize the response in order for it to be a true caring relation. Noddings (2012) referred to this mutual recognition of the response as reciprocity.

In order for the carer to continue the caring relation with the cared-for, she needs the support of a caring community. This strongly relates to the study because we are providing the caring community through the collaborative caregiver-student classes in order to foster that caring relation. Noddings (2012) also pointed out that caregiving activities supported by people

who are genuine carers tend to promote the development of a caring attitude or disposition. In providing the caregiver-student classes, we also created an opportunity for this development.

<u>Thinking Routines</u>

One method used to collect qualitative data within this study was reflections by adult participants through thinking routines, which are guided statements in which participants were able to write to express how their thoughts about implementation of a particular collaborative learning strategy had changed from the beginning of each session to the end. The statements were based on whatever strategy had been taught that evening. Hettich (1993) told us that it is important for students to be able to reflect upon their own learning and connect it with their personal experiences. This metacognitive process helps people better understand the way that they learn and the strengths that are brought to the learning process through their previous knowledge. The strengths of the community in which this study was conducted made this an appropriate learning tool.

Harvard Project Zero (PZ) engaged in a project called Visible Thinking. Thinking routines are approaches to instruction that foster a culture of thinking within the classroom and help develop good thinking dispositions among students" (as cited in Grady, 2010, p. 52). PZ (2014) notes that thinking routines become routines rather than merely strategies because they are done over and over again. They also emphasize the fact that the routines do not require much teaching time, so they are a valuable tool that students often adapt to using quickly without loss of instructional time. The routines enhance what is being done in the classroom, rather than take away from it. In the case of our study, with sessions only being ninety minutes each, this was an effective way to collect qualitative data at the end of each session and maximize time for the teaching and practicing of collaborative strategies between caregiver and child.

Focus Group Research

This study, in addition to session reflections, used the focus group interview process to collect qualitative data about the effectiveness of the caregiver-student collaborative learning classes. McDonald (2013) conducted a study in which different evaluation instruments were used to measure the impact of workshops conducted on problem-based learning. Instruments included two different types of surveys, individual interviews, and a focus group. Results indicated that similar responses were generated from participants through the use of the focus group as the individual interviews. It was noted that participants felt that the time taken for individual interviews was unnecessary due to the fact that the focus group was essentially a group interview in which individuals all had a chance to respond. The participants also expressed that the camaraderie within the focus group made them feel more comfortable answering questions. While this was true in this study, certain individuals may have felt more comfortable expressing themselves without so many other people around.

Porter (2012) conducted a study with students in which two different evaluation methods were used, a questionnaire and a focus group. The study was done in an inclusive manner, including students with and without disabilities. The study's questions focused on data collection that would indicate barriers to learning. The questionnaire proved to produce unclear and vague responses and did not allow for accommodations to meet the individual needs of students participating in the study. The focus group allowed for follow up questions when responses required further explanation in order to clarify responses for the researcher and provided the opportunity for all students to fully express and clarify their opinions. According to Porter (2012), "it is important to recognize the diversity in views within the community and differences in the willingness of pupils to communicate these" (p. 3). Additionally, this method formed deeper empathy and understanding amongst students for one another.

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A review of literature from Sagoe (2012) highlighted some of the more current studies on the implementation of focus groups to collect qualitative data. He emphasized the ability of the focus group to compliment quantitative research when further explanation is needed, as well as the value of a focus group being conducted as the sole form of data collection when it comes to generating ideas or discussing topics of a more sensitive or personal nature. In the case of our study, we are talking about the self-efficacy levels of the adults in helping their children with school work, which is a sensitive topic.

Sagoe (2012) also discussed the importance of the moderator, the person conducting the focus group, as well as some of the strengths and weaknesses that come with this method. According to Sagoe (2012), "The moderator's face-to-face involvement with the participants in focus groups is a major advantage over other qualitative and quantitative techniques" (p. 4). Sagoe (2012) also told us that the moderator's involvement helps ensure that participants are fully engaged in and participating in the research process. While the moderator can be a major strength in the focus group approach, it can also be a weakness when the moderator allows the discussion to get too far off track or does not encourage participants to give the most detailed answers possible. Additional limitations of the focus group include the potential for one or few dominant voices to overtake the discussion, affecting the validity of the results; however, the positive aspects of the focus group approach, such as full explanation of opinions, 100% engagement from participants through an effective moderator, and meeting the needs of individuals involved, ensuring that they are all truly heard, strongly outweigh any negative aspects.

<u>Summary</u>

The research within this review of related literature indicates the strong connection between students and families feeling supported in learning and being able to relate to the material. The multi-dimensions of poverty continued to reappear within the more up to date articles about understanding and measuring poverty. Several areas were honed in as deprivations for those living in poverty which could be addressed for long term change through the strengths and assets of the people within varying at promise neighborhoods. Education of adults and children within a community is a topic that came up again and again.

Discussion of programs in which Kindergarten students and parents learned together sparked some ideas for the collaborative learning program, one of which was that whatever was done during the class lesson needed to be reinforced for homework in order for caregivers and children to become more comfortable with fluency in using the collaborative learning strategy. Looking at the Pre-K Head Start program in which students lost some of the literacy knowledge a few months later reinforced the need for caregiver involvement in the learning process. Barone (2011) emphasized the importance of making learning ongoing in order to see true change. By filling in a deficit such as lack of communication tools to work with a child, we sparked positive changes in other aspects of adults' daily lives. Providing people with collaborative learning strategies, based on the concept that we were providing the caring community that supports carers as they perform acts of care for the cared-for, created independence and gave them the ability and confidence to do what was necessary to be successful in the present and future, as opposed to never having the opportunity to practice the caring relation through collaborative strategies in a supportive environment. It was not a matter of understanding content, but a teaching of proper collaborative methods in which caregivers engaged children in learning and literacy at home.

Overall, the research indicates that poverty is understood by the way that it is measured. Since many deprivations within poverty influence one another, providing strong intervention in one area has the potential to positively impact several others. The research is very limited on collaborative caregiver-student learning and this gap in the literature reiterates the need for continuous movement in a new educational direction that brings learning for families and a community to a new level.

CHAPTER 3
METHODOLOGY

Introduction

The purpose of this study was to measure the impact of a collaborative caregiver-student learning program on the self-efficacy of the adults who participated in assisting their children with school work. The study was a qualitative study which included qualitative analysis of focus group interviews pre- and post-program time frames. In addition, observations were recorded based on what participants, caregivers and students, were saying and doing while engaged in the collaborative strategies. Ritchhart (2013) from his work with *Making Thinking Visible,* helped guide the design of reflections in the study. Reflections from caregivers throughout the program also supported the qualitative analysis.

Context

The study took place at an urban elementary school in Central Florida, where many families live below the national poverty line. According to the United States Department of Health and Human Services (2013), the current national poverty for a family of four is defined as any family with an annual income below $23,550.00. The neighborhood in which the study was conducted strengthened the research because many families were dedicated to helping their children be as successful in school and in life as possible. They were looking for opportunities to learn and grow and provide additional support to their children academically and socially.

The rationale of the joint caregiver-student collaborative learning program was that many caregivers needed additional support in learning how to work together with their children while assisting them with academic tasks, such as reading and writing, at home. It was difficult for adults to provide academic help to students when they lacked knowledge of the collaborative and social structures to help them be successful. However, due to circumstances of living in poverty, such as lack of transportation and lack of access to educational resources, caregivers wanted to help and support their children in every way, but needed more access to and knowledge of necessary tools and skills. Therefore, it was necessary for this program to meet participants where they were academically, socially, and in a convenient location. A study by Alkire and Foster (2011) found that powerful change can take place within a community when additional resources that are not easily accessible on a regular basis are added to the community dynamic. The resource being added in this case is education and potentially empowerment. For this study, strategies were taught that caregivers could use to help their children with school work by focusing on engaging in an effective collaborative process, providing participants with researched best practices for working with their children at home. Logistically, classes were held in the neighborhood school.

Participants

The participants for this study included caregivers of fourth grade students within this urban elementary school in Central Florida. Caregivers are defined as the adult or sibling who takes care of the child on a regular basis. All adult participants took care of children who attended this elementary school in a high poverty area, where 100% of students receive free breakfast and lunch.

One co-instructor, a fourth grade teacher with strong pedagogical skills, was selected from the school faculty to conduct collaborative learning sessions while the primary researcher collected data. Strong pedagogical skills were defined as having the ability to express ideas clearly when teaching others and the charisma to connect with families of varying cultures and circumstance. Teachers were informed of the opportunity to assist with this program in September. Since the study took place at a Teacher Incentive Fund (TIF) grant school, a motivation for getting teachers to participate was that they could use this activity as documentation for their TIF notebook. The teacher selection process included consulting with the principal about possible quality instructors, instructors with strong teacher evaluations and interpersonal skills necessary for working with children and adults, for recruitment in order to maximize the potential of the study. Due to the family-teacher ratio, one co-instructor was sufficient.

Before beginning the study at the urban elementary school in Central Florida, it was necessary for me to gain approval from the Institutional Review Board (IRB) through the University of Central Florida, as well as Orange County Public Schools. Approval was granted from the University of Central Florida in January 2014 and from the Orange County School Board in February 2014. No research or recruitment of participants began prior to approval from both parties.

Upon gaining IRB approval from both institutions, the first step in the study was to inform fourth grade families about the program through the distribution of flyers, as well as through school-wide telephone messages sent out to fourth grade student caregivers. This recruitment ran through the month of March. The process of choosing participants began with meeting with the fourth grade teachers to see if there were particular students and caregivers that

they felt would most benefit from the joint caregiver-student classes. Letters were sent home to these families first and follow up was be made through additional notices and phone calls if necessary. Once these families had been contacted and there was a definite number, the program opened up to the rest of the fourth grade families. Six families comprised of six caregivers and seven fourth grade children participated in the study. Twelve additional children attended and partook in the activities; however, they were not official participants within the study. Caregivers and fourth grade students were the focus of the study; however, the additional children within the family that attended were able to benefit as well.

<div align="center">Procedures</div>

Caregivers were questioned initially about what they hoped to gain from these classes, as well as strengths that they felt they had and challenges that they experienced when working with their child at home. This was done by having caregivers write down individual answers to these questions on a questionnaire and then share out with the group. Initial thoughts shared by the group were recorded on chart paper. Throughout the course of the collaborative learning sessions, adults completed anonymous reflection logs about how their thinking had changed in regards to working with their children. These were completed at the beginning of each session after completing the follow up collaborative strategy practice for homework with their children. They were welcome to share their ideas with the group in discussion format; however, were free to remain anonymous by choosing not to share. Adults were informed that sharing aloud with the whole group was not a requirement.

Informal observations of implementation of the collaborative learning strategies between adult and child were conducted. The observation protocol was a T-chart that noted what the collaborative caregiver-student pairs were saying and doing. The protocol looked for use of the

collaborative strategy while practicing the designated task, as well as the exchange of the caring relation of the carer and cared-for. Noddings (2012) told us that in order for a caring relation to take place, the cared-for must acknowledge that care is being given from the carer. In addition, Noddings (2012) emphasized that at times the roles of the carer and cared-for may be reversed, although this is less common within the relationship of an adult and child. In the case of this study, the carer was the caregiver and the cared-for was the fourth grade child. At the last session, a focus group was held to collect qualitative data concerning the overall knowledge gained and feelings about the collaborative learning program from the adult participants. Although students and adults participated in classes together, research was only conducted with adults.

Program planning and design included interactive lessons and activities, designed to be explicitly taught during each session and then worked on at home through a similar follow up activity between caregiver and child. Each of the sessions focused on teaching a specific research based collaborative learning strategy. These strategies included engaging in active speaking and listening through use of discussion prompts, asking each other questions, and creating an outline or plan when working together on a particular task.

Francisco (2012) completed a study where students worked collaboratively to build upon each other's ideas when working on mathematical tasks. He noted the importance of having ownership within the task while working together and being able to disagree and agree with a partner or group in a productive manner. This supports using the discussion prompts to specifically teach active speaking and listening skills.

Gomez et al. (2013) conducted a study on the benefits of co-located computer based collaborative learning in the early childhood years. Children were put in collaborative groups,

working on a single computer to complete academic tasks. According to the observation rubric used in this study, results indicated that students in the experimental group showed a statistically significant greater increase in understanding of the academic material as opposed to the control group in which students worked on computers independently. An emphasis was placed on the social skills that the children developed and that they had others to depend on who could deepen their learning if they did not understand a concept initially. This deepening of understanding was done through the opportunity to engage in questioning. This research supports the questioning strategy that was used in teaching collaborative strategies to caregivers and students in the study.

Kangas, Seitarnaa-Hakkarainen, and Hakkarainen (2011) conducted a study on how effectively students could collaborate to design a lamp. This process included brainstorming and going through much trial and error, but it was noted that providing pairs with steps to follow when working on a task, such as brainstorming, sketching the design, and building a model, all built up to a successful design. The general steps allowed some room for imagination and uniqueness in the process, but served as a guide. This study proved that providing a guide or outline is another helpful collaborative strategy. In the case of our study, we provided a guide as caregivers and students engaged in writing an essay together in order to help them know which steps to complete in which order. This was applied beyond writing because caregivers left with the skill set of knowing how to brainstorm in order to problem solve when working with their child, as well as create a guide for other tasks within the home.

Lessons were taught using the gradual release process, including modeling, guided, and independent practice. However, to fit the purpose of this study, which focused on the caregiver and child learning together, independent practice was done collaboratively between the adult and student. The modeling portion of this teaching method showed adults how to engage in a

particular collaborative strategy by explaining what it was and demonstrating how it could be put into action. The guided practice allowed adults and children to practice the strategy through a designated task similar to what had been modeled with teacher guidance and support if needed. The independent practice, in this case, typically done at home, allowed for continued practice between adult and child, once knowledge and fluency had been developed. Teaching was done in this manner in order to ensure that adults and children were able to see what to do in addition to hear it. The guided practice allowed for kinesthetic practice, strengthened confidence, and focused on a variety of learning styles. The independent practice allowed adults and children to see how they were able to transfer what they had learned into the home environment. Table 1 contains detailed information regarding collaborative strategies taught within each session, pedagogical methods, and activity examples.

Table 1

Collaborative Strategies, Pedagogical Methods, and Activity Examples

Collaborative strategies	Pedagogical methods	Follow-up activities
Active speaking and listening	Teacher reads a children's book aloud. Teacher stops at a strategic point and models how to engage in discussion about what has happened in the story so far with a child, using the following specific discussion prompts: • I agree with you because… • I disagree with you because… • I heard you say… • In addition to what you said, I think… Teacher reads another small portion of the book aloud. Teacher stops and now has caregivers use the same types of prompts that have been explicitly taught to engage in discussion about the prompt. Teacher circulates and encourages caregivers to get their children to say more about the book while working together.	Caregiver and student choose a children's book to take home and read together using the prompts that were used during the collaborative learning session. Caregivers are informed that they will reflect upon how their thinking has changed after completing this task with their child at the next collaborative learning session.

Collaborative strategies	Pedagogical methods	Follow-up activities
	Teacher has caregivers debrief about how the process of engaging in active speaking and listening went by sharing their reflections.	
Asking each other questions	Teacher models how to work together while working on a writing task by asking questions using a writing checklist which includes the following questions: • Is the writing on topic? • Did you use complete sentences with appropriate punctuation and capitalization? • Does it make sense? • What do you think you could add? • What if you added or changed this part? (Provide a suggestion) Teacher models how to use this writing checklist by having a student be her partner and modeling a quick write to the following prompt: I am afraid of… Teacher explicitly teaches the collaborative strategy of asking questions through modeling.	Caregiver-student pairs are provided with a notebook and pen, as well as a copy of the checklist to take home. Families are provided with a follow up task during which caregivers will sit with their child or follow up after completion using the checklist. Students are provided with the following possible prompts to write about, but are also allowed to choose their own topic if they so desire: • When I wake up in the morning… • I think it is funny when… • My favorite food is… Caregivers are informed that they will reflect upon how their thinking has changed after completing this task with their child at the next collaborative learning session.

Collaborative strategies	Pedagogical methods	Follow-up activities
	Caregivers and students are provided with copies of the writing checklist and students write a quick write to the following prompt: When I grow up…, while caregivers engage in asking them the questions on the checklist. Teacher has caregivers debrief about how the process of engaging in questioning went by sharing their reflections.	
Creating an outline or plan	Teacher models how to create an outline or plan when working together and shows how in this case it is being used specifically with the writing process; however, it can be used in any task with a general "See, Do, Check" format Teacher models how to could complete a flee map, a combined thinking map of the tree map and flow map that is used as a planning tool for fourth grade writing. This is modeled to the following topic: Explain why it is important to learn how to read. Teacher thinks aloud and completes the thinking map.	Caregivers and students use the writing notebook that was provided to them last time to take home and complete the rest of the essay that they began working on during the collaborative learning session. Caregiver-student pairs are provided with the Writing Process outline and encouraged to refer back to it while working together at home. Caregivers are informed that they will reflect upon how their thinking has changed after completing this task with their child at the next collaborative learning session.

Collaborative strategies	Pedagogical methods	Follow-up activities
	Teacher models the introduction paragraph and first body paragraph of an essay in order to demonstrate how the ideas can be transferred off of the flee map. Teacher references a checklist as she is working with details of the writing process, which includes the following with explanations about what each step entails: • Pre-Writing • Drafting • Revising • Editing • Publishing Teacher has caregivers and students engage in working on a flee map together and begin writing an essay using the ideas off of the flee map. Students write to the following prompt: Explain why it is important to follow rules. Teacher circulates and encourages care-giver student pairs to refer back to the Writing Process outline as they are working.	

Collaborative strategies	Pedagogical methods	Follow-up activities
	Teacher has caregivers debrief about how the process of using an outline went by sharing their reflections.	

Data Collection

Joint caregiver-student collaborative learning classes were held twice each month for ninety minutes in the evenings during the months of April and May. The first session was when the initial focus group was held. Classroom observations were collected at Sessions I-III and reflections were done by participants. Session IV was designated solely for the individual interview. Table 2 outlines the different data collection tools that were used throughout the study.

Table 2

Data Collection Tools and Descriptions

Name of Tool	Description	Visual
Initial focus group	The initial focus group was held to gather opinions of caregivers at Session I about what they felt their strengths were with working with their student at home, areas that were a challenge, and what they hoped to gain from each session. Responses were charted on chart paper and shared in a discussion format, Time for writing individual thoughts was provided, but only one participant wrote something down, so the discussion worked better.	• What are your strengths when working with your child at home? • What are challenges that you face when working with your child at home? • What do you hope to gain from this experience?
See/hear observation tool	The see/hear observation tool was used at Sessions I-III by the researcher. As the co-teacher modeled the lesson and participants engaged in guided practice, the researcher would write down what she saw participants saying and doing during the time. Triangulation was also used after Sessions I-III to gather the perspective of the co-teacher based on what she saw and heard while she was conducting each session.	See Hear
Observation protocol	During the See/Hear observations, the researcher used a protocol to focus on in the crucial aspects of what participants were saying and doing. The two main areas of focus were whether participants were using the collaborative strategies taught during the guided practice and whether they were able to successfully complete the designated academic tasks.	• Are caregivers and students using the collaboration strategy that has been taught? • Are caregivers and students able to successfully complete the designated academic task?

Name of Tool	Description	Visual	
Thinking reflection tool	Perkins and Ritchhart (2008) wrote about how to make thinking visible. This is done through the use of thinking reflection tools. After having a chance to go home and engage in independent practice after each session in order to practice the collaborative strategy that had been taught that evening, participants would begin the session that followed with a reflection time. Reflections would always begin with I used to think… and end with Now I think… An example is as follows: I used to think reading with my child meant… Now I think reading with my child means…	I used to think…	Now I think…
Individual interview	The individual interview was conducted at Session IV with participant 1, a mother. This was originally designed to be a focus group, but only one participant was able to attend that evening. This was used to gather overall information about the impact of the study on the caregiver in order to determine if the self-efficacy of the caregiver had increased as indicated in the research questions. The interview was a semi-structured interview, allowing for open-ended responses. Member checking was done with this participant by keeping constant communication with her. It was also done with other participants throughout the study.	Refer to Appendix G for Individual Interview Questions	

Name of Tool	Description	Visual
Self-efficacy analysis	Bandura (1995) notes that there are four different domains to increase one's self-efficacy. These domains include mastery experiences, social modeling, social persuasion, and psychological responses. This lens was used to help analyze the results.	• Mastery experiences (performing a task successfully) • Social modeling (witnessing others successfully complete a task) • Social persuasion (the capacity to believe that success is possible) • Psychological Responses (how one emotionally responds to situations and contexts) (Bandura, 1995).

Reflection Logs

Throughout the course of the classes, participants engaged in reading and writing activities including read-alouds with collaborative talk time between adult and child, written responses to literature, whole group and small group discussions, and literacy center activities that allowed for practice with collaborative strategies learned. Adults and children were informally assessed through observations during each session based on what was seen and heard, while engaging in the collaborative strategies learned through work on reading and writing tasks together.   The assessment focused on whether the collaborative strategy taught that evening was being used, how successfully caregivers and students were able to participate in the designated task through using the strategy, and how the caring relation was being displayed between the carer, which in this case was the caregiver and the cared-for, which was the child. Noddings (2012) notes that in order for the relationship between the carer and cared-for to be a true caring relation, there must be reciprocity. This means that the cared-for, which in this study was the child, needed to acknowledge that the carer, who in this case was the caregiver, had taken place. Adults completed anonymous reflections at the end of each session to demonstrate new learning.

Perkins and Ritchhart (2008) discussed the idea of making thinking visible, which means expressing thinking through speaking, writing, or drawing as opposed to keeping all thoughts within a person's head. Perkins and Ritchhart stated "Thinking routines help learners ponder topics that might not seem to invite intricate thinking at first glance" (2008, p. 57). Perkins and Ritchhart (2008) also emphasized that the development of thinking is a social behavior, which is extremely relevant to this study because caregivers and students are engaging in social interaction through the collaborative learning classes. Using a T-Chart to show how thoughts had shifted, caregivers wrote thoughts on one side with a statement that began with "I Used to Think" and on the other side with a statement that began with "Now I Think".   These reflections

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measured how the collaborative learning program impacted the self-efficacy of the adults in helping their children with school work. This method was chosen in order to help caregivers be more cognizant of how their thoughts about collaborating with their child had shifted after completing the designated follow up tasks from each session.

Focus Groups

At the initial meeting, caregivers were asked the following three basic initial questions for which they provided open-ended responses in discussion format:

- What are some of your strengths when working with your child at home?

- What are some of the challenges that you experience when working with your child at home?

- What do you hope to gain from this experience?

A focus group was conducted at the close of the study by the researcher of this project in order to gather qualitative data concerning caregivers' opinions about how the joint caregiver-student collaborative learning program impacted them academically, socially, or in other aspects of their lives. McDonald (2013) conducted a study in which different evaluation instruments were used to measure the impact of workshops conducted on problem-based learning. Instruments included two different types of surveys, individual interviews, and a focus group. Results of the study indicated that similar responses were generated from participants through the use of the focus group as the individual interviews. It was noted that participants felt that the time taken for individual interviews was unnecessary due to the fact that the focus group was essentially a group interview in which individuals all had a chance to respond. The participants

also expressed that the camaraderie within the focus group made them feel more comfortable answering questions.

Due to the fact that the participants in the current study had built relationships throughout the weeks of implementation, a focus group was an appropriate and effective data collection method. Only the adults participated in the focus groups, however, adults and children working together emphasized this collaboration as opposed to creating an atmosphere where adults felt judged based on their academic abilities. Some adults expressed in the first session that they sometimes did not understand the homework that their children, students, siblings, or cousins would bring home. The focus group ended up being an individual interview due to the fact that on the evening of Session IV, when the focus group was held, only participant 1, a mother, was able to attend.

The following questions, which include the initial three with the last one restated, were addressed in a discussion format at the fourth session with the caregiver who participated:

1. Do you feel that this experience has impacted your self-confidence in helping your child with school work? How? If not, why not?

2. Do you feel that this experience made you feel more connected to the school community? How? If not, why not?

3. Do you feel that the collaborative strategies you learned are helping you be more successful in working with your child at home? How? If not, why not?

4. Do you feel that this experience impacted your relationship with your child? How? If not, why not?

5. Do you feel that the strategies you have learned here can be or are being applied in other areas of your life? How? If not, why not?

6. Many programs for caregivers are organized in a format that provides adults with information in a setting separate from their children. What thoughts and opinions do you have about the way that this program was structured and organized, having collaboration between adult and child throughout?

7. What do you feel were the *strengths* and/or areas for *improvement* of this program?

8. What are some of your strengths with working with your child at home?

9. What are some of the challenges that you experience when working with your child at home?

10. What did you gain from this experience?

Focus group interviews were transcribed and coded for themes that were prominent in responses. Themes used in the analysis of data for research question 1 were self-efficacy and the caregiver role. Themes used in the analysis of data for research question 2 were access, the culture of access, and the culture of school.

<u>Data Analysis</u>

Data were analyzed through the lens of the conceptual framework. This included research by Alkire and Foster (2011), which looked at the multi-dimensions of poverty, meaning that poverty is not solely based on economic circumstance, but rather is caused by several other contributing factors. Economic hardship is a result of other dimensions or resources being at a deficit. Alkire and Foster (2011) described resources as tools and services needed for survival and enhancement in daily life. These resources include factors such as education, empowerment, transportation, and mental healthcare. Resources needed to live life at ease are what make up multiple dimensions that contribute to the circumstances of one's life. This study examined

whether providing an additional resource through the collaborative caregiver-student classes enhanced the education and empowerment of the participants. Data was collected through the closing focus group for analysis.

In addition, analysis was based on the work of Noddings (2012), which examined the caring relation that takes place between the carer, which in the case of this study was the caregiver, and the cared-for, which in this case was the student. Measuring self-efficacy, defined by Bandura (1994) as a person's belief that he or she has the ability to succeed in a particular situation, in this regard was done through analysis of session reflections by caregivers and observations by the primary researcher as caregivers and children engaged in collaborative learning strategies. For the purposes of this research, the sources of self-efficacy as noted by Bandura used in the data analysis were mastery experiences and social modeling.

The official research questions that were examined through the analysis were as follows:

- How do collaborative caregiver-student classes that focus on collaborative strategies impact the self-efficacy of the caregivers in helping their children with school work?

- How does increasing access to educational services impact the self-efficacy of the adults who participate in collaborative caregiver-student classes?

Summary

This qualitative research study examined the impact of caregiver-student collaborative learning classes on an urban community. The classes focused on teaching collaborative learning strategies to caregivers and students in order to foster the competency of caregivers and children working together on academic tasks. Collaborative strategies taught included active speaking and listening, asking each other questions, and creating an outline or plan when working together. Procedures for collecting data included anonymous session reflections by adult

participants, observations of caregiver-student interactions while engaged in use of collaborative learning strategies, and participation in a focus group by caregivers at the close of the study. Analysis focused on the impact of providing access to services within a community that are not normally provided, as well as the relationships between caregivers and their children that were enhanced through the collaborative learning process.

CHAPTER 4
ANALYSIS OF THE DATA

Description of Context

The purpose of this study was to examine the impact of caregiver-student collaborative learning classes on an urban community. The study took place in an urban elementary school in central Florida where 100% of children receive free breakfast and lunch. The school population was composed of approximately 700 students, many of which were English Language Learners, coming from homes where the native language is Creole. The research questions that guided this study were as follows: How do collaborative caregiver-student classes that focus on collaborative strategies impact the self-efficacy of the caregivers in helping their children with school work? How does increasing access to educational services impact the self-efficacy of the adults who participate in collaborative caregiver-student classes?

Families within the school community and caregivers of students attending the school had been invited to participate in family involvement nights focused on different academic areas throughout the school year; however, consistent family involvement was not previously engrained within the school culture. Families were not invited to visit and volunteer within school classrooms. Many caregivers filled out applications to be chaperones on field trips and assist with different activities on campus, but never had the opportunity to actually participate.

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Community Assets

The community had many families with so much to offer within the community itself, in the school setting, and for the people to whom they were providing care. Noddings (2012) tells us that in order for the carer, the person providing care, to fully provide care to the person being cared for, a supportive caring community must be in place. Many families had multiple children with caregivers who made an active effort to be fully involved with what was happening in each child's life within their own family. In addition, neighborhood families looked out for each other and tried to intervene when they saw another child within the community headed down a negative path before it was too late. A sense of caring was established within the community, but support to foster these caregivers within the community was not previously provided within the school setting.

Despite busy work schedules and important obligations that interfered when school events were taking place, caregivers would come for a portion of the event or send representatives in their place, such as other adults within the community. Sometimes when no adult or older child was able to attend with the elementary school student, caregivers would send their children on their own because they still wanted their children to benefit from these events. Caregivers had hope and faith that kept them working long hours, despite the obstacles associated with other dimensions of poverty, such as transportation, because they wanted their children to have the best education and lives possible. This sense of pride and determination within the community, as well as the limited access to educational resources previously provided, made it an ideal setting for the collaborative caregiver-student learning study.

Table 3 describes the total number of participants and their roles in the study. It was anticipated that these same participants would attend each session.

Table 3

Overview of Participants

Caregiver role	Number of students	Grade
1) Mother	1	4
2) Father	2	4
3) Mother	1	4
4) Father	1	4
5) Older cousin	1	4
6) Older sibling	1	4
Total: 6	7	

Roles of Researchers

The researcher in this study designed the structure for the collaborative care-giver student classes, created lesson plans and activities based on researched best practices, and designed reflection tools and focus group questions based on research. The researcher also observed participants in the collaborative learning session based on an observation protocol (see Appendix E) that assessed the use of the taught collaborative strategies between caregiver and student as well as the success in completing the designated tasks together. The researcher also conducted the initial focus group (see Appendix), facilitated session discussions and participant reflections, and conducted the final interview (see Appendix G).

In addition to the researcher, a co-teacher was selected in collaboration with the principal to teach the lessons planned for the collaborative learning classes. Lessons were prepared by the researcher and discussed with the co-teacher before implementation in order to ensure thorough understanding and preparation before delivering content for the sessions. Through triangulation, the co-teacher's perceptions of student and caregiver actions contributed to the overall analysis of the study.

Study Site

The study was conducted in a classroom of the urban elementary school from where the participants were recruited. To provide convenient access and to foster consistent attendance, the sessions were held within the neighborhood school. Since the students who attended with their caregivers were fourth graders, classes were held in a classroom in the fourth grade hallway. This was not the room of a classroom teacher, but rather the room of a resource teacher; however, it was the size of a normal classroom. The school is an older building, so whiteboards and a projector were the only sources of technology.

Selected Classroom

The classroom where the classes took place had several trapezoid tables that could be easily maneuvered for different grouping styles. This contributed to the effectiveness of holding the study in this location because desks do not create a surface that is as conducive to working on projects and activities together. Fourth grade students were familiar with the location of the classroom, so they were easily able to guide their caregivers to the location once arriving on campus. The classroom had the same amenities for technology and space and was equivalent in size to that of a regular classroom.

The classroom was set up slightly differently for each collaborative learning session depending upon the specific activities; however, certain aspects of the arrangement remained the same each time. Upon arrival, families walked in and saw a long rectangular table with a welcome sign waiting at the end of the table. Food was provided at each session in order to make dinner an easy option for families. On the table an assortment of soda, juice, pizza, and cookies were provided. Participants were invited to take some food before sitting down.

Session I Findings

At the first session, trap tables were organized vertically facing the front of the classroom in groups of four on the left and right sides of the room. They were grouped in this fashion in order to have enough room for all family members to work together and to spread out and practice the reading discussion prompts taught during the lesson. The tables were also provided so that caregivers could record responses to the initial focus group questions on a hard surface before sharing their ideas with the group. Focus group questions were listed on the board on chart paper on separate sheets in order to record responses.

On the night of the first session, a semi-circle of chairs facing the front of the room was also set up. This was done so that caregivers and students could easily turn and talk at the strategic stopping points during the read aloud and use the discussion prompts that had been modeled. Normally when teaching students, they sit on the floor in order to be close to the teacher and stay engaged in the reading. The semi-circle of chairs was a similar idea, but made seating more comfortable for the adults who attended.

Participants

Table 4 indicates the participants who attended Session I. It was anticipated that these same participants would attend each session, as well as another caregiver and student who made a special request to begin attending by the second session due to a work obligation.

Table 4

Session I Participants

Caregiver role	Number of students	Grade
1) Mother	1	4
2) Father	2	4
3) Mother	1	4
4) Father	1	4
5) Older sibling	1	4

Focus Group Process

After families had dinner and the expectations for the collaborative caregiver-student classes were reiterated, time was provided for caregivers to introduce themselves and the children or other family members that accompanied them. This was done to create a caring community in which all caregivers felt supported. Noddings (2012) told us that in order for the caring relation to be fostered, the carer needs support from a caring community. The three initial focus group questions were then administered and participants were provided with individual copies of each question. Questions were also posted on chart paper on the board and the co-teacher recorded responses while the researcher facilitated the discussion for each question.

The initial three focus group questions asked caregivers about what they thought their strengths were when working with their student at home, what challenges they faced, and what they hoped to gain from participation in the caregiver-student classes. The questions were:

- What are some of your strengths when working with your child at home?

- What are some of the challenges that you experience when working with your child at home?

- What do you hope to gain from this experience?

Each question was read aloud to the participants by the researcher. Caregivers were provided with a hard copy of the questions with space underneath each one to record their thoughts before sharing aloud with the group. Time was given for caregivers to jot down thoughts between each question before the researcher moved on to read the next one. The questions were also each posted individually on chart paper and the co-teacher recorded thoughts shared aloud with the group pertaining to each question while the researcher facilitated the discussion. Only two of the participants took notes, consequently the questions were addressed in open discussion. Details pertaining to each question are outlined below.

Question 1: What are some of your strengths when working with your child at home?

When questioned about strengths with working with their children at home, there were common answers among caregivers. To begin with, participants 2, 3, and 4 felt that they had clear expectations established for homework as far as where and when it needed to be completed and the routine for coming home and getting to work; however, participant 3 noted that at times the routine could be thrown off due to other commitments such as family, religious, or sports obligations.

Participants 3 and 5 also felt that they were able to assist their children with school work and said that this assistance normally came in the act of checking homework after it had already been completed. Participant 3 noted "I have all my children lay their homework out on the kitchen table once it has been completed, so that I know that they are ready to have me check it." Participants 2 and 4 felt that the fact that their child could complete work independently showed strength and that they had fostered an environment within their home to make that possible. Participant 2 expressed that he felt that he had a routine in place for siblings to help each other with homework since he was often working and not available. He said; "I feel that homework is something that kids should be doing together because they can help each other and that makes them understand better." Participants 1, 2, 3, 4, and 5 all felt that they understood the academic needs of their children, knowing the subject areas that were a struggle for them and those that came more easily.

Question 2: What are some of the challenges that you experience when working with your child at home?

When caregivers were questioned about challenges that they faced when working with their children at home, there were common responses. To begin with, participants 1, 3, 4, and 5 noted that in certain cases, their children struggled with focusing on school work. Participant 5 noted that it was particularly difficult for the students to focus when it was an academic area that was harder for them. Participant 5 stated; "I am able to get my sister to read on her own and get her work completed, but when it comes to Math she needs it broken down so much that I don't know where to start and she starts drifting off into space after a short amount of time." This segued into another challenge that was addressed, which was that participants 1, 2, 3, 4, and 5 often did not understand the curriculum, which made it difficult for them to provide assistance

when the children were struggling. They noted that it was not always that they did not understand the content, but rather they did not understand the directions or the way that it was being taught now as opposed to when they were in school. Participant 4 noted "Lattice multiplication did not seem to make any sense to me and I could not figure out how to properly explain it to my child. Nowadays kids need to learn so many different methods for doing things and I have a hard time understanding why."

Additionally, a general point that caregivers expressed was that they would like more available resources to help their children with academic work and would appreciate references that they could use when working with their children on certain academic concepts in various subject areas. One other challenge that was addressed was the fact that all participants had children in multiple grade levels and that made it challenging to provide ample assistance and collaboration with each child, as well as understanding of the content and curriculum in several different grade levels.

Question 3: What do you hope to gain from this experience?

When asked what they hoped to gain from the experience of the collaborative caregiver-student classes, Participants 1, 4, and 5 indicated that they would like ways to feel more involved in what their children were doing without necessarily having to sit down with them the whole time. Participant 3 stated; "I want to feel more involved with what my children are doing in school, but do not always have the time to sit down with them the whole time." Participant 1 noted; "I feel like my children are so involved in their technology devices that we barely have conversations anymore." All participants also hoped to gain some ideas of ways to help their child/sibling/student keep focus and attention with more challenging content, as well as ways to make homework more interesting.

On the evening of Session I, collaborative learning activities were planned in addition to the three initial focus group questions. Students had been exposed to using discussion prompts to interact with classmates through their normal classroom instruction; however, there were specific strategies that were introduced to both caregivers and students in these sessions. Since it was the first night, approximately twenty minutes were allotted for caregivers and students to come in, get settled, and get some food to enjoy with their families before beginning. While they were eating dinner, the researcher and co-teacher circulated to talk with families and build relationships in order to let them know that they were valued and appreciated for taking the time to be there.

After time to adjust and feel comfortable in the learning environment, the researcher reviewed the expectations for participation in the study with the participants. Although caregivers had received personal phone calls once they agreed to participate in the study, as well the consent form, it was important to review the expectations once more in order to impress upon them that all of the classes were leading up to a final focus group. Additionally, the researcher explained that by participation in this study, as it was explained in the flyer, they had agreed to attend the four sessions. They were also informed that the researcher would be recording observations about what was seen and heard during each session while the co-teacher taught the lessons. Caregivers were provided copies of a list with details of each session including the types of activities in which they would participate and the expectations for attendance and completing homework follow-up tasks. They were allowed to ask questions during and after the explanation of the program. All the participants indicated that they understood the expectations as explained.

Following, the focus group, the lesson for teaching collaboration strategy one, engaging in active speaking and listening began. The following prompts were posted on the board to be used in a discussion during a read aloud book being read by the co-teacher: I heard you say…, I agree with you because…, I disagree with you because…, In addition to what you said I think… These prompts were modeled first by the co-teacher with a student in the group, stopping at strategic points while reading to have caregivers and students answer questions about the reading. While doing so, caregivers were taught to use the posted prompts to engage in discussion with their student(s) in order to get them to say more and deepen their reading comprehension. This strategy also gave caregivers some simple prompts to use while reading with their child/sibling/student at home or discussing books with them.

In addition to learning the strategy through teacher modeling, caregivers and students had an opportunity to partake in guided practice using the prompts at different stops throughout the story. The co-teacher and researcher circulated to provide support and encouraged caregivers to use the prompts at specific points in the discussion. For example, Participant 3 questioned her daughter about how she thought a character in the story felt. After her daughter responded, participant 3 said; "You're right." The co-teacher intervened and reminded the caregiver to use some of the prompts learned during the modeling portion of the lesson in order to get her daughter to express more information. In regards to the guided practice, all participants expressed that they felt that these prompts would help them know what to say to ensure that their students understood while reading and feel like they could be an active part of the learning experience. Participant 1 stated; "I used to feel like I would just say go read and they would go away for 30 minutes and just come back and tell me that they were done. Now I feel like I know what to say to make sure that they are being responsible and actually reading."

Following the guided practice, for homework, caregivers and students were allowed to choose one picture book to take home and were provided with a list of the discussion prompts taught that evening to take with them. They received a handout with directions of how to read the book together and use the prompts for discussion in order to foster collaboration prior to returning for the second session two weeks later. Caregivers were informed that they would participate in a brief reflection process about if their thinking had changed about reading with their student at the beginning of the next session after completing the follow up homework as independent practice. The follow up homework entailed having the caregiver and student read the book together, stopping after every few pages. At each strategic stop, the caregiver would ask the student a question about what had happened in the story so far or what their thoughts were about something in the story up to this point. After the student responded, the caregiver would prompt more information out of the student by saying things such as "I heard you say, I agree with you because, I disagree with you because, or In addition to what you said, I think…" This would in turn get the student to say more and the caregiver and student would end up engaging in discussion together.

Session I Observations

During Session I, the co-teacher taught the lesson created for that evening, which taught the designated collaborative strategy of engaging in active speaking and listening. The researcher recorded observations based on what was seen and heard. The lesson was designed to get caregivers to probe their children more while discussing books with them.

The co-teacher modeled how to prompt students to say more using the discussion prompts that had been posted on the board for that evening. The co-teacher pointed out personal connections while reading the read aloud book to the group and noted that they could do that as

well when reading with their children. At strategic points indicated in the lesson plan, the co-teacher stopped and had caregivers and students practice using the prompts when questions were asked. The co-teacher circulated to provide support in using the prompts when necessary.

Participant 3 and her daughter were discussing a question. The student gave an explanation and the caregiver responded by saying "You're right." The co-teacher encouraged her to go back to the prompts and say "I heard you say…did I get that right?" This prompted the student to say more and further explain the point she was trying to make when prompted by her caregiver. The book that was read on this evening talked about different features of a neighborhood. One student made a personal connection to going to the dentist while discussing the book with his caregiver, participant 2.

Several children came to the session that were not official participants in the study because they were not fourth graders; however, they were able to participate in some of the activities. In one case, a fourth grade girl whose mother, participant 1, was present transferred roles and acted as the caregiver by questioning her younger brother about the book and saying "How do you know?" She was able to apply what her mother was doing with her and conduct the same actions with her younger brother. In addition, students who were younger than fourth grade were asking their even younger siblings questions and prompting them about the book. In some cases, whole families were discussing the book together and taking turns speaking and listening.

Session II Findings

The evening of the second session, the only attendees were participant 6, an older cousin, and his younger cousin, a fourth grade girl. Two younger siblings of the fourth grade girl, a third grade student and a first grade student attended as well. The participants walked into the same

set up with food at the front of the room on the rectangular table. The trap tables were once

again arranged vertically facing the front of the room grouped in fours. The semi-circle of chairs

was not necessary this time because the focus of the lesson was writing and participants were

able to engage in the lesson being taught and modeled while sitting at the trap tables. In

addition, notebooks, folders, and pens were provided in order for them to engage in the

modeling, guided practice, and independent practice throughout the lesson. A writing checklist

was displayed on the board in order to teach the caregiver to ask the student questions as she was

writing to facilitate the process. The caregiver and student were also provided copies of the

writing checklist for easy reference while engaging in the guided and independent practice. In

addition, the reflection chart based on the homework was posted on the board on chart paper in

order to record how the caregivers' thinking had changed after going home and practicing the

reading discussion prompts with their student after attending the first session.

Participants

Table 5 indicates the participants who attended Session II. These participants were not

present at Session I due to a scheduling conflict, but had asked to still be a part of the study,

beginning with Session II.

Table 5

Session II Participants

Caregiver role	Number of students	Grade
5) Older cousin	1	4

Session II

On the evening of Session II, the caregiver, participant 6, his fourth grade cousin, and her two younger third grade and first grade siblings were greeted and had time to get some pizza and settle in. After getting settled, a brief review was conducted about what we learned in the first session. Discussion prompts to use while reading together were reviewed and posted on the board. A ten minute period was provided for the caregiver and student to practice the prompts. They had not taken a book home in the previous session because they were unable to attend, so one was provided to them on the evening of Session II. Since the caregiver and student that attended Session II did not receive the homework from the previous session, this gave them time to practice implementing the strategy that had been taught last time.

After having time to practice the strategy, the older cousin, participant 6, participated in the reflection activity. The caregiver was provided with a T-Chart reflection form, which was also posted on the board. On one side, it said "I used to think reading with my cousin meant…" and on the other side it said "Now I think reading with my cousin means…" The caregiver's response was as follows: "I used to think reading with my cousin meant listening to her read. Now I think reading with my cousin means discussing vocabulary and stopping to ask her questions.

After completing the reflection process, the co-teacher proceeded to conduct the lesson to teach the second collaboration strategy, asking each other questions. To begin with, she introduced the idea that engaging in questions about student progress can be done in a specific manner as a guide for caregivers to help their children complete tasks. Since the lesson being taught was a writing lesson, a writing checklist was introduced to the participants to use in this particular circumstance. Although this checklist was specific to this lesson, it was a model for

how questions about a particular process or assignment could be created in the future when working together.

The writing checklist included the following items:

- Is the writing on topic?

- Did you use complete sentences with appropriate punctuation and capitalization?

- Does it make sense?

- What do you think you could add?

- What if you added or changed this part? (Provide a suggestion)

After introducing the checklist, the co-teacher modeled a quick write with the prompt "I am afraid of…" on chart paper. She thought out loud as she wrote a story about why she was afraid of mice and was very animated when she explained that a dead mouse once dropped into her cereal bowl. Once completing the think aloud and quick write, the co-teacher called the student up to model using the checklist and had the student ask her questions about her writing using the checklist as the caregiver would be expected to do when working with the student.

Following the modeling and demonstration of how to use the writing checklist, the student was provided with a notebook and given the task of writing to the prompt "When I grow up…" After the student completed the quick write, the caregiver asked her questions using the checklist. The co-teacher provided prompting and assistance when necessary.

After engaging in the guided practice, the co-teacher asked the caregiver how he thought the questioning went and what he learned. He said that he learned that there were specific questions he could ask depending upon what was being worked on and felt that he would be able to apply this concept to other tasks. The co-teacher indicated that she was glad that he was able to make that connection and see the application value.

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Once the lesson and sharing was completed, the homework follow up assignment was handed out and reviewed by the researcher. Students were provided with copies of the checklist to take home. Just as caregivers had done in Session I, they would be required to practice the same task at home that was learned during the session. Rather than reading together and using discussion prompts this time, the caregiver and student would be using the writing checklist to help the caregiver ask the student questions about her work. Caregivers were informed that they would reflect upon how the process of collaborating together using the writing checklist went at the beginning of the next session. Time for closing questions and comments was then provided and the caregiver and student indicated that they understood the designated follow task. The caregiver and student then left for the evening with the notebook, folder, pen, and checklist. The researcher and co-teacher let them know that they looked forward to seeing them the next time.

Session II Observations

During Session II, the co-teacher taught the lesson created for that evening, which taught the designated collaborative strategy of asking each other questions while working together. The researcher recorded observations based on what was seen and heard. On this particular evening, the participants were a cousin (caregiver) and a fourth grade student, and two younger siblings. They were all part of the same family. The caregiver was an older cousin and high school senior.

The co-teacher began by reading a book to the participants to review the strategies that were taught last time. Since these particular participants were unable to attend the first session, this information was new to them. The co-teacher modeled how to stop and discuss the meaning of the phrase "lit into him" with the student to model for the caregiver how to discuss vocabulary when reading. The caregiver, a high school senior, and the fourth grade student were both unfamiliar with the term. Their native language is Creole, so phrases like this one with figurative

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meaning were more difficult to understand right away as expressed by the caregiver. Although the caregiver was a high school student and the student was in fourth grade, many of the vocabulary words were unfamiliar to both of them. The co-teacher noted that even if the caregiver did not understand the word that he could engage the student in discussion and try to figure out the meaning of unknown words or phrases together.

After reviewing the collaborative strategy of engaging in active speaking and listening, the co-teacher moved on to teaching the writing checklist and the collaborative strategy of asking each other questions. This involved a writing task for the student. The caregiver expressed that he was required to write an essay in ninth and tenth grade and has not been required to do much writing since.

After the modeling took place, it was time for guided practice, during which students were required to write to a quick write prompt about that they wanted to be when they grew up. The caregiver stepped outside to take a phone call at this time. The fourth grade student had a notebook and one was provided for the third and first grade students from that same family who attended as well. The first and third grade student worked on this task as well. The first grade student asked how to spell the word "do" and the third grade student provided assistance. At one point the fourth grade student asked how to spell "doctor" and the third grade student told her how to spell the word. Even though the third grade student was younger, she was serving as the caregiver in this instance.

The fourth, third, and first grade student all shared their writing aloud and used the writing checklist to ask each other questions. The fourth grade student shared a story about how she wanted to be rich when she grew up so that she could buy her family a house. The co-

teacher asked the students what they had learned that evening. The fourth grader shared that she

learned what questions to ask her younger siblings and that now they could help her, too.

<u>Session III Findings</u>

The original plan for session three was to have families learn how to set up an outline or

plan when working together in order to be most productive when working to complete a task or

assignment; however, due to the low attendance at session two, the writing lesson was repeated

with some slight tweaks to the prompts from the previous week. Therefore, the classroom was

set up in a similar manner to session two, including the food on the rectangular table when

entering the room, chart paper posted for modeling writing, and the writing checklist on the

board. Notebooks, folders, pens, and individual copies of the writing checklist were once again

left on the two different sets of trap tables, both grouped in fours.

Participants

Table 6 indicates the participants who attended Session III. On this particular evening,

the caregiver, Participant 2, a father, was unable to attend, so he dropped off his sons with the

intention of having them bring-back information to him based on what they had learned.

Table 6

Session III Participants

Caregiver role	Number of students	Grade
2) Father (could not attend)	2	4

Session III

The original collaboration strategy scheduled to be taught during Session III was creating an outline when working together. Due to the fact that many caregivers and students were unable to attend Session II, the researcher chose to have the co-teacher reteach the strategy taught during Session II. Since active speaking and listening were taught at the first session, asking questions was a logical next step as opposed to creating an outline.

To build upon what had been taught so far, the co-teacher began by reviewing the discussion prompts taught during Session I while reading together. She then explicitly retaught the second collaboration strategy, asking each other questions. This was new information for the two fourth grade brothers, the only two attendees that evening.

Following the review of information taught in Session I, the co-teacher reviewed the idea that engaging in questioning about student progress can be done in a specific manner as a guide to helping children complete tasks. The co-teacher then reviewed the writing checklist, which included the following items:

- Is the writing on topic?

- Did you use complete sentences with appropriate punctuation and capitalization?

- Does it make sense?

- What do you think you could add?

- What if you added or changed this part? (Provide a suggestion)

After reviewing the checklist, the co-teacher modeled a quick write in a similar fashion to what was done during Session II, but this time she wrote to the prompt "When it comes to homework…" This was modeled on chart paper through thinking aloud. She called a student up to model how to use the checklist after completing the quick write.

Once the modeling was completed, students were given the task of writing to the following prompt: "I am excited for summer because…" Due to the fact that no caregivers were present on this particular evening, the two fourth grade siblings who attended together engaged in using the checklist after completing their writing. The co-teacher circulated to provide support. Following the guided practice, the siblings were called back together to discuss how they thought using the checklist went. They said that it helped them know what to ask each other and that now they were not simply working together, but felt like they had jobs.

After completing the lesson discussion, a reflection time was scheduled using a T-chart reflection. On one side, the T-chart said "I used to think reading and writing with my brother meant…" and on the other side, it said "Now I think reading and writing with my brother means…" The response from one of the siblings was as follows: "I used to think reading and writing with my brother meant working together. Now I think reading and writing with my brother is more like teaching someone."

Before leaving, the siblings were informed that they were welcome to attend the next session, but that the focus would be on the caregivers due to the focus group. They were given the notebooks, folders, pens and writing checklists to take home to practice what was taught. The researcher and co-teacher told them that they were looking forward to seeing them next time.

Session III Observations

During Session III, the co-teacher taught the lesson created for that evening, which taught the designated collaborative strategy of asking each other questions while working together. The researcher recorded observations based on what was seen and heard. This strategy was retaught due to the attendance at Session II. On this particular evening, two fourth grade boys were the

participants. They were unable to attend Session II. They brought their younger second grade brother. Their father was unable to attend because he had to work, so the students expressed that he sent them to bring back what they had learned.

The co-teacher asked the students about what they had learned as far as strategies for collaborating together while reading from the first session since they were unable to attend the second session. One of the fourth grade brothers expressed that now they felt closer and would pray together sometimes while reading together. He said that him and his brother were communicating more and not staying mad at each other as long when they would fight. The older fourth grade brother does most of the talking and serves in a more of a caregiver role; however the younger fourth grade brother states that he used to think reading with his brother meant reading together, but now he thinks reading with his brother is more like teaching someone.

After reflections and sharing about what they had already learned, the co-teacher began the lesson for that night, using a writing lesson to teach the collaborative strategy of asking each other questions. As the co-teacher modeled writing to a prompt, all siblings sat close together and watched attentively.

After the modeling of how to use the checklist, the students are required to write to a prompt on their own. The two fourth grade brothers began writing and the oldest fourth grade brother instructed his second grade brother to keep eating his pizza. The second grade brother looked at his two fourth grade brothers to see what they were writing and doing. The co-teacher circulated and reminded students to use the checklist with each other. As soon as the younger fourth grade brother was done writing, the older fourth grade brother grabbed his writing and started reading it over, immediately taking on a caregiver role. The younger fourth grade brother

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then asked if he could read his story aloud and co-teacher said "yes." After reading it aloud, both the older fourth grade brother and younger second grade brother asked questions on the checklist and encouraged the younger fourth grade brother to tell them more about his story and add details.

Session IV Findings

Session four centered on the intended focus group, but it turned out to be an individual interview because only participant one attended. Food was set up in the usual manner, but the trap tables were pushed together in a group of six to accommodate all anticipated participants. Seats were available for caregivers and students, even though caregivers were the only participants being interviewed. Copies of the final focus group questions were printed on orange paper with the intention that each participant would be able to have an individual copy and refer back to the question if needed after it had been asked. Lined paper was provided for the researcher to transcribe the interview question answers. The set up in each session was designed to meet the needs of the social and academic activities planned for that evening, as well as to create a warm and welcoming environment for families.

Participants

Table 7 indicates the total participants who attended Session IV. This session was when the focus group was scheduled, which turned out to be an individual interview. The two boys who attended Session III on their own attended this session as well, although they were not official participants in the focus group.

Table 7

Session IV Participants

Caregiver role	Number of students	Grade
1) Mother	1	4
2) Father (could not attend)	2	4

Individual Interview Questions and Responses

Question 1: Do you feel this experience has impacted your self-confidence in helping your student/sibling/family member with school work? How? If not, why not?

When asked, the caregiver expressed that she felt like she was getting through to her children more now than before without the Disney Channel or Nickelodeon and that working together was time when they could really connect. She said; "My children come to me at night and want to read books together. They always want to be right, so now I feel like I am able to discuss books with them and turn them into conversation." She noted that often when reading together it goes from discussion to debate to conversation. She expressed that her children want the accountability and sense of pride, so that makes her feel more confident and like she knows what to do and say now to make sure that they understand what they are reading.

Question 2: Do you feel that this experience has made you feel more connected to your school community? How? If not, why not?

The caregiver expressed that at the first session she felt more connected to her community. She said; "Having several parents and caregivers there helped me learn from others about the way that they do things and establish routines within their families. I learned about different cultures and that different families can be successful in various ways." She noted that it

was great to see other families within the community that wanted to be there and learn more to help their children. She also noted that she was able to adapt a procedure for getting her children ready in the morning more efficiently after speaking with another parent that night.

In regards to the overall school culture, the caregiver said that she felt a connection with her children's individual teachers, but not to the school. She noted that she did not feel connected through the PTA and had to come down to the school several times about chaperoning for a field trip a couple months after she had filled out the paperwork. She also tried to bring issues within the neighborhood to the attention of the administration when two students were about to be charged with a felony for destroying her mailbox. She wanted them to intervene and try to help these children before it got to that point, but the school told her that since it occurred off school property that it needed to be handled by the police. She said "I felt disrespected when talking with the dean and in the office. I felt like I was begging for help for certain children within the community and not getting any sort of support from the school."

Question 3: Do you feel that the collaborative strategies you learned are helping you be more successful in working with your student/sibling/family member at home? How? If not, why not?

The caregiver expressed that she did feel that use of the collaborative strategies were helping her be more successful in working with her children at home. She said; "Discussion leads to conversation. I know things to say now to pull more information out of them, so that they cannot simply get away with saying I don't know."

Question 4: Do you feel that this experience impacted your relationship with your student/sibling/family member? How? If not, why not?

The caregiver stated that yes, she did feel that this experience had impacted her relationship with her children because now they were saying "Come on Mom, it's time to read." She said; "Reading before bed is more of a routine than before. It always has to start as a discussion. They (the siblings) make each other want that time together. It has benefited me as well because I feel more connected to them."

Question 5: Do you feel that the strategies you have learned here can be or are being applied in other areas of your life? How? If not, why not?

The caregiver said that yes, she does feel that these strategies are being applied in other areas of her life because they teach you to think before you speak. She said; "I ask myself questions in my head first and go back to the strategies at work if I need to further understand directions being given to me by my boss." She also noted that when she is out with her children in public places, such as the grocery store, she tries to get them to develop their language more by asking them questions and say more about what they want or need.

Question 6: Many programs for caregivers are organized in a format that provides adults with information in a setting separate from their children. What thoughts and opinions do you have about the way that this program was organized, having collaboration throughout?

The caregiver expressed that she liked that the program involved adults and kids. She said; "A lot of times parents do not have somewhere for their kids to go. Sometimes it is harder to explain a strategy to your children if they were not there to hear it. Sometimes when I am working with my kids, they will even speak up and say something that I have forgotten. It helps the child and parent interact more, be closer, and be more creative."

Question 7: What do you feel were the *strengths* and/or areas for *improvement* of this program?

When discussing the strengths of the program, the caregiver noted that on the first night she had to come late and she liked that the children's older sister was able to attend and share information with her when she arrived. She said; "I thought that every other week was a good schedule and that it was organized well. My work schedule started to interfere because I was asked to start working full time as opposed to part time, which I did not want to turn down."

Areas for improvement included getting more families involved. An additional suggestion was to allow one caregiver to read a book to the group each week in order to build character and confidence. The caregiver said; "My daughter hates speaking in front of a class and that this opportunity would help her too."

Question 8: What are some of your strengths with working with your student/sibling/family member at home?

The caregiver noted that one strength is just being there with her children helps them focus. She said; "I do not necessarily have to stand over them, but just my presence alone." The caregiver also said; "My daughter was having trouble comprehending and now I feel that I am able to help her." She was also pleased that the brother and sister now push each other to want to read and express their understanding in words.

Question 9: What are some of the challenges that you experience when working with your student/sibling/family member at home?

The caregiver said; "The hardest part is getting my children to focus with all the technological distractions, such as the iPod. I changed a rule about television in order to get them to complete their work first, allowing them to watch it when finished."

Question 10: Did you learn from this experience? Explain.

When asked what she learned from this experience, the caregiver indicated that she learned how to dig deeper with her children and come up with more questions to help her identify exactly what they were doing. She said; "Knowing where they are struggling through questioning and discussion helps me go back and clarify for them more and pull more information out of them. It also helped my children use more expression when reading and use creativity to ask each other questions."

Summary

Findings show that caregivers and students developed their fluency with use of different collaborative strategies. During the individual interview, participant 1 expressed that she feels that she now knows how to engage her children and hold them accountable. She feels closer to them and like she knows what to say to help them. Additionally, classroom observations showed that through guided practice caregivers were able to enhance their ability and comfort with using discussion prompts and asking questions to foster collaboration with their child/sibling/student.

Results and Analysis

Research Question 1

How do collaborative caregiver student classes that focus on collaborative strategies impact the self-efficacy of the caregivers in helping their children with school work?

Attendance at the sessions was not consistent, but sporadic, which indicated the reality of the needs of caregivers in the community. As a result, the analysis is based on what was learned from the participants who attended the sessions and what activities were able to be completed.

A conceptual framework serves as a lens through which to analyze research and interpret the results of a study. It takes shape from a viewpoint that is developed through examination of

multiple pieces of literature and an overall thought process. It is difficult to pinpoint individual concepts in designing a conceptual framework; however, for the purpose of this study, two specific outlooks help frame the research questions.

Analysis of the first research question, which examines how collaborative caregiver-student classes that focus on collaborative strategies impact the self-efficacy of the caregivers in helping their children with school work was based on Nel Noddings' concept of care. Additionally, themes were examined using Bandura's source of self efficacy, mastery experiences, where participants experience success in performing tasks. The term within the study referred to the adults as caregivers in order to avoid limiting participants to parents or legal guardians. In many cases, it may have been a grandparent, aunt, uncle, foster parent, sibling, non-relative, or friend who was taking care of a child. This goes back to understanding the needs of the community and tailoring the study to be most impactful. Themes related to this question were self-efficacy and the caregiver role.

Noddings (2012) discussed the idea of the caring relation in which there is a person who is the carer and another who is the cared-for. The carer and the cared-for may take turns in their roles depending upon the circumstance, although this is less common in the case of an adult taking care of a child. In really thinking about Noddings' concept of care, the relation is the prominent factor. This creates distinction between what she refers to as virtue caring in which there is no response from the cared-for and the relation in which both parties play an important role.

Noddings (2012) noted that the carer is in a sense "feeling with" the cared-for by attending to his or her needs; however, the cared-for plays an extremely important role. The role of the cared-for is to provide a response to the carer in order to acknowledge that the act of care

has taken place. Both parties need to recognize the response in order for it to be a true caring relation. Noddings (2012) referred to this mutual recognition of the response as reciprocity.

In order for the carer to continue the caring relation with the cared-for, she needs the support of a caring community. This strongly relates to the study because we provided the caring community through the collaborative caregiver-student classes in order to foster that caring relation. Noddings (2012) also pointed out that caregiving activities supported by people who are genuine carers tend to promote the development of a caring attitude or disposition. In providing the caregiver-student classes, an opportunity for this development was created.

This framework lends itself to the analysis of the first research question. In examining self-efficacy, the researcher was able to examine whether or not this caring relation had been established and how that development impacted the self-efficacy of the caregivers within the study. Additionally, providing the collaborative learning classes fostered a caring community to support the carer and strengthened the establishment of the caring relationship.

Data Analysis of Research Question 1

How do collaborative caregiver-student classes that focus on collaborative strategies impact the self-efficacy of the caregivers in helping their children with school work?

In examining the first research question, which inquired as to whether collaborative caregiver-student learning classes that focused on collaborative strategies impacted the self-efficacy of the caregivers who participated, the researcher used focus group responses, class observations, and individual interview responses to determine whether their self-efficacy had increased. Questions within the focus group and the individual interview that addressed this research question were brought into the analysis. Whether or not the caring relationship as

described by Noddings (2012) had been established influenced the analysis of the relevant questions.

The individual interview took place during the last of the designated four collaborative caregiver-student sessions. Only one caregiver out of the total participants, participant 1, was able to attend, so the intended focus group turned into an individual interview. During the interview of the one participant who attended, the caregiver indicated that the caregiver-student classes had impacted her self-confidence in helping her children with school work. She said "I used to tell my children to get a book and they would say they read for thirty minutes and were done. Now I ask them a question and it goes from discussion to debate to conversation." The fact that the caregiver now knows what questions to ask and how to support her children's comprehension while reading, as well as facilitate a discussion between them shows that providing the foundation of the caring community to support her role as the carer was successful.

The caregiver also indicated that her children will often read together first and then come get her and say it is time to read at night. She said; "They always want to be right, so now I feel like I know how to hold them accountable." She expressed that they can no longer just say "I don't know" if she asks them a question. She now knows how to fish and pull answers out of them. A routine has been established in which the siblings are reading together first and the fourth grade student is helping her second grade sibling as well. Prior to reading with their mother, they read together and the fourth grade student asks her brother questions. The caregiver indicated that the two siblings take turns reading together first before reading with her and that sometimes the younger sibling is even asking the older sibling questions as well.

The exchange of the roles of care is strong within this family. The mother is providing the foundation as the caregiver and has received the support from the caring community within

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the collaborative caregiver-student classes. In addition, the siblings are exchanging roles as carer and cared for when they read together through asking each other questions and holding each other accountable. They then fall back into the cared for role when they go read with their mother who facilitates the discussion.

During class observations, evidence of increased self-confidence within caregivers was evident as well. During the first session, participant 3, a mother, was discussing a question about a character in a book with her fourth grade daughter. Participant 3 had expressed earlier in a class discussion that she felt like she was more focused on whether or not her students had completed homework tasks as opposed to if they were all done correctly. This was due to the fact that the time that she had to review their homework was limited due to her work schedule.

While discussing the read aloud book together during the first session, the exchange of care between the caregiver, participant 3 and her daughter led to the increased self-confidence with assisting with schoolwork within the caregiver. Earlier that evening when the caregiver and student were engaged in discussion, the student responded to a question and the caregiver responded by saying "you're right." At this time, she received guided practice from the co-teacher, reminding her to use the discussion prompts to get her child to further explain her thinking. In a second round of discussion, the caregiver used the prompts without any reminder from the co-teacher. Her daughter responded by saying; "Mom, you remembered to use the prompts this time." Noddings (2012) reminded us that there must be an acknowledgement from the cared for in order for the caring relationship to take place. In this instance, the daughter, the cared for, was providing reciprocity by acknowledging that her mother was making an effort and providing care by using the discussion prompts that had been taught.

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During the individual interview, the caregiver also indicated that her relationship with her children had been positively impacted through the collaborative caregiver-student classes. She said "Reading before bed is more of a routine than before. It has to start as a discussion. They make each other want it. It has benefited us all." The routine was fostered through the caring community provided through the collaborative caregiver-student classes. By providing support to the caregiver, she was able to strengthen her care of her children through establishment of a more scheduled procedure for reading, speaking, and spending time together. Noddings (2012) refers to the importance of reciprocity in order for a true caring relationship to take place as opposed to simply virtue caring. The children were acknowledging that the care was being provided by the mother by holding themselves accountable and going to her ready to read and discuss books each night. They were actively engaging in the procedure that had been established.

One evening during a class discussion, two fourth grade siblings that were often sent without their father, participant 2, due to his work schedule also expressed how their relationship had changed due to the classes. When asked what they had learned so far, they said "We do homework, then play together and get along. We do not fight anymore. We will pull out a book and read it. We fall asleep at 9:30 while we are reading the book. We read funny books together, giggle, and laugh." These brothers were exchanging the relation of carer and cared for while reading together each night and interacting in other activities such as play. They also shared that they brought the knowledge that they learned home to their father and taught it to him because he was unable to attend, but wanted to know what they were learning. In this case, an interesting exchange of care was taking place. The father was providing the responsibility and care and serving as the carer by sending his children with a task; however, when coming home

with the knowledge to teach to their father, the siblings were taking on the role of carers while their father was cared for and learning from them. Meanwhile, the classes provided through the school community were giving the support needed for the learning and relationships to be nurtured.

The roles of carer and cared for often change within this community setting. Noddings (2012) noted that the roles of the carer and cared for are less likely to change when the relationship is between an adult and child; however, in this community, it became necessary in some circumstances. Ultimately the caregiver (adult) wanted the needs of the children to be met. In order to accomplish this goal, the exchange of roles was a necessity.

As expressed by the two fourth grade siblings, strategies learned during the collaborative caregiver-student classes were being applied in other areas of their life, such as playing together more and not arguing as much. During the individual interview, the caregiver indicated that she felt that she was applying the strategies learned in other circumstances as well. She said "It's like you think before you speak and ask yourself. Go back to these strategies." She shared that she would use them at work to better understand. This brought on another dimension of care. This mother was providing care for her children by working full time in order to support them financially. The caring community through the collaborative learning classes helped strengthen her skills when interacting with her employer, hence enhancing that ability to provide and care for her children.

During the individual interview, the caregiver indicated that one strength when working with her children at home was simply being there. She said "I am not necessarily over them, but just my presence alone." Her children were once again providing that reciprocation to acknowledge that the care was taking place by the mother and that she had certain expectations

for them. The caregiver also noted the following in referring to some of the issues that her

daughter was having with reading: "She was having trouble comprehending and now I am able

to help her. They (the second grade and fourth grade siblings) push each other." The system of

care here is evident, beginning with the care passed on from the caring community through the

classes that were providing the caregiver with knowledge. Next the caregiver was now able to

help her child in ways that she did not know how to before and the child was able to

acknowledge that the care was occurring through discussion. In this case, the mother engaged in

mastery experiences which increased her self-efficacy. In addition, the children were able to

motivate each other and exchange roles as carer and cared for when working together.

In regards to challenges at home, few were mentioned. During the individual interview,

the caregiver said "The challenge is getting students to focus alone. She has an iPod there. I

changed the rule for TV to if you're done with your homework." Even though the caregiver

mentioned some challenges, it was clear that she was addressing them. She changed the rule for

television in order to create a more structured routine for her children. As indicated by her

earlier responses, she felt that they were interacting more and she was getting to them without

the technical distractions, so even though this was still a work in progress, positive changes were

definitely taking place. Through the collaborative strategies and routines learned in the

caregiver-student classes, the caregiver was able to make other positive changes in regards to

discipline and rules within her household in order to make her children most successful. Her

strength as a caregiver was being fostered by the service being provided by the school and

leading to the exchange of care circulating throughout the entire family.

Research Question 2

How does increasing access to educational services impact the self-efficacy of the adults who participate in collaborative caregiver-student classes?

Conceptual Framework: Multi-Dimensions of Poverty

Interpretation of data for the second research question that examines how increasing access to educational services impacts the self-efficacy of the caregivers in assisting their children with school work was based on research by Alkire and Foster (2011) on the multi-dimensions of poverty. These dimensions include factors such as asset ownership, access to public services, education, employment, empowerment, health, housing conditions, leisure, life expectancy, literacy, and social relations. Understanding this vast array of dimensions is crucial for working to create progress and putting appropriate programs and resources in place in order to reduce or eliminate these deficits. Themes used in the analysis of this question included access, the culture of access, and the culture of school.

Defining Poverty

In defining poverty within this study, it was necessary to acknowledge that many factors within economic circumstances are intertwined. Suich (2012) told us that if one does not have asset ownership, such as a vehicle, it may be difficult to gain employment due to lack of transportation. The area of focus in this study was education, specifically social education through the teaching of collaborative learning strategies that focused on caregivers and students engaging in academic tasks together. If one does not have an education, well-paying jobs are fewer and farther between. In addition, social skills are necessary for collaboration in any work environment, as well as in interactions within daily life. The belief is that when a dimension,

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such as education, is built upon, it creates a skill set which leads to other successes and aids in overcoming other difficult circumstances.

Adult Learning and Dimensions of Poverty

Merriam (2001) discussed andragogy, which is adult learning, telling us that in order for adults to want to learn, they need to see how the new learning will be relevant in their daily lives. Collaborative learning strategies are extremely relevant to our caregivers because they will permanently and positively alter the ways in which adults are able to engage in tasks and communicate with their children. Additionally, fluency with collaborative strategies has the potential to positively influence other aspects of their lives.

Alkire and Foster (2011) argued that social and psychological deficits influence generational poverty even more so than economic circumstances. Socio-economic status is impacted by factors other than money and is an effect rather than a cause. Due to the fact that education, self-esteem, emotional control, or knowledge of a different way may be lacking, the cycle of poverty often continues.

In order to create empowerment within caregivers to move out of poverty, it is necessary to foster social and academic skills. The social interaction of working together in a productive manner, in addition to intellectual knowledge, creates the combination for success. If one is missing these life skills, being economically limited may be a result. Allison and Rem (2007) studied the effects of increasing opportunities to grow socially and emotionally during the middle school years. The study focused on multicultural classrooms in poor neighborhoods. The authors found that having strong social skills increased the abilities of students to effectively communicate with people of multiple cultures and backgrounds and also fostered a more culturally competent classroom and school environment. If adults did not receive this training as

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children, gaps within these social norms may still exist. Therefore, providing money is only a temporary solution and ultimately leaves circumstances stagnant. In this study, collaborative learning strategies were taught to increase self-efficacy within caregivers when working together with their children, in order to determine if this process could help a community.

The Context of Title I Schools

Title I schools all over the country have Family Involvement Coordinators and special funds for family events and programs at their schools. Many schools tend to be more successful in a variety of ways when strong home-school relationships are in place. Relationships are a crucial factor in getting caregivers to come to school and participate with their children. In order to establish these strong relationships, it is necessary to understand the background of families within the school setting. Sparapani and Smith (2011) indicated that people are tip-toeing around talking about culture and race, rather than embracing it and having open discussions. Having the collaborative learning program increased the cultural competence of the students, teachers, and caregivers involved. By providing opportunities for caregivers to learn within a school setting, we can better the education of our caregivers and design a new structure for learning. There is a potential for stronger bonds with school families, increased self-efficacy of adults, and increased social literacy skills of both caregivers and children.

Providing Resources

Examination of this question is also supported by the Ecosystem Services for Poverty Alleviation's (ESPA) viewpoint as written by Suich (2012), which states that providing educational resources to a school community in which they are not normally provided has the potential to impact the social literacy rates of caregivers and students. Often parents or guardians

feel that they have lost their chance to increase their own education and want more for their children. The challenge of working with one's child poses its challenges in any socio-economic circumstance; however, in our particular neighborhood, where caregivers have a strong hope and belief in something greater, we knew that the teaching of the collaborative learning strategies would be well received and implemented.

Suich (2012) discussed the fact that societal structures and processes provide enabling conditions for the poor and that in order for true and meaningful progress to occur, demographic, economic, or educational changes need to be made. In order for this powerful shift to take place, we cannot do what we have always done. Because research is sparse on the topic of children and caregivers learning side by side, this is an opportunity to change a school program structure and/or put a whole new model in place. Another Central Florida school has a program similar to what aimed to be done in the implementation of this study; however, millions of dollars are behind that program. The powerful nature of the collaborative learning program within our neighborhood school stems from the fact that there were no resources being provided, but our families were provided with collaborative tools, and they were willing to embrace them and practice them consistently.

Suich (2012) also told us that the way poverty is understood heavily influences the way that it is measured. Therefore, solutions are created based upon what the problems are considered to be. The purpose of this study was to examine if the service provided, the collaborative caregiver-student classes, impacted the self-efficacy of the adult participants. Suich (2012) indicated that providing families with an ongoing and relatable learning experience, a resource that is out of the ordinary, has the potential to light the academic fire and empower caregivers intellectually and emotionally, leading to individual and societal change.

Data Analysis of Research Question 2

How does increasing access to educational services impact the self-efficacy of the adults who participate in collaborative caregiver-student classes?

In examining the second research question, which inquires as to whether providing access to an additional educational resource within a community in which it is not normally provided impacts the self-efficacy of the caregivers who participate, the researcher used focus group responses, class observations, and individual interview responses to determine whether their self-efficacy had increased. Questions within the focus group and the individual interview that addressed this research question were brought into the analysis. Themes that were found in the focus group, observations, and individual interview included access, the culture of access, and the culture of school. Further, themes were examined using Bandura's source of self-efficacy, social modeling, where individuals witness others successfully completing a task.

Since access was the focus, looking at the connection that the participants felt to the school culture was crucial. During the individual interview, the caregiver discussed a connection to the other caregivers of students within the school community as well the school faculty and staff. The caregiver expressed that during the first session, she was able to gather some good ideas from other families and caregivers who attended. This helped her feel more connected to the families within her own neighborhood. This goes back to the strengths within the community and how much the people within the neighborhood have to offer in knowledge, experience, and in other capacities. Providing access simply through the act of holding the collaborative learning sessions within the neighborhood school enhanced the dimension of education for the caregivers. Even without the direct involvement of the researcher and co-teacher, families were able to learn from each other's knowledge. This helped increase the level of education within caregivers for

routines for working with their children at home and spending quality time together for academic and non-academic reasons.

In addition to discussing the interaction with other families at the individual interview, the caregiver expressed her feelings about the school culture as a whole. She noted that she felt connected to the teachers of her two children, but not to the school as a whole. She said "I did the volunteer application four times and never got a call back. I had to come to the school and ask about chaperoning a field trip." The constant communication with families that builds the home school connection was not in place in her eyes. She felt that her access to being a part of the school was blocked. She was trying to break through an access barrier in order to have the educational resource of the school and kept getting pushed away. The caregiver-student classes built up her education in helping her children just from her attendance in the first session. She was able to establish a new routine for reading every night and increased her own education and empowerment when it came to helping her children.

Observations during the first session showed many caregivers with Creole as a native language speaking together. Some caregivers had stronger English skills than others and would provide translation and support for those who were not as familiar with the English language while the co-teacher was teaching the lesson and the researcher was explaining the requirements. This was a community connection and access to conversations with other caregivers that would not have been in place without the caregiver-student collaborative learning classes.

In one case, the researcher spoke with participant 2, a father, who only spoke Creole. The researcher was able to use French to communicate with him. Even though the researcher forgot certain words and had to ask the children of participant 2 to translate them into French, the caregiver, smiled and acknowledged that the researcher was making an effort to communicate

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with him in his native language. This was a clear connection to the school community because the caregiver felt like he was being heard.

One question within the individual interview addressed the organization of this program and asked the caregiver to share her thoughts on what she thought of learning the collaborative learning strategies with caregivers and students present as opposed to just providing information to the caregivers to take back and try on their own. She said "I like that it involved the kids. Not all the time parents have somewhere for the kids to go." This was a powerful statement in support of providing access. In meeting the needs of the community, factors such as this one needed to be taken into consideration. This led to the increased education of the community members who participated and empowered them to feel comfortable going back and trying out the strategies at home with their children. In referencing working with her children, the caregiver said "Sometimes the kids will speak up and say something that I might have forgotten." This reiterates the benefit of providing an educational resource not normally provided. Even if information sessions for caregivers were provided in the past, the quality of education was not as strong. In addition, the point that the children sometimes bring up concepts learned that the caregiver may occasionally forget goes back to the exchange of care.

In looking at the strengths and improvements for this program, impressions and thoughts expressed by the caregiver during the individual interview were used to analyze the data. The caregiver expressed that at the first session she had to come late due to work, so she sent her seventeen year old daughter with her fourth grade and second grade students. She said "I liked that my oldest daughter could teach me when I attended. Having the whole family involved means that everyone can help each other." This response indicates that setting the program up in a manner in which caregivers and students were both actively involved was effective.

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When it came to improvements, the caregiver expressed that trying to get more people to attend consistently would be an area for improvement. In addition, the suggested having someone read a book each week as the co-teacher did during the first class. This suggestion is valid and would help empower and build up the confidence within the caregivers, as well as potentially increase attendance by having more accountability or a sense of personal responsibility, such as conducting the read aloud that evening.

In closing the focus group, the caregiver was asked what she learned from the experience. She said "I learned how to dig deeper when working with my children and come up with more questions to identify exactly what they're doing. It helps you give a little more expression, be creative, and ask questions." Helping this caregiver know how to dig deeper and increase her self-efficacy when working with her children was done through the caregiver-student classes. This shows the power within providing an educational resource not normally provided within a community. In addition, it goes back to the importance of providing a caring community within the school in order to support the roles of the carer and cared for. Her knowledge and abilities for working with her children increased due to the caregiver-student classes. Hopefully programs of a similar nature, focused on the learning of the caregiver and student, will be implemented in the future.

Summary

Caregivers and students within the study expressed that the collaborative care-giver student classes helped them work more effectively with each other. Noddings (2012) discusses the relationship of the carer and the cared for and the need for a caring community to be in place in order for these roles to be fostered. The support of the caring community through the collaborative learning classes allowed caregivers to strengthen their roles. Students who were

typically considered to be in the role of cared for took on the role of the carer in cases where this

needed to be done due to the family dynamic in order for needs to be met and learning to take

place. Suich (2012) reiterates the importance of providing resources to communities other than

in a financial realm in order to meet their needs. Accessibility through holding classes in the

neighborhood school and the flexibility of caregiver and student roles contributed to the learning

and overall growth that occurred within the participants during the study

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CHAPTER 5
SUMMARY, DISCUSSION, AND RECOMMENDATIONS

Introduction

The purpose of this study was to examine the impact of caregiver-student collaborative learning classes on an urban community. The study took place at an urban elementary school in Central Florida where 100% of students receive free breakfast and lunch. The study measured the impact of collaborative caregiver-student classes on the self-efficacy of the caregivers who participated. Self-efficacy in helping their student, child, cousin, sibling, or other family member with school work, as well as how providing access to an educational resource in a community in which it had not previously been provided were examined.

The two research questions were as follows: How do collaborative caregiver-student classes that focus on collaborative strategies impact the self-efficacy of the caregivers in helping their children with school work? How does increasing access to educational services impact the self-efficacy of the caregivers who participate in collaborative caregiver-student classes?

The study was composed of four collaborative caregiver-student sessions held within the neighborhood school. The first three sessions were designed to teach collaborative strategies to caregivers and students. The strategies included engaging in active speaking and listening, asking each other questions, and creating an outline; however, a second session on questioning was done in place of creating an outline due to attendance at Session II. The fourth session was designed to be a focus group for caregivers, but turned into an individual interview because only one caregiver, participant 1, a mother, attended that evening.

During the collaborative caregiver-student classes, a co-teacher, selected by the researcher with the input of the principal, taught the strategies and designated lessons. The researcher recorded what was seen and heard during each session and engaged participants in reflections about how their thinking had changed after learning different collaborative strategies. The researcher also conducted the individual interview at Session IV. Findings showed increased self-efficacy in the domains of mastery experiences and social modeling and within participants.

<u>Summary and Discussion of Findings</u>

Research Question 1

The first research question examined whether collaborative caregiver-student classes that focused on collaborative strategies impacted the self-efficacy of the caregivers when helping their student, sibling, cousin, or child with school work, in the domains of mastery experiences and social modeling. Bandura (1994) discussed different ways that people are able to increase their self-efficacy. Mastery experiences encompass successfully completing a task, which leads to increased self-efficacy. Social modeling addresses watching others successfully complete a task, which then enhances one's belief in his or her ability to do the same. Findings from the session observations and reflections, as well as the individual interview guided the discussion. Evidence of increased self-efficacy within caregivers in the domains of mastery experiences and social modeling was found through each of these methods.

During the individual interview, the caregiver, participant 1, a mother, indicated that the caregiver-student classes had impacted her self-confidence in helping her children with school work. She said "I used to tell my children to get a book and they would say they read for thirty

minutes and were done. Now I ask them a question and it goes from discussion to debate to conversation." This statement demonstrated increased self-efficacy in the domain of mastery experiences within the caregiver parent. She felt like she was more in control of her children's actions because she knew how to hold them accountable and felt empowered. Knowing that her children were coming to her prior to learning the collaborative strategies and telling her that they were done left her feeling like she did not know what else to do. She did not have the time to stand over them due to taking on a full-time work schedule; however, knowing the strategies now helps her maximize the time that she does have to devote to working with her children on schoolwork and use it most effectively.

Noddings (2012) noted that in order for caring to be fostered within the carer, the support of a caring community is necessary. The caring community of the caregiver-student classes provided the support necessary for her to provide carefully thought out care to her children when helping them with schoolwork and engaging with them in discussion. This led to the caregiver's increased self-efficacy in helping her children with school work, as well as other areas of her life, such as when speaking with her employer. As she stated in chapter 4: "I ask myself questions in my head first and go back to the strategies at work if I need to further understand directions being given to me by my boss."

In examining the relationship between caregivers and their children, siblings, cousins, students, or other family members, it was evident through classroom observations that the caregiver-student classes provided the caring community that aided in caregivers and students building strong bonds. By teaching caregivers and students ways to collaborate in multiple circumstances, relationships between caregivers and students were able to continue to foster outside of the caregiver-student sessions. Having strong relationships between caregivers and

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students was a large part of the foundation that led to the increased self-efficacy in the domains of mastery experiences and social modeling within participants.

During the first collaborative caregiver-student session while engaging in guided practice, participant 3, a mother, said "you're right" while discussing the book with her daughter. Her daughter prompted her to ask more follow up questions and get her daughter to say more. The fact that this was Session I and her daughter was already comfortable encouraging her mother demonstrated that most likely this exchange of care had taken place previously. The daughter took on the role of the carer while encouraging her mother and her mother took on the role of the cared for. The relationship between mother and daughter was strengthened through the caring school community that provided the collaborative caregiver-student classes, giving the child and parent a chance to interact in a new way.

This dynamic between mother and daughter demonstrated some interesting factors in reference to self-efficacy. The daughter demonstrated self-efficacy because she was comfortable enough to speak up and step into the caregiver role and the mother demonstrated self-efficacy being within the role of the cared for because she was fully engaged in the discussion and did not feel that she always had to be the director of the conversation. The daughter had increased her self-efficacy due to social modeling by having the confidence to speak up and prompt her mother. She had seen the co-teacher do this earlier. The daughter created a mastery experience by doing it herself and passed the social modeling on to her mother, therefore increasing her self-efficacy as well.

As indicated in the findings, one evening during a class discussion, two fourth grade siblings that were often sent without their father, participant 2, a father, due to his work schedule, also expressed how their relationship had changed due to the classes. When asked what they had

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learned so far, they said "We do homework, then play together and get along. We do not fight anymore. We will pull out a book and read it. We fall asleep at 9:30 while we are reading the book. We read funny books together, giggle, and laugh."

The carer and cared for roles were exchanged between the two brothers in this case and their father served as a carer as well by sending them to the collaborative caregiver-student sessions, even though he was unable to attend, because he valued their importance. It is clear that self-efficacy in the domains of social modeling and mastery experiences increased in these siblings due to the caregiver-student classes. They saw the co-teacher and learned from the social modeling and were then able to complete mastery experiences together in class, as well as bring the knowledge home to their father, participant 2, who was able to increase his self-efficacy through social modeling. Not only do they express that they complete homework together, but they play together and get along better. The self-efficacy instilled from the collaborative learning sessions transferred into their treatment of each other and increased their self-efficacy in being good brothers to each other.

Research Question 2

The second research question examined how increasing access to educational resources through the collaborative caregiver-student classes impacted the self-efficacy of the caregivers that participated in helping their children with school work. Findings from the session observations and reflections, as well as the individual interview guided the discussion.

During the individual interview, participant 1, a mother, stated the following: "I feel connected to the teachers of my two children, but not to the school as a whole." She said "I did the volunteer application four times and never got a call back. I had to come to the school and ask about chaperoning a field trip." The caregiver-student sessions were held in the

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neighborhood school in order to make this educational resource easily accessible for caregivers and students. It is interesting to note that even though the caregiver had previously tried to be involved in the school culture, she felt that her access was limited. Although the school was close in proximity for her, the culture of the school made her feel disconnected. This hones in on the point that to truly provide access, a caring and welcoming school community and culture must be in place.

It can be concluded that the self-efficacy in the domain of social modeling of the caregiver increased through access to the collaborative caregiver-student sessions through watching the co-teacher and other caregivers and students; therefore, it is evident that it was not simply the proximity that truly provided this access, it was the atmosphere and the culture. She also experienced increased self-efficacy in the domain of mastery experiences when she was successfully able to engage her children in the collaborative strategies taught during caregiver-student sessions at home.

In examining the self-efficacy of the two brothers who would often attend without their father, participant 2, it was evident that the manner in which access to the collaborative caregiver-student classes was provided to them led to increased self-efficacy in the domain of social modeling. Because the sessions were held in the neighborhood school, the siblings were able to walk in order to attend, even though their father needed the family car to go to work. Access was provided through the school culture in addition to the location because the researcher and co-teacher created a welcoming environment for the brothers and provided the social modeling that led to their increased self-efficacy.

In this case, the fact that the parent was unable to attend led to something extremely powerful. The brothers were able to foster their ability to care for each other and exchange roles

in assisting each other with school work, as well as cooperate better in other circumstances. At Session I, participant 2, a father, indicated that he felt that siblings should be helping each other more because he felt that it helped them learn and understand more. He fostered the culture of care that worked in his household by sending the two brothers on their own and allowing them to strengthen their ability to care for each other. This increased the self-efficacy of the siblings in the domain of mastery experiences and in the father as well in the domain of social modeling because the brothers were going back and teaching him what they had learned.

<div align="center">Implications and Recommendations</div>

Study findings imply that providing collaborative caregiver-student classes in an accessible environment lead to increased self-efficacy in the domains of mastery experiences and social modeling of participants. Due to the fact that attendance was an issue, yet participant1, a mother, who was only able to attend Session I and the individual interview, was able to create a whole new routine for her children when reading together, demonstrated the power of a program like this one. With more sessions, additional powerful changes could take place for this caregiver and her children, as well as the community. Participant 1 indicated in the individual interview that she looked out for the other children and members of the community to help steer them down the right path. Strength of character such as this, combined with knowledge gained from the collaborative caregiver-student sessions, has the potential to positively impact the entire community.

Another study implication is that accommodations need to be made to fit the needs of the families within the community where the program is being held. Families within this community often have adults in the household working multiple jobs. Because of their father's work schedule, the two brothers, sons of participant 2, were able to exchange roles caring for each

other. Although the original intention of the study defined caregivers in multiple capacities, siblings that were relatively the same age were not originally in the definition. The culture, expectations, and demands of work and caring for other smaller children created the necessity for the two brothers to care for each other due to the other responsibilities that their parents held. The researcher could have not allowed the boys to continue attending since the study was originally intended for adults and children to work together; however, she recognized the exchange of care taking place within the family in order to provide the children with as many opportunities for learning as possible.

A recommendation if replicated in the future would be to survey participants initially at the first session to see if the scheduled days and times would continue to work well with their schedules. Parents in urban communities often have multiple sources of income which requires them to be away from the home or unable to consistently attend sessions in spite of a commitment to do so. Participant 1, a mother, indicated that she took on full time work as opposed to part time as the study progressed, which limited her attendance. The daughter of Participant 3, a mother, told me that her mother was unable to attend sessions other than Session I after the study was underway because of her work schedule. Participant 2, the father of the two brothers, had a work conflict for most sessions, and Participant 4, a father, had to leave early the evening of the first session due to a work obligation as well. The fact that these caregivers put forth the effort to attend when their schedule allowed, despite a conflicting schedule due to work, implies that if the time in which sessions were held was different, participants would have attended more sessions.

An early morning option for collaborative caregiver-student classes may have worked well as opposed to holding classes in the evening, but the best time would most likely have been

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during the day, which would have been difficult during school hours. Perhaps if the school culture was different, this would have been possible. Despite the fact that attendance was limited and research methods were altered slightly, such as changing the final focus group to an individual interview, increased self-efficacy in the domains of mastery experiences and social modeling among all participants was clearly displayed.

Meaning Making

Despite the fact that participants were not able to attend every scheduled session, the experience proved meaningful to all of them. Participant 1, a mother, was only able to attend Session I and the individual interview at Session IV; however, through attending session I, she was able to establish a whole new routine at home for how her children work together. She felt more in control of how to know if her children thoroughly understood what they were reading. She also loved that the time spent talking about books would often lead to the family discussing other topics. She felt like she had increased her relationship with her children. She has a strength, which was sparked through the study because she felt like her voice was heard through the culture of school was created. Being a person who looks out for other members of the community, she could lead many other community members to foster their strengths. She was also able to apply the strategies learned when interacting with her boss at work and in other situations that life presented.

Participant 2, a father, had meaning made for him from the study because he was able to gain access to an educational resource in a way that was conducive to the obligations of his work and culture of his family structure. He sent his two sons to learn collaborative strategies so that they could help each other with school work. In the first session, the only one that he was able to attend, he expressed that he thought siblings should work together because he was often busy

with work and taking care of the younger children. He was not able to attend Sessions II-IV, but his boys attended and increased their self-efficacy through social modeling, then bringing home strategies and increasing it even more through the mastery experience of teaching their father. The father was then able to increase his self-efficacy from the social modeling done by his sons. A culture of access was provided because a relationship was built with the family to ensure that they were able to participate and learning was able to occur in a way that worked for them.

Participant 3, a mother, could only attend Session I; however, in that time she was able to learn to prompt her daughter when working together to get her to say more and increased her awareness that she would often say "You're right" as opposed to carrying on the discussion. This potentially led to a strengthened relationship between mother and daughter due to increasing length and rigor of the discussion.

Participant 4, a father, participant 5, an older cousin, and participant 6, an older sibling, were only able to attend one session, but learning still occurred within them. Participants 4 and 6 attended Session I and were able to converse with other community members about routines used in their households. Participants 4 and 6 were able to relate to each other in their native language of Creole and felt a connection to struggling with the language and the school work due to that factor. They were able to converse with each other and knew that they were not alone. The researcher also spoke to them in their native language and struggled, which made them feel like she could relate to them. Participant 5 only attended the second session, but being a high school senior, whose native language was Creole, he was struggling with some of the same vocabulary as the fourth grade student that he brought with him. In modeling a read aloud book, the researcher was able to show them both how to discuss vocabulary together even when they may

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not understand it, as well as places they could go to learn more about words and phrases that are difficult to understand in the English language.

Poverty played a role within this study due to the circumstances faced within the community, accommodations needed to be made to fit the needs of community members. Alkire and Foster (2011) note that poverty has multiple dimensions that can impact each other. Understanding the needs of those living in poverty helps provide them access to educational resources, as well as resources in other areas.

Calling participant 1, a mother, and learning about her new full time work schedule, the researcher was able to move the individual interview to 6:00 PM, rather than 5:30 PM. In the case of participant 2, a father, the researcher allowed the two sons to attend without an adult so that they could learn the strategies and have success in a way that was conducive for their family. The strengths within the community are vast and it is hard to ever truly understand how special the people are within it without the opportunity to build relationships with them. Creating a culture of school was the environment necessary to foster their strengths.

<center>Recommendations for Future Research</center>

This study was the first opportunity for caregivers and students within the community to engage in school-led collaborative learning. The first recommendation for future research would be to provide access to more activities in which caregivers and students are invited to participate together within the neighborhood school. Making caregivers feel welcome and valued on a regular basis will make them more likely to participate in future studies with consistent attendance, especially if they have a relationship with the researcher or other people involved. As participant 1, a mother, indicated, she did not feel connected to the school culture as a whole,

even though she was making multiple attempts to be involved, as well as express needs within the community.

Another recommendation for future research includes questioning current participants about why the schedule for attendance became an issue for them. It was indicated that this was largely due to work obligations, but if they could provide a time that would work better for them, perhaps they could participate in a study such as this in the future.

In addition, accommodating the needs of the community may include allowing siblings to serve as caregivers for each other as is what ended up happening with the two fourth grade brothers, sons of participant 2, a father, in this study; however, they were unable to participate in the focus group because research was only approved for adults. Going through the process to get approval for student participants as well would be valuable to the findings due to the exchange of care that often takes place within this community.

Taking into account the recommendation of participant 1, a mother, during the individual interview, which was to give different caregivers and students a chance to read a book or present at each session would be a valuable suggestion to implement in future research. This may increase the feeling of value within the participants, making them feel more welcome, and helping them look forward to taking on a leadership role within one of the sessions. This could also potentially lead to even greater self-efficacy within participants in the domain of mastery experiences because they would be teaching others. This self-efficacy may also transfer to other areas of their lives.

Overall, it would be beneficial to build relationships with participants and create a culture of care within the school in order to support the caring community. Creating an accessible environment again will be crucial; however, access needs to be looked at beyond study location,

through creating access via a welcoming school culture. The exchange of care that took place within the study and the growth that was demonstrated created powerful change in the participants that took part. Self-efficacy increased in the domains of mastery experiences and social modeling within participants due to the collaborative caregiver-student classes and learning clearly occurred as displayed through classroom observations, reflections, and the individual interview. There are always areas for improvement; however ultimately goals of the study were met.

As one fourth grade brother stated in reference to working with the other: "I used to think reading with my brother meant reading together. Now I think reading with my brother is more like teaching someone."

APPENDIX A
SESSION 1 COLLABORATIVE LEARNING SESSION ACTIVITY DOCUMENTS

Session 1 Agenda

The Impact of Joint Primary Caregiver-Student Learning in an Urban Community

Wednesday, April 9, 2014

5:30-7:00 PM

1. Greeting: Welcome families and give them time to get pizza and settle in. (All)

2. Program explanation: Introduce Mrs. Swann and tell participants that another teacher, Mrs. Bullard will be joining us next time as well. Reiterate the study purpose with participants and remind them of their responsibilities as participants in the study, types of activities that will be done, and homework that will be required for each session. (Provide bulleted list for them to follow along.) (Edmundson)

3. Hold circle time and allow each person a chance to tell a little bit about themselves and what they are hoping to gain from this experience. (Modeled by Edmundson)

4. Administer the three initial questions that will guide the study. Provide a paper version and allow adults to write responses individually. (Read questions to participants). After writing individual responses, ask them to share out what they feel comfortable with the group and chart responses on chart paper. (Edmundson facilitate, Swann help chart if needed)

5. Explicitly teach and model Collaboration Strategy #1: Engaging in active speaking and listening (Swann)

    - Post the following prompts and have students and caregivers use these to hold discussions with each other in the next segment of the lesson:

- "I heard you say"…

- "I agree with you because…"

- "I disagree with you because…"

- "In addition to what you said, I think…"

6. Read *City Green* aloud and strategically stop to ask questions where caregivers and children can practice using the above prompts to guide discussion. (Questions will include "What has happened in the story so far?" and "What do you think about _____?" "Why do you think _____?") (Swann)

7. Provide all caregiver-student pairs with a book that they will take home and read together for homework. Tell caregivers to ask the following questions at periodic points to begin discussions with their child:

   - What has happened in the story so far? (Use the prompt I heard you say…)

   - What do you think about _____?

   - Why do you think _____? (Use the prompts "I agree with you because…", "I disagree with you because…", "In addition to what you said, I think…") (Edmundson)

8. Tell adults that they will complete a brief reflection about the experience at the beginning of the next session on Wednesday, April 23rd. (Edmundson)

The Impact of Joint Primary Caregiver-Student Learning on an Urban Community

Session 1 Lesson Plan

Wednesday, April 9, 2014

5:30-7:00 PM

Collaborative Strategy #1: Engaging in Active Speaking and Listening

1. Have caregivers and students gather their chairs in a semi-circle in the middle of the room with the teacher sitting at the front of the circle.
2. Tell families that an important way to enhance the speaking and listening skills of their children is to engage in conversation with them. Doing this in academics, such as while reading or helping them with other types of homework will build this ability within their children.
3. Tell families that tonight you will read a book aloud to them and show them some different prompts that they can use to engage in conversation when reading a book at home. Tell them that tonight you will model the types of questions that they can ask their children while reading and how to help them engage in active speaking and listening.
4. Refer to the "Conversation Prompts" listed on chart paper and tell families that they will be using these while talking about the book together. Tell them that they will also get a book to take home later with directions so that they can practice this again at home. They will get more information about this at the end of the session.
5. Tell families that tonight, you will be asking the questions so that they can practice using the prompts, but when they have the homework task, adults will ask the questions and adults and children will use the prompts to hold discussions about the book they are reading at home.
6. Introduce *City Green* and tell families that you will ask questions throughout and that they will talk about the questions using the prompts between adult and child. (Model an example with a child of how this would be done.)
7. Read to the end of page 6 and then ask: "Why do you think the author describes that block like a big smile with one tooth missing?
8. Have caregiver and child turn and talk about the question with the child speaking first. After the child speaks, tell parents to respond using one or more of the prompts on the board.
9. Have a couple pairs share what they discussed with the group.
10. Continue reading to the end of page 11 and then ask: "What has happened in the story so far?"
11. Have caregiver and child turn and talk about the question with the child speaking first. After the child speaks, tell parents to respond using one or more of the prompts on the board.
12. Have a couple pairs share what they discussed with the group.
13. Continue reading to the end of page 17 and ask: "Why do you think Marcy keeps inviting Old Man Hammer to join them in the gardening project?"
14. Have caregiver and child turn and talk about the question with the child speaking first. After the child speaks, tell parents to respond using one or more of the prompts on the board.
15. Have a couple pairs share what they discussed with the group.

16. Continue reading to the end of page 23 and then ask: "Why do you think Old Man Hammer went out and planted some seeds even though he had a bad attitude before?"
17. Have caregiver and child turn and talk about the question with the child speaking first. After the child speaks, tell parents to respond using one or more of the prompts on the board.
18. Have a couple pairs share what they discussed with the group.
19. Continue reading to the end of the book and then say: "Please retell what happened in this book in your own words?"
20. Have caregiver and child turn and talk about the question with the child speaking first. After the child speaks, tell parents to respond using one or more of the prompts on the board.
21. Have a couple pairs share what they discussed with the group.
22. Tell caregivers that they will use these prompts to discuss a book that they will read with their child at home within the next two weeks and that Ms. Edmundson will now give them more information about the follow up assignment.

Session 1 Follow Up Homework

Session Date: Wednesday, April 9th, 2014

Please complete the task below before our next session on Wednesday, April 23rd, 2014

Directions:

- Please select a book from the table that you would like to go home and read with your child.
- Please take time to have your child read the book to you or read the book together within the next two weeks, before our next session on Wednesday, April 23rd.
- Please stop at different places in the book that you think are appropriate and ask your child "What has happened in the story so far?"
- After your child responds to the question, please say: "I heard you say…" and repeat back what he or she said. (You can ask them additional more specific questions to help them tell more about what has happened in the story so far if needed.)
- Continue reading and at at least one point in the book, ask your child an opinion question by saying "What do you think about this?" or "Why do you think this?"
- After your child responds, confirm what he or she said by saying "I agree with you because…" or "I disagree with you because…" If you want to add to what your child said, you can also say "In addition to what you said, I think…"

Notes:

- Feel free to go through this process more than once if you would like and also use these prompts with your child when reading other books brought home from school.

- Adults will write a reflection about the experience of working with your child at the beginning of the next session

Thank you, thank you, thank you for coming and we cannot wait to see you again in two weeks on Wednesday, April 23rd at 5:30 PM! ☺

APPENDIX B
SESSION 2 COLLABORATIVE LEARNING SESSION ACTIVITY DOCUMENTS

<u>Session 2 Agenda</u>

The Impact of Joint Primary Caregiver-Student Learning in an Urban Community

Wednesday, April 23, 2014

5:30-7:00 PM

9. Greeting: Welcome families and give them time to get pizza and settle in. (All)

10. Program explanation: Remind families what we learned about last time and conduct a brief review (Using discussion prompts to engage in active speaking and listening when reading/working together-Review Prompts on Board) (Edmundson)

11. Provide a 10 minute period for students and caregivers to practice using the discussion prompts as they were assigned for homework while reading together (Edmundson will introduce, then Swann will circulate while Edmundson records observations and collects data)

12. Have caregivers participate in the reflection process using a T-Chart set up in the following manner:

I used to think that reading with my child meant…	Now I think reading with my child means…
(List Responses Here)	(List Responses Here)

(Led by Edmundson)

13. Explicitly teach and model Collaboration Strategy #2: Asking Each Other Questions (Swann) Lesson Plan Below:

Conduct writing lesson to teach collaboration strategy #2 by doing the following steps:

- Introduce the idea that engaging in questions about student progress can be done in a specific manner as a guide in helping their children complete tasks.

- Introduce the Writing Checklist with the following items:

    o Is the writing on topic?

    o Did you use complete sentences with appropriate punctuation and capitalization?

    o Does it make sense?

    o What do you think you could add?

    o What if you added or changed this part? (Provide a suggestion)

- Model a Quick Write to the prompt of "I am afraid of…" on chart paper

- After modeling the Quick Write, call a student up to show how you would use the checklist

- After modeling, provide students with a piece of paper and have them complete a Quick Write to the prompt of "When I grow up…"

- After students complete the Quick Write, have caregivers engage in asking them these questions and circulate to provide support

- Come back together and discuss how the questioning went and review what was learned

14. Introduce and hand out the homework follow up assignment using these questions and let caregivers know that they will reflect upon using this process next time as they did at the beginning of this session with the strategy that was learned last time. (Edmundson)

15. Closing Questions/Comments

Writing Checklist for Collaborative Learning

o Is the writing on topic?

o Did you use complete sentences with appropriate punctuation and capitalization?

o Does it make sense?

o What do you think you could add?

o What if you added or changed this part? (Provide a suggestion)

Session 2 Homework Task to be completed by the next session on Wednesday, May 7, 2014

- Sit with your child while he or she writes about a topic of their choice. They can choose from the list of topics below or come up with their own. Possible choices are as follows:
  - When I wake up in the morning…
  - I think it is funny when…
  - My favorite food is…
- These are just Quick Write Topics to help get students started when writing. As we did with the reading task in the last session, these tasks are designed to help you get your children to write more and fine tune what they have done.
- After your child has written this prompt and/or while he or she is writing, use the prompts on the checklist to help them tell more and/or make revisions.
- The checklist for asking questions is as follows:

o Is the writing on topic?

o Did you use complete sentences with appropriate punctuation and capitalization?

o Does it make sense?

o What do you think you could add?

o What if you added or changed this part?

(Provide a suggestion)

- We will reflect upon how it went when working with your child at home when we begin our next session on **Wednesday, May 7, 2014**.

- Thank you so much again for coming tonight! You are TRULY appreciated!

• **I used to think reading with my child meant…**	**Now I think reading with my child means…**

APPENDIX C
SESSION 3 COLLABORATIVE LEARNING SESSION ACTIVITY DOCUMENTS

The Impact of Joint Primary Caregiver-Student Learning in an Urban Community

Wednesday, May 7, 2014

5:30-7:00 PM

1. Greeting: Welcome families and give them time to get pizza and settle in. (All)

2. Program explanation: Remind families what we learned about at the first session and conduct a brief review (Using discussion prompts to engage in active speaking and listening when reading/working together-Review Prompts on Board) (Edmundson)

3. Provide a 10 minute period for students and caregivers to practice using the discussion prompts as they were assigned for homework while reading together (Edmundson will introduce, then Swann will circulate while Edmundson records observations and collects data)

4. Explicitly review and model Collaboration Strategy #2: Asking Each Other Questions (Swann) Lesson Plan Below:

Conduct writing lesson to reteach collaboration strategy #2 by doing the following steps:

(This strategy is being done, rather than moving on to creating an outline because only one family was present last time and this strategy builds well off the discussion prompts to probe thinking in the first session.)

- Review the idea that engaging in questions about student progress can be done in a specific manner as a guide in helping their children complete tasks.

- Review the Writing Checklist with the following items:

- o Is the writing on topic?

- o Did you use complete sentences with appropriate punctuation and capitalization?

- o Does it make sense?

- o What do you think you could add?

- o What if you added or changed this part? (Provide a suggestion)

- Model a Quick Write to the prompt of "When it comes to homework…" on chart paper

- After modeling the Quick Write, call a student up to review how you would use the checklist

- After modeling, provide students with a piece of paper and have them complete a Quick Write to the prompt of "I am excited for summer because…"

- After students complete the Quick Write, have caregivers engage in asking them these questions and circulate to provide support

- Come back together and discuss how the questioning went and review what was learned

5. Have caregivers participate in the reflection process using a T-Chart set up in the following manner:

| I used to think that reading and writing with my child meant… | Now I think reading and writing with my child means… |
| (List Responses Here) | (List Responses Here) |

(Led by Edmundson)

6. Introduce and hand out the homework follow up assignment using these questions and let caregivers know that they will not do a separate reflection on this process next time, but will participate in a very important focus group where their feedback will be valued. (Edmundson)

7. Closing Questions/Comments

I used to think reading and writing with my child meant…	**Now I think reading and writing with my child means…**

Next Session (Last One): Wednesday, May 21st, 2014

- Sit with your child while he or she writes about a topic of their choice. They can choose from the list of topics below or come up with their own. Possible choices are as follows:
  - When I wake up in the morning...
  - I think it is funny when...
  - My favorite food is...
- These are just Quick Write Topics to help get students started when writing. As we did with the reading task in the first session, these tasks are designed to help you get your children to write more and fine tune what they have done.
- After your child has written this prompt and/or while he or she is writing, use the prompts on the checklist to help them tell more and/or make revisions.
- The checklist for asking questions is as follows:

  - Is the writing on topic?

  - Did you use complete sentences with

    appropriate punctuation and capitalization?

  - Does it make sense?

  - What do you think you could add?

  - What if you added or changed this part?

    (Provide a suggestion)

Notes for Next Time

Last and Final Session: Wednesday, May 21, 2014

- There will be no separate reflection next time; however, the focus group

  will be held and will be the last official session on Wednesday, May 21st.

- My professor from UCF, Dr. Hopp will be here to conduct the focus group.

  This is the most important session where we can learn from you what you

  thought was helpful in these classes and where we can improve for next

  time.

- You will be active participants in a group interview and see more what this

  research process is all about!

- Dinner and dessert will be provided!

- You will receive a certificate of completion for finishing the collaborative

  learning course!

Thank you, thank you, thank you for your time and

effort…we will see you on May 21st to wrap

everything up! ☺

APPENDIX D
INITIAL SESSION QUESTIONS

At the initial meeting, caregivers were asked the following three basic initial questions for which they provided open-ended responses in discussion format:

- What are some of your strengths with working with your child at home?

- What are some of the challenges that you experience when working with your child at home?

- What do you hope to gain from this experience?

APPENDIX E
CAREGIVER-STUDENT OBSERVATION PROTOCOL

Are caregivers and students using the collaboration strategy that has been taught?

Are caregivers and students able to successfully complete the designated academic task?

Observations:

_____
_____
_____
_____
_____

APPENDIX F
SEE AND HEAR OBSERVATION DOCUMENT

See **Hear**

APPENDIX G
INTERVIEW QUESTIONS

The following questions, which include the initial three with the last one restated, were addressed in a discussion format at the fourth session with the caregivers who participated:

1. Do you feel that this experience has impacted your self-confidence in helping your student/sibling/family member with school work? How? If not, why not?

2. Do you feel that this experience made you feel more connected to the school community? How? If not, why not?

3. Do you feel that the collaborative strategies you learned are helping you be more successful in working with your student/sibling/family member at home? How? If not, why not?

4. Do you feel that this experience impacted your relationship with your student/sibling/family member? How? If not, why not?

5. Do you feel that the strategies you have learned here can be or are being applied in other areas of your life? How? If not, why not?

6. Many programs for caregivers are organized in a format that provides adults with information in a setting separate from their children. What thoughts and opinions do you have about the way that this program was structured and organized, having collaboration throughout?

7. What do you feel were the *strengths* and/or areas for *improvement* of this program?

8. What are some of your strengths with working with your student/sibling/family member at home?

9. What are some of the challenges that you experience when working with your student/sibling/family member at home?

10. Did you learn from this experience? Explain.

Focus group interviews were transcribed and coded for themes that were prominent in responses.

APPENDIX H
INSTITUTIONAL REVIEW BOARD APPROVAL

University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Heather T. Edmundson**

Date: **January 14, 2014**

Dear Researcher:

On 1/14/2014, the IRB approved the following human participant research until 1/13/2015 inclusive:

Type of Review:	UCF Initial Review Submission Form
Project Title:	The Impact of Joint Primary Caregiver-Student Learning in an Urban Community
Investigator:	Heather T Edmundson
IRB Number:	SBE-14-09958
Funding Agency:	
Grant Title:	
Research ID:	N/A

The scientific merit of the research was considered during the IRB review. The Continuing Review Application must be submitted 30days prior to the expiration date for studies that were previously expedited, and 60 days prior to the expiration date for research that was previously reviewed at a convened meeting. Do not make changes to the study (i.e., protocol, methodology, consent form, personnel, site, etc.) before obtaining IRB approval. A Modification Form **cannot** be used to extend the approval period of a study.   All forms may be completed and submitted online at https://iris.research.ucf.edu .

If continuing review approval is not granted before the expiration date of 1/13/2015, approval of this research expires on that date. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

Use of the approved, stamped consent document(s) is required. The new form supersedes all previous versions, which are now invalid for further use. Only approved investigators (or other approved key study personnel) may solicit consent for research participation. Participants or their representatives must receive a copy of the consent form(s).

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 01/14/2014 11:45:29 AM EST

IRB Coordinator

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APPENDIX I
CAREGIVER COMMUNICATIONS

Tuesday, April 22, 2014

Good Evening,

Thank you so much for attending and participating in our first collaborative learning night on April 9th.

We look forward to seeing you tomorrow, Wednesday, April 23rd from 5:30-7:00 PM in room 40 for our

second session. If time allows, please complete the task of reading together using the prompts that

were taught last time. We will reflect upon this process tomorrow night.

      Dinner will once again be provided. We look forward to seeing you then!

Thank you so much,

Heather Edmundson

Academic Coach, Pine Hills Elementary

Tuesday, May 6, 2014

Good Evening,

Thank you so much for attending and participating in our first collaborative learning night on April 9th.

We missed you last week. We look forward to seeing you tomorrow, Wednesday, May 7th from 5:30-

7:00 PM in room 40 for our third session. We will be doing a brief review of collaborative strategies for

reading and moving on to writing.

      Dinner will once again be provided. We look forward to seeing you then!

Thank you so much,

Heather Edmundson

Academic Coach, Pine Hills Elementary

APPENDIX J
CONSENT

The Impact of Joint Primary Caregiver-Student Learning in an Urban Community

Informed Consent [for an Adult in a Non-Exempt Research Study]

Principal Investigator(s):   Heather Edmundson, Doctoral Student

Sub-Investigator(s):   N/A

Faculty Supervisor: Dr. Carolyn W. Hopp

Investigational Site(s):   Pine Hills Elementary School
1006 Ferndell Road
Orlando, Florida 32808

Introduction: Researchers at the University of Central Florida (UCF) study many topics. To do this we need the help of people who agree to take part in a research study. You are being invited to take part in a research study which will include about 20 people from Pine Hills Elementary School. You have been asked to take part in this research study because you are a fourth grade parent at Pine Hills Elementary School. You must be 18 years of age or older to be included in the research study.

The person doing this research is Heather Edmundson of the University of Central Florida, also Academic Coach at Pine Hills Elementary School. Because the researcher is a graduate student, she is being guided by Dr. Carolyn W. Hopp, a UCF faculty supervisor in the Department of Teaching, Learning, and Leadership in the College of Education.

What you should know about a research study:
- Someone will explain this research study to you.
- A research study is something you volunteer for.
- Whether or not you take part is up to you.
- You should take part in this study only because you want to.
- You can choose not to take part in the research study.

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- You can agree to take part now and later change your mind.
- Whatever you decide it will not be held against you.
- Feel free to ask all the questions you want before you decide.

Purpose of the research study: The purpose of this study is to measure the impact that primary caregiver-student classes focused on reading and collaboration strategies have on an urban community. A need for this arises because many times the way that concepts are taught in school now are unfamiliar to caregivers who may have learned them previously. In addition, within the business of life, it can be difficult to find the best tools for working on schoolwork together at home, so this study aims to provide adults with collaboration strategies that they can use with their children.

What you will be asked to do in the study: In this study, you will be asked to participate in four ninety-minute primary caregiver-student classes with your child during which 45 minutes will be spent in circle time and whole group lessons, focused on specific collaboration strategies. The next 30 minutes will be a center activity time in which you have more time to practice what has been learned with your child. The last 15 minutes will be used for anonymous reflections indicating how your thoughts have changed and what new learning has occurred due to the interactions within that particular session.

- The full duration of this dissertation project will include attending classes with your child on March 5th, March 19th, and April 2nd, and participating in a focus group on April 16th. Child care will be provided on April 16th if needed. Classes will be held from 5:30-7:00 PM. Initial questions will take approximately 30 minutes on the night of the first session and during the last session the entire time will be used for the focus group. Due to the four ninety minute sessions, the total time requirement over the course of the two months indicated above will be nine hours.
- Adult participants will be asked to answer some initial questions at the beginning of the research, attend the four scheduled primary caregiver-student classes with their child, and adults will be asked to participate in a focus group at the end. Adults and children will participate in the classes together, but research will only be done with adults.
- You will interact with your child, the Principal Investigator, Faculty Advisor, and two other teachers who help teach the classes, but are not part of the research.
- Responsibilities include attending the four sessions with your fourth grade child, participating in lessons and activities within the primary caregiver-student classes, completing anonymous reflections at the end of each class, and answering initial focus group questions at the beginning of the study, as well as closing focus group questions at the end. You do not have to answer every question or complete every task. You will not lose any benefits if you skip questions or tasks.

Location: Classes will be held at Pine Hills Elementary School in Room 40 of the Fourth Grade Hallway.

Time required: We expect that you will be in this research study for two months, attending two ninety minute sessions each month, totaling nine hours. Dates indicated above are Wednesday evenings from 5:30-7:00 PM on March 5th, March 19th, April 2nd, and April 16th.

Risks: There are no reasonably foreseeable risks or discomforts involved in taking part in this study.

Benefits: Possible benefits of this study include acquiring more collaboration strategies to work with your child on school work at home, especially on reading and writing tasks. You may also make some connections between concepts taught when you were in school and how they transfer over to what your child is learning today. In addition, you may learn more about the research process and strengthen your confidence when working with your child.

Compensation or payment: There is no compensation or other payment to you for taking part in this study.

Confidentiality: Confidentiality of answers given within focus groups will be maintained by the Principal Investigator and Faculty Advisor who will be conducting the group. No names will be written down when recording responses posed to the group. This portion of the study is confidential.

Anonymous research: The reflections completed at the end of each session will be anonymous, no names will be put on them and they will be looked at by the Principal Investigator and Faculty Advisor; however, they will be unable to know who has written which responses.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints, please contact Heather Edmundson, Doctoral Student, Department of Teaching, Learning, and Leadership, College of Education, (413)-896-1265 or by email at HEdmundson@knights.ucf.edu. In addition, you may contact Dr. Carolyn W. Hopp, Faculty Supervisor, Department of Teaching, Learning and Leadership at (407) 823-0392 or by email at Carolyn.Hopp@ucf.edu.

IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901. You may also talk to them for any of the following:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You want to get information or provide input about this research.

Withdrawing from the study: You are free to stop participating in this research study at any time.

Results of Research: At the end of the research study, you will be able to view the completed dissertation by stopping by Pine Hills Elementary to read the research beginning in August of the 2014-2015 school year due the fact that my full write up of the research will not be submitted to the University of Central Florida until July.

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