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Physical Aggression in Early Childhood:  
Bridging the Gap Between Theory and Practice

A thesis presented in partial fulfilment of the requirements  
for the Master of Educational Psychology at Massey University

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## **Abstract**

Literature reviewed in this study suggested there is a gap between recommendations made in research for supporting children with physically aggressive behaviour and the actual experiences of early childhood teachers working with these children. The aim of this study was to identify how early childhood teachers can be provided with greater knowledge and resources to effectively support young children with physically aggressive behaviour. A mixed methods design was chosen for this study. Data collection included interviews with five head teachers from early childhood centres across Taranaki and survey responses from a random sample of four centres across the region. Interview and survey data was subjected to thematic and content analysis and revealed a number of early childhood teachers would like access to greater knowledge and resources to support children with physically aggressive behaviour and their families. Early childhood teachers expressed an interest in access to guidelines to inform their practice and greater awareness of what support is currently available. Teachers also made explicit the need for relevant professional development which provides specific strategies for managing physically aggressive behaviour. The findings of this study suggest early childhood teachers need increased education and knowledge to effectively meet best practice for these children and their families.

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## **Chapter One**

### **Introduction**

#### **Rationale for the Study**

Research into prevalence and risk factors for vulnerable children in New Zealand, conducted by the Centre for Social Research and Evaluation (Ministry Of Social Development, 2011) confirms violent offending in adolescence and adulthood are often connected to childhood experiences. According to the Dunedin longitudinal study, as many as a quarter of New Zealand children are witnessing violent behaviour in the home. Whilst it is impossible to measure the prevalence of physically aggressive behaviour in the New Zealand population of children; estimates have been made of conduct problems, which typically involve aggressive and disruptive behaviours. Conduct problems of children aged 3-17 years are estimated to be somewhere between five and ten percent. Even at the modest estimation of five percent, over 40,000 children in New Zealand between the ages of 3 and 17 are struggling with significant behaviour problems (Fergusson, Boden & Hayne, 2011).

The amount of time New Zealand children are spending in Early Childhood Education (ECE) has increased significantly over the past ten years. The average number of hours per enrolment rose by over 50 percent between 2000 and 2011 (Ministry of Education, 2012). Research suggests that as children spend longer periods of time in care, behaviour concerns become more prevalent (National Institute of Child Health and Human Development, 2006). With a wealth of current literature emphasising the importance of early intervention of behaviour problems, (Blissett et al., 2009; Mann & Reynolds, 2006; Valentine & Katz., 2007) there is a need to address how early childhood teachers can be supported to meet these intensifying behavioural needs.

#### **How the Journey Began**

Personal communication with a number of early childhood teachers prior to commencement of this research sparked an interest in researching how teachers manage children with physically aggressive behaviour prior to diagnoses of behaviour problems.



Conversations indicated teachers felt frustrated by a lack of available resources and knowledge in this area and would like to be better equipped to support these physically aggressive children and their families.

### **Research Objective**

This research set out to discover how early childhood teachers are currently supporting young children with physically aggressive behaviour prior to diagnoses of behaviour problems. Research suggests there is a gap between recommendations made in the literature and the day to day experiences of early childhood centres working with physically aggressive children (Alliston, 2007; Ministry Of Social Development, 2011; Odom & Wolery, 2003). Considering the evidence for early identification and remediation of physically aggressive behaviour, the present study set out to ascertain whether teachers in early childhood centres believe they are adequately supported to meet this need. Specifically, this study aimed to determine if early childhood teachers have adequate access to knowledge and resources to identify children at risk of on-going aggressive behaviour and can provide adequate support for these children and their families.

### **Definitions and Terminology Used in this Study**

Definitions and understandings of childhood aggression discussed in literature are extensive and varied. Daniel Connor (2002, p. viii) sums this variation up with the following statement:

The field of maladaptive aggression in children and adolescents is not one for the faint of heart. The literature is voluminous, the definitions too many to count, the research prolific, and the complexities labyrinthine. Approaching this vast storehouse of knowledge, one feels what an average person would sense being placed in a wrestling ring with a rhinoceros (Connor, 2002, p vii).

Early Childhood Australia Inc. (2004) however, provides a useful frame work for defining aggression in early childhood. Aggression is grouped into three categories: instrumental aggression, where force is used to gain access to property or privileges; hostile aggression, which involves physical aggression with the intent to hurt others; and symbolic or relational aggression, where language is used to harm others and their

relationships (Szarkowicz, 2004). This study focusses on the second category of aggression, physical aggression.

### **Physical aggression.**

Berk provides a useful definition of physical aggression, which encapsulates behaviours referred to in this study. Physical aggression: “harms others through physical injury- pushing, hitting, kicking or punching others or destroying another’s property” (2007, p. 270).

### **Adaptive versus maladaptive aggression.**

Physical aggression in the early years cannot be separated from development. Aggressive behaviour can be typical for young children and often declines as language skills develop sufficiently to support conflict resolution (Baillargeon, 2007a). Connor (2002) proposes however, that aggressive behaviour can be either adaptive or maladaptive. For the purpose of this study these terms are defined as follows:

#### ***Adaptive aggression.***

Adaptive aggression is experienced as part of development and reflects natural competition for resources or defensive measures to preserve personal safety (Connor, 2002, p.5).

#### ***Maladaptive aggression.***

Maladaptive aggression is when behaviour extends beyond group competition for resources and is indicative of underlying concerns (Connor, 2002, p.5).

### **Childhood conduct problems.**

Throughout the literature a number of terms are used to describe physically aggressive behaviour. Generally aggressive behaviour comes under the umbrella of ‘conduct problems’. For the purpose of this study conduct problems, “include a spectrum of antisocial, aggressive, dishonest, delinquent, defiant and disruptive behaviours” (Blissett, et al., 2009, p. 2).

Other terms such as ‘antisocial behaviour’, ‘challenging behaviour’ and ‘behaviour problems’ are commonly used in the literature and are used interchangeably in this

study to refer to physically aggressive behaviour in young children. The term ‘aggression’ throughout this study refers to aggressive behaviour of a physical nature.

### **Young children.**

The term ‘young children’ typically refers to children in early childhood between the ages of two and five years.

### **Behaviour management policies versus positive guidance procedures .**

Throughout this study some early childhood centres refer to guidelines or policies for managing aggressive behaviour as either behaviour management policies or positive child guidance procedures.

### **Delimitations**

- This study only explored the experiences of early childhood teachers from full day care facilities across the Taranaki region.
- This study did not include other early childhood services, such as Nga Kohanga Reo, kindergartens or playcentres. The reasoning for this was research involving Nga Kohanga Reo requires levels of cultural competence not held by the researcher; kindergartens operate under a different management structure and have diverse operating hours; and playcentre teachers have a wider variety of qualification levels, making comparison difficult.

### **Summary of Thesis Chapters**

In chapter two the literature on early intervention, identification of on-going aggressive behaviour and interventions for physically aggressive behaviour is reviewed. The literature outlines best practice for teachers working with young children with physically aggressive behaviour. Chapter three outlines the methodological approaches of this study. Rationale for the use of mixed methods research is explained along with a detailed description of the interview and survey methods used to gather data for this study.

Chapters four and five present the results from interviews and surveys. Thematic and content analysis were used to identify key themes in the data and quantify responses.

Chapter six discusses the outcomes of the research, comparing interview and survey findings and relating these findings back to the literature. From here the thesis is concluded with implications for policy, recommendations, limitations of the current study and future directions for research.

The literature review which follows provides an overview of teacher pedagogies, literature on early intervention and current guidelines informing the practice of early childhood teachers in New Zealand.

## **Chapter Two**

### **Literature Review**

This review of literature begins by establishing major theoretical approaches influencing early childhood teaching pedagogies, along with theoretical approaches informing interventions for aggressive behaviour. The review examines the long term effects of aggressive behaviour along with evidence supporting early intervention. Risk factors contributing to aggressive behaviour in young children and protective measures are also considered. Current guidelines for assessing children with aggressive behaviour are reviewed and alternative evidence-based assessment models discussed. A review of current guidelines for supporting these children is then included, along with a review of evidence-based interventions for challenging behaviours. The final part of this review considers current government initiatives and major research influencing government policy. This chapter concludes with the research questions used to guide this study.

#### **Search Teams**

The databases used to search for literature included A+ Education database, Google Scholar, New Zealand library catalogue and the NZET database for New Zealand theses. The Massey University library catalogue was used to search for books. Search terms included general terms such as aggressive behaviour, physical aggression and aggression. More specific terms such as ‘interventions and aggressive behaviour’ and ‘interventions and assessment’ were also used to narrow the field of interest. These terms were paired with various descriptors of young children, such as pre-school children, early childhood and young children.

A wealth of literature was identified through following up references in significant articles written on aggression in early childhood. A number of major reviews written for Government departments also provided access to current and relevant research. The search of literature was limited to research within the past 10 years with the exception of earlier work which made a relevant contribution to this study. Research was predominantly drawn from peer reviewed journal articles, literature reviews and reports written for the Ministry of Education and the Ministry of Social Development.

## **Early Childhood Pedagogies**

The early childhood sector draws largely on constructivist theorists (Odom & Wolery, 2003). A constructivist approach views learning in the context of prior knowledge and sees the learner as playing an active, constructive role in the learning process. Piaget's (1969) stages of cognitive-development and Vygotsky's (1978) sociocultural model have strongly influenced the early childhood sectors understanding of young children's normative behavioural development.

However, interventions for behavioural concerns often have their origins in a behaviourist approach, which sees behaviour as the product of external stimuli. This is a relatively unknown field for many early childhood educators and is likely to cause tensions as teachers attempt to reconcile manipulating a child's environment with a theoretical background which sees the child as responsible for constructing their own understandings as they learn (Blissett, et al., 2009; Learning Theories Knowledgebase, 2012). Also contributing to research in the field of behaviour management is the influence of ecological theory, which considers development in the context of a complex system of social interactions (Urie Bronfenbrenner, 1977). This section will examine some of the key theories which underpin thinking and decision making about children and their behaviour.

### **Constructivist pedagogies.**

Jean Piaget's (1969) cognitive-developmental theory proposes children pass through four distinct phases of cognitive development; sensorimotor, preoperational, concrete and formal. He suggested children between the age of two and seven years are at a preoperational stage and have yet to reach a logical or abstract level of reasoning maturity (Gruber & Jacques Voneche, 1977). According to Piaget's theory of assimilation and accommodation, children learn as they adapt to their environment. Assimilation draws on current knowledge when faced with a new situation or stimulus, whereas accommodation is when existing knowledge is insufficient and needs to be modified to deal with a new situation. Piaget believed it was important for children to strike a balance between assimilation and accommodation as they progress through stages of development, a process Piaget called equilibration (Piaget & Inhelder, 1969).

According to Piaget, children at the preoperational stage are typically egocentric and unable to mentally represent the view point of another. If this is the case, the ability of young children to understand the perspective of their peers is likely to be significantly inhibited (Morris & Maisto, 2002). Based on this understanding, conflict is likely to be common-place as young children grapple with conflicting perspectives of ownership and fairness in their play environment. According to Piaget, cognitive conflict is necessary for stimulating development (1969) as it creates a gap in their understanding of the world.

A prominent developmental theorist, whose influence can be widely seen in early childhood education, is Lev Vygotsky. Vygotsky is known for his sociocultural theory, which views learning within a social and cultural context (Vygotsky, 1978). Vygotsky believed the interactions between children and their environment and others around them led them to develop new understandings of the world and this learning is mediated by tools and signs. He also believed this development was linked to genetic influences (Wertsch, 1991). Vygotsky's sociocultural theory proposes children's development is progressed when their learning is supported with adult or peer guidance, providing they are within the zone of proximal development. "Though the teacher is powerless to produce immediate effects in the student, he is all-powerful when it comes to producing indirect, mediated effects in him through the social environment" (Vygotsky, 2004, p. xxiii).

The zone of proximal development demonstrates how individual potential is realised by interacting with and being assisted in an activity by those who possess more knowledge. This process is interactive, collaborative and places the child in a constructive role in learning (Flavell, Miller, & Miller, 2002). According to Vygotsky, education occurs as children actively contribute and interact with a more skilled peer or adult. Learning is viewed in the context of an active environment, where children, teachers and the interactions between them are working together to support development. Teaching from this theoretical stand point aims to move development forward, measuring a child's success not on past achievement, but on future potential when supported within the zone of proximal development (Vygotsky, 2004).

### **Behaviour model.**

Behaviourism was founded by John B Watson in 1913 and was based on a belief that behaviours can be measured and changed (J. B. Watson, 1913). According to B.F. Skinner, a lead thinker in the field of behaviourism, behaviour can be changed by ‘conditioning’. Skinner (1974) introduced the concept of Operant Conditioning; the altering of antecedents and consequences to modify behaviour. He proposed desirable behaviour could be increased if followed by positively reinforcing consequences or alternatively when followed by negative reinforcers, which remove undesirable stimuli from the environment (Kauffman & Landrum, 2009; Skinner, 1974).

Albert Bandura (1978) also believed behaviour is learned and his Social Learning Theory asserts that observation plays a significant role in the learning of young children. “People are not born with preformed repertoires of aggressive behaviour; they must learn them” (Bandura, 1978, p. 14). This is highly relevant when considering the role of observational learning of aggression. Bandura proposes children are most likely to imitate behaviour when they see peers being rewarded for their behaviour. Thus, not only is it important for physical aggression to be addressed to protect the safety of children, but behaviour management in early childhood settings is crucial to discourage other children from imitating aggressive acts and inhibit escalation of generalised aggression. Bandura’s social learning theory shares a common belief with Vygotsky’s (1978) sociocultural theory, that children learn by watching, which adds more weight to the essential role of teachers in supporting young children struggling with social skills. Furthermore, Bandura’s theory went some way to bridging the gap between behaviourism and constructivist models, viewing children not only as passive responders to their environment, but actively learning through interactions with those around them (Simon, 1999).

### **Ecological model.**

An ecological perspective considers the child within the context of a complex social system and takes into account how interactions between social systems impact on behaviour. Bronfenbrenner designed an ecological model to explain the dynamics of an individual’s ecological environment and defined the ecology of human development as the:



...scientific study of the progressive, mutual accommodation, throughout the life span, between a growing human organism and the changing immediate environments in which it lives, as this process is affected by relations obtaining within and between these immediate settings, as well as the larger social contexts, both formal and informal, in which the settings are embedded. (Urie Bronfenbrenner, 1977, p. 514)

Bronfenbrenner's ecological model proposes the different layers of environment, such as the immediate home environment, school, neighbourhood, community, broader cultural norms and the interactions between these systems as importance influences on human development (1979). Both direct and indirect environmental factors have the ability to either support or hinder development, thus physical aggression in childhood cannot be fully understood without considering the influences of a child's ecosystem.

Within an ecological context, interventions for aggressive behaviour consider multiple aspects of a child's environment. Drawing on ecological theory and sociocultural understandings, Jean Annan recently created a Situational Analysis framework for designing evidence-based and effective interventions. This model comes from a social interactionist perspective, utilises evidence-based interventions and builds interventions on current strengths in the child's environment (Annan, 2005). This is a practical example of drawing from a number of conceptual models to effectively improve outcomes for children with behavioural problems.

### **How the theories fit together.**

There appears to be significant overlap between different theoretical perspectives on the understanding of aggression in early childhood. As demonstrated in Annan's (2005) Situational Analysis model, it is often necessary to draw upon a number of theoretical models to understand problem behaviours of young children. In practice, an integrated model is necessary to adequately address the complexity of aggressive behaviours. As Bronfenbrenner suggests, "As scientists we must work from different perspectives in different ways. A variety of approaches are needed if we are to make progress toward the ultimate goal of understanding human development in context" (1977, p. 529).

Although appearing to be opposing paradigms, sociocultural theory and behaviourism meet when considering the social and cultural norms of a child's environment. What is

considered problematic behaviour in one community or culture may be perceived as acceptable in another (Flavell, et al., 2002). Behavioural expectations and norms are strongly influenced not only by ethnicity, but by unique subcultural differences, which may even be found between individual educational facilities.

Ideally, a constructivist approach, promoting a supportive, interactive learning environment would be sufficient to nurture the healthy social development of young children, however, in reality children with severe behaviour problems require immediate solutions, which often results in the need to temporarily put measures in place to protect the child and others being affected by their behaviour. Although the early childhood sector has traditionally been influenced by constructivist theories, an amalgamation of theoretical viewpoints may well lead early childhood teachers to a more well-rounded understanding of early childhood aggression and contribute to a more inclusive, holistic approach to remediation (Odom & Wolery, 2003).

### **New Zealand Early Childhood Curriculum**

Early childhood pedagogies have influenced the New Zealand early childhood curriculum, Te Whāriki (Ministry of Education, 1996). The curriculum was built on an understanding that young children actively learn within their social and cultural environment. Learning is viewed as an interactive process between children, teachers and peers (Ministry of Education, 1996). The document is written in such a way as to support the development of children's social competence while valuing the contribution of other key people in their lives such as family and peers.

The curriculum is structured into five strands: wellbeing, belonging, contribution, communication and exploration. Each of these strands outline specific learning, cultural and developmental goals which inform the practice of early childhood teachers. These strands are framed within the four overall principles of empowerment; holistic development; family and community; as well as relationships, which form a strong child and family centred philosophy. Interactions between different people at home and the early childhood setting of young children are a strong focus of Te Whāriki. An emphasis on socially mediated learning guides teachers to positively influence the social development of children in their care.

## **Development of Physically Aggressive Behaviour and Predictors**

The research discussed in this section provides strong evidence for early intervention of physically aggressive behaviour. A number of risk factors contributing to the development of aggressive behaviour can be identified and potentially balanced out by the presence of protective factors in a child's environment.

### **Trajectories.**

The temptation in early childhood is to dismiss physically aggressive behaviour as solely developmental and subsequently delay intervention until children start school and behaviours become unmanageable. A great deal of research has been done to support early intervention of aggressive behaviour before it escalates. Although physically aggressive behaviour in early childhood for the most part decreases over time as children mature and learn to regulate their behaviour, major studies show a small group of pre-schoolers continue to display abnormal levels of physically aggressive behaviour (NICHD Early Child Care Research Network & Arsenio, 2004; Tremblay et al., 2004).

The repercussions of not addressing aggressive behaviour in early childhood can be far reaching. A major National Institute of Child Health and Human Development (NICHD) study used multiple methods to examine how early aggression predicted academic and social functioning in over 1000 children, aged 9 to 12 years (Campbell, Spieker, Burchinal, Poe, & NICHD., 2006; National Institute of Child Health and Human Development, 2006). Those on a high, stable trajectory displayed more symptoms associated with behavioural problems such as Attention Deficit/Hyperactivity Disorder (ADHD) and Oppositional Defiance Disorder (ODD), which place children at greater risk of juvenile delinquency. Children on a moderate trajectory, although displaying aggression of lesser severity, still demonstrated poorer social adjustment, poorer academic achievement and higher levels of externalising problems behaviour than their low-trajectory peers. This study showed even low levels of aggression, if stable over time, can impact negatively on the social and behavioural development of children.

A major longitudinal Canadian study of over 10,000 children came to similar conclusions; children who use aggression frequently throughout early childhood are at a greater risk for following high-level trajectories of aggression throughout childhood and

adolescence (Côté, Vaillancourt, LeBlanc, Nagin, & Tremblay, 2006). Furthermore, chronic physical aggression in childhood has been shown to be a strong predictor of delinquency in adolescence (Nagin & Tremblay, 1999).

These studies were based in the United States and Canada, but further research has been conducted by Broidy and colleagues (2003), exploring these findings in a cross-cultural context. Longitudinal data from New Zealand, Canadian and the United States on the link between physical aggression in childhood and delinquency in adolescence was consistent with Nagin and Tremblay's findings (1999). This cross-cultural study found physical aggression to be the most accurate predictor of violent delinquency in adolescence (Broidy, et al., 2003). Adolescents with the most chronic behaviours also displayed high levels of disruptive behaviour in early childhood.

Two major longitudinal studies in New Zealand also provide convincing evidence to support early intervention of antisocial behaviour. The Dunedin Multidisciplinary Health and Development Longitudinal Study measured antisocial conduct problems in over 1000 participants eight times between the age of three and 32 years. Results showed adults who developed antisocial behaviours in childhood experienced greater levels of maladjustment in adulthood, such as health problems, economic hardship and severe violent behaviour (Odgers et al., 2008).

Similarly, the Christchurch Health and Development study, as part of a 25 year longitudinal study on a birth cohort of 1,265 New Zealand children, found children with conduct problems in middle childhood were at greater risk of problems with mental health, relationships, substance abuse and higher rates of involvement in criminal activity in early adulthood (Fergusson, Horwood & Ridder, 2005). It is clear from the literature that the long-term impact of early physically aggressive behaviour is widely felt and comes at a great cost to society.

### **Risk factors.**

Physically aggressive behaviour is rarely the result of one isolated 'risk factor' but rather the product of interactions between "conditions and influences that predispose children and adolescents to the maladaptive expression of aggressive behaviour" (Connor, 2002, p. 113). Twin studies suggest overt aggression has a heritable

component, however, the reason aggression runs in families is better explained by interactions between genetic factors and environmental stressors (Dionne, Tremblay, Boivin, Laplante, & Perusse, 2003). Heritability combined with possible deficits in parenting and learned aggressive behaviour from parents and siblings contribute to the development of maladaptive aggression (Willms, 2002).

Research suggests insecure attachment to an infant's primary caregiver can negatively impact on healthy peer relationships (Karen, 1994; Ministry Of Social Development, 2011). Insensitive parenting has been identified in a number of studies as being highly correlated with severe aggression in children, along with certain disruptions in family functioning, such as divorce, relationship conflict and violence in the home. Often the mothers of children with high levels of aggressive behaviour have a history of antisocial behaviour and have low levels of education (Casas et al., 2006; Côté, et al., 2006).

Aggression observed by children, such as neighbourhood violence and violence modelled by peers and the media cannot be discounted as influential in the development of problematic aggressive behaviour (Goldstein, Arnold, Rosenberg, Stowe, & Ortiz, 2001). Poverty experienced in early childhood appears to play a key role in exasperating aggressive behaviour in young children. For these children, access to necessary family and community support is often inhibited due to environmental stressors (Huaqing Qi & Kaiser, 2003; Ministry Of Social Development, 2011; New Zealand Educational Institute Te Riu Roa, 2012).

### **Protective factors.**

Whilst there are a number of factors influencing the development of maladaptive aggression, protective factors in a child's environment can help balance out these risks. Positive supports in a child's environment, such as constructive relationships with parents and significant others as well as social competence and access to external supports can help provide a buffer from inevitable environmental risk factors (Connor, 2002). Results from the NICHD study (2004) showed maternal sensitivity, quality child care and positive relationships between teachers and children were related to lower levels of overt aggression in child care centres.

Findings from Canada's longitudinal study of children underlined the importance of quality childcare in outcomes for vulnerable children; specifically, low child-to-adult ratios, adequate access to resources and highly trained staff. For this to be achievable, the authors suggested there needs to be consistency of training and educational requirements across all child care providers (Cote et al., 2006). As children spend longer amounts of time in child care facilities outside the home, the need for well trained, quality early childhood teachers becomes even more vital (NICHD Early Child Care Research Network & Arsenio, 2004).

Protective factors may not be able to eradicate aggressive behaviour completely, but they can go some way to bridging the gap between antisocial behaviour and social competence. Research suggests risk factors generally become problematic when they begin to interact to such a point that other protective factors lose their ability to counteract their negative effects (Ministry of Social Development, 2011).

### **Identification of Children Needing Further Support**

There is some debate around the relevance of identifying behaviour problems in early childhood as a number of behaviours fall within expected developmental norms (Wolfgang, 2004). However, research supports early childhood as a critical period where behavioural problems can be identified and addressed before children reach an age, (usually after six years), where disruptive behaviour disorders may be diagnosed (Baillargeon, 2007a; Keenan & Wakschlag, 2002).

#### **Assessment models.**

Mental health professionals use specific guidelines for diagnosing behaviour disorders. The Diagnostic and Statistical Manual of Mental Disorder (DSM) is the official diagnostic criteria used by mental health professionals (American Psychiatric Association, 2000). 'Attention-deficit and Disruptive Behaviour Disorders' in the DSM include Attention Deficit/Hyperactivity Disorder (ADHD, ADD), Oppositional Defiant Disorder (ODD), and Conduct Disorder (CD). Physical aggression is common in children with ADHD, who have trouble controlling impulses and often exhibit social immaturity. Severe physical aggression is also characteristic of children with ODD or CD (Kring, Davison, Neale, & Johnson, 2007).

Kirk and colleagues (2012) provide a useful model to help understand where early childhood teachers fit into the assessment process of behaviour disorders. Assessment is viewed as fitting into three stages: primary prevention; secondary prevention; and tertiary prevention. Primary prevention is based on the prevention of behaviour problems before they occur. This level focusses on universal interventions or supports which are put in place for all children in the educational setting. This includes quality teaching, clear boundaries and a positive, supportive learning environment. Secondary prevention targets those children with behaviour challenges who have access to primary intervention but require further support such as small group interventions. It is at this point that functional behavioural assessment (identifying variables leading up to or maintaining the behaviour) can play a key role (Kirk, Gallagher, Coleman & Anastasiow, 2012).

For a small percentage of children (one to seven percent), behavioural difficulties continue and a more intensive and individualised 'tertiary' intervention is necessary. At this level, individual education plans are utilised and one-on-one support is often provided to the child, through external services, such as Group Special Education (Kirk et al., 2012). This research looks at the role of early childhood teachers in primary and secondary prevention and whether teachers are confident in making relevant referrals to outside agencies.

Traditionally, early childhood education has been based on a strength-based culture (Green, McAllister, & Tarte, 2004). The hesitancy expressed by the early childhood sector around labelling children with behaviour problems at a young age has the potential to impede early identification and prevention of behaviour problems (Kauffman & Landrum, 2009). Research suggests if behaviour concerns are not identified and addressed early, problems tend to be longer lasting and require more intensive and costly interventions at a later date. Furthermore, many at-risk children are not being identified or provided necessary support (Dunlap et al., 2006), highlighting further the need for an effective assessment framework to assist early childhood teachers identify children in need of early intervention.



### **Current New Zealand assessment framework.**

Current early childhood understandings of assessment are based upon the New Zealand early childhood curriculum, Te Whāriki (Ministry of Education, 1996), which places assessment within the context of learning dispositions, rather than behaviour. In terms of assessment, Te Whāriki discusses the importance of planning and assessment, but does not go on to explain how this works in day to day practice (Blaiklock, 2009). Kei Tua o te Pae, incorporating the strands of Te Whāriki, is a series of books released by the Ministry of Education addressing assessment in early childhood and providing exemplars of assessment documentation (Ministry of Education, 2005, 2007). One book in this series is dedicated to ‘inclusive assessment’, which acknowledges the need for assessment practices which cater for children with special needs.

Within Kei Tua o te Pae ‘Learning Stories’ are promoted as a primary means of assessment. Learning Stories are a credit model of assessment, which focus on learning opportunities rather than on deficits or gaps (Carr, 2001). The emphasis in learning stories is on ‘learning’. They are typically written in a positive context, documenting evidence of children’s dispositions and their development and learning. Teachers have the challenge of adapting a method designed for assessing learning with identification of problematic behaviour. Research suggests there is a lack of widespread evidence for the use of learning stories and there is some question around the reliability and validity of their use (Bagnato, 2007; Blaiklock, 2009). Assessment methods for identifying problematic behaviour need to be credible and demonstrate a strong evidence-base to be taken seriously by the education sector (Blaiklock, 2009).

In a review of the Education Review Office’s (2007) review on assessment in early childhood Blaiklock (2009) criticised the ability of current documents in early childhood to adequately meet assessment needs. Blaiklock concluded that ERO’s recommendations on assessment, based on Te Whāriki and Kei Tua o te Pae, “provide only general information that is not sufficient for assessing the complexities of children’s learning and development” (2009, p. 9). The author argued documents supported by ERO fail to provide adequate guidelines for assessment in specific areas and suggests Te Whāriki falls short in providing a developmental context from which change can be measured. Current assessment guidelines appear to provide a framework for assessment, yet fail to adequately address specific practical steps for identifying



children who may be at risk of behaviour problems (Blaiklock, 2009). Furthermore, the Education Review Office's (2007) review on assessment in early childhood education revealed 25% of centres did not use learning stories effectively for any form of assessment.

### **Alternative assessment approaches.**

There appears to be a gap in the current assessment framework for practical assessment strategies which early childhood teachers can utilise to identify children at risk of behaviour problems. Approaches which have the potential to be adapted to an early childhood context are reviewed in the following discussion.

### ***Screening as a point of reference.***

Teachers who are seriously concerned about a child's behaviour can make a referral to Group Special Education for further support. However, this presents its own challenges as centres face waiting lists and strict eligibility criteria for further intervention (Smyth, 2006). A recent review by Smyth (2006) on the validity of screening tools in New Zealand suggests screening of behavioural problems in early childhood centres may be a useful approach to ensure children with the highest behavioural needs access further support. Kauffman and Landrum (2009) argue however that screening must be placed within a developmental context, which accepts a number of the behavioural problems young children face are unlikely to develop into long term antisocial behaviour. Taking this into consideration, screening can only be viewed as an indicator of those children likely to benefit from further assessment.

Early screening provides an overview of the behaviour of many children at minimal cost, identifying children at risk of behaviour problems, before they escalate to a level which is difficult to manage (Smyth, 2006). A screening tool currently being utilised in early childhood to identify children with behavioural concerns is the Strengths and Difficulties Questionnaire (SDQ). This checklist style screening tool is currently used as part of the "B4 school check" for four year olds and screens for social and emotional development. The questionnaire is filled out by parents and teachers (Goodman, 1997). Anecdotal evidence suggests acceptance of the SDQ questionnaire in ECE is limited. Furthermore, Smyth (2006) refuted the relevance of the SDQ for a New Zealand population, pointing out the overseas test content reflects the behavioural expectations,

curriculum and cultural diversity of the United States, rather than that experienced in New Zealand early childhood centres. Research suggests that for screening tools to be effective with children from diverse cultural and socioeconomic backgrounds, they need to be adapted to meet these needs (Huaqing Qi & Kaiser, 2003).

The Early Screening Project (ESP) has been identified in New Zealand research as one of the preferred screening tools available and lends itself well to adaption to a New Zealand context (Smyth, 2006). ESP is a multiple-gating procedure used to identify children aged three to five with behaviour disorders. It progresses through three stages (gates), beginning with teacher identification and ranking of children with behaviour problems, progressing to teacher completion of a number of rating scales and finally direct observation of the child at play (Feil, Walker, & Severson, 1995). However, the ESP does not cater for the unique needs of a New Zealand culture. In 2005 Group Special Education took the first steps towards adapting the ESP for use in a New Zealand context and developed the Canterbury Screening Protocol. Although some initial concerns with implementation arose, a review on validity concluded this was a positive step in the direction of designing a sound screening tool for identifying children with behaviour problems in New Zealand early childhood centres (Smyth, 2006).

Once adaptation to a New Zealand context has been addressed the issue of acceptability of screening tools in early childhood centres remains. The 'check list' style of screening tools is generally inconsistent with the assessment approach employed by early childhood teachers. However, the use of screening tools is consistent with post developmental thinking around the usefulness of a mixed methods approach to assessment in ECE (Langford, 2011; Nolan & Kilderry, 2010). Screening plays an important part in identifying young children who may benefit from further assessment (Smyth, 2009).

#### ***Authentic assessment.***

Qualified early childhood teachers are familiar with developmental stages of play and social development due to professional knowledge and experience. Building on current knowledge, some early childhood teachers may benefit from further assessment tools to identify children who may be at risk of on-going behaviour problems (Brassard & Boehm, 2007).

Authentic assessment is a model which builds on teacher knowledge and considers behaviour within a developmental context (Bagnato, 2007). Authentic assessment uses multiple methods and places a strong emphasis on observing a child's behaviour during everyday activities. "Authentic assessment refers to the systematic recording of developmental observations over time by familiar and knowledgeable caregivers about the naturally occurring competencies of young children in daily routines" (Bagnato & Yeh Ho, 2006, p. 29). Bagnato suggests the competencies of children are demonstrated in their responses to natural daily occurrences. Authentic assessment focuses on 'real' behaviours which serve a function, as opposed to conventional, standardised tests which lack both contextual information and an evidence-base for use in early childhood (Neisworth & Bagnato, 2004). Focus in authentic assessment is on building upon strengths in the child's environment. This is demonstrated by the focus on collaboration between parents and teachers in both the assessment and decision-making process.

Authentic assessment places strong emphasis on gathering contextual information on inappropriate behaviour to facilitate effective decisions making around interventions. Research supports the use of Functional Behavioural Assessment (FBA) as the preferred tool for identifying what variables need to be changed when implementing an intervention (Church, 2003; Dunlap, et al., 2006). FBA is a move away from previous reactive models of assessment which looked only at consequences of behaviour rather than identifying and addressing the function of the behaviour (LaRocque, Brown, & Johnson, 2001). FBA acknowledges the relationship between the behaviour and what is causing or triggering it (Bagnato, 2007).

In practical terms, Functional Behavioural Assessment involves interviews with parents to gain important contextual information. Observations of the child in a natural environment are made and antecedents (what happens before) and consequences (what happened after) of the behaviour are recorded. From here teachers can design an intervention which has a greater likelihood of addressing the difficult behaviour. The overall purpose of an FBA, according to Bagnato, is to replace undesirable behaviours with "developmentally appropriate alternatives" (Bagnato, 2007, p. 217).

This approach to assessment involves the use of multiple methods to gather data, a necessary component of assessment if evaluation outcomes are to be objective and

useful. Gathering only one perspective, such as a behaviour checklist, is likely to produce inaccurate conclusions (McEvoy, Estrem, Rodriguez, & Olson, 2003). Smyth's review on screening tools also supported using direct observations following initial screening to determine eligibility for additional support (Smyth, 2006). Information from a number of sources is needed to provide contextual data on challenging behaviour (Huaqing Qi & Kaiser, 2003). The following section looks at what early childhood teachers can do to reduce aggressive behaviour in young children.

### **Interventions for Children with Aggressive Behaviour**

There are many approaches which may be taken to support young children with aggressive behaviour, according to recent research. These various approaches are often referred to in research as interventions. According to Dunlap and colleagues, interventions are “procedures that caregivers can use to reduce the challenging behaviours of individual young children” (2006, p. 36). Aggressive behaviours are often described in research as ‘conduct problems’. Consequently, this term is frequently used throughout this review. The New Zealand Advisory Group on Conduct Problems (AGCP) defines conduct problems in the following terms: “Childhood conduct problems include a spectrum of antisocial, aggressive, dishonest, delinquent, defiant and disruptive behaviours” (Blissett, et al., 2009, p. 2).

#### **Current New Zealand guidelines for interventions.**

In this section, guidelines for interventions currently available to early childhood teachers are reviewed, followed by a review of evidence-based interventions in current literature.

#### ***Te Whāriki.***

As previously discussed, Te Whāriki provides a sound early childhood philosophy on which teachers can base their teaching practice, however, it appears to fall short of providing specific strategies for children with intense behaviour needs not remedied by sound teaching practices. For example, under the strand of ‘Well-being’, a goal is stated: “Children experience an environment where: their health is promoted; their emotional well-being is nurtured; they are kept safe from harm” (Ministry of Education, 1996, p. 46). This implies behaviour problems such as physically aggressive behaviour,

endangering the safety and well-being of others must be addressed, but the practicalities of how this is done are not specifically covered.

Specific guidelines defining the parameters of appropriate behaviour and how to keep children safe from harm appear to be lacking. Blaiklock argues strongly for a robust review of the curriculum suggesting there is a lack of research to support current approaches and proposes Te Whāriki is “a curriculum of high ideals but little guidance” (Blaiklock, 2012, p. 26). The principles of Te Whāriki provide a sound foundation for good practice but stop short of specific steps for managing challenging behaviours. Blaiklock holds serious concerns for the absence of clear guidelines for practice in Te Whāriki and goes so far as to say, “When a vague and amorphous approach to curriculum is coupled with a vague and amorphous approach to assessment, there is potential for real problems” (2012, p. 25).

### *Practical guidelines.*

In 1998 The Ministry of Education released ‘Providing Positive Guidance: Guidelines for Early Childhood Education Services’ which addressed this need for specific guidelines for managing challenging behaviours. These guidelines gave centres an overview of effective positive guidance strategies, providing relevant information to formulate positive guidance procedure policies (Ministry of Education, 1998). The document is based on encouraging positive behaviours and takes educators step-by-step through the process of assessment and intervention, including identifying possible functions of the behaviour and working in collaboration with parents in decision-making processes. A section is dedicated to the area of aggression in early childhood and a small number of strategies are proposed, such as providing an alternative means of expression for the child and removing the child to a calm and supportive area. Although the strategies recommended are useful, they are unlikely to be sufficient to address a number of situations where physically aggressive behaviour has escalated to an unmanageable level. Furthermore, this document is out of print and is no longer provided to centres, leaving a gap for evidence-based practical guidelines for child care centres.

### **Review of evidence-based interventions.**

Specific strategies for managing challenging behaviour appear to be absent from current guidelines for early childhood teachers. Therefore, the following section of the review provides an overview of interventions recommended by research which meet this need. Numerous interventions are recommended in the literature, but those interventions which can potentially be accessed by early childhood teachers are the focus of this review. Connor (2002), in an overview of interventions for young children with aggression, concluded that interventions which are the most effective are implemented before the age of six; target both home and educational settings; are of sufficient intensity and duration; and involve effective collaboration between influential people in the child's life. Strong evidence exists for prioritising early intervention of conduct problems. Interventions in the early years are generally more cost effective and gains tend to be longer term (Blissett, et al., 2009; Church, 2003; Valentine & Katz., 2007).

The Advisory Group on Conduct Problems came to similar conclusions as those reached by Connor in two major reports, released in 2009, reviewing research on interventions suitable for young children in New Zealand with conduct problems (Blissett et al., 2009b; Blissett, et al., 2009). Most effective interventions identified for children aged three to seven years are based on social learning theory and look at ways to assist parents and teachers to better manage behaviour. Specifically this includes: “Parent Management Training, Teacher Management Training, Combined Parent/Teacher Programmes and Classroom-based Interventions” (Blissett, et al., 2009, p. 8).

Research suggests multi-component interventions targeting both parents and children are highly effective (Blissett, et al., 2009b; Reid, Littlefield, & Hammond, 2008; Tully, 2009; J. Watson & Tully, 2008). Interventions identified by the AGCP as effective programmes for children with conduct problems include both parent and teacher training. A summary of evidence-based parent and teacher interventions for young children with conduct problems is provided in Table 2.1. Effective programmes identified by the AGCP appear to fit the criteria for successful interventions proposed by Connor (2002). All programmes are designed to increase the knowledge and skills of parents and teachers; reduce antisocial behaviours; and increase the social competence

of young children. They focus primarily on building positive relationships and replacing antisocial behaviours with positive behaviours.

*Theoretical influences.*

The content of programmes identified by the AGCP, such as Incredible Years and First Step to Success, (Table 2.1) is strongly influenced by social learning theory (Bandura, 1978). Positive teacher-child interactions are role-modelled to teachers and teachers in turn role model pro-social behaviour to children. A focus is also placed on positive and negative reinforcement, reflecting the influence of B.F. Skinner's (1974) notion of Operant Conditioning. Parents and teachers are given strategies for increasing positive interactions and taught to positively reinforce desirable behaviours. Furthermore, these evidence-based programmes place a heavy emphasis on collaboration between the school and home environment, reflecting an ecological perspective (Bronfenbrenner, 1977). See table 2.1 on page 25 for a comparison of parent and teacher programmes.

Table 2.1

*Comparison of Evidence-Based Parent and Teacher Interventions*  
*Information adapted from Conduct Problem: Effective Programmes for 3-7 Year-Olds*  
*(Blissett et. al., 2009b)*

<b>Programme</b>	<b>Goals</b>	<b>Description</b>	<b>Evidence Base</b>
Triple P Positive Parenting Programmes  Informed by social learning theory and applied behaviour analysis	Educate/support families by increasing knowledge and parenting skills to prevent behaviour problems in children aged 3 to 8 years.	Five tiered levels of programmes, varying in intensity. Teaches strategies based on positive and negative reinforcers.	Improvements in pre-schooler behaviour documented in research (Bor, Sanders, & Markie-Dadds, 2002; Markie-Dadds & Sanders, 2006).
Incredible Years (Parent Programme)  Influenced by Bandura's Social Learning Theory and Skinner's Operant Conditioning	Promote social, emotional and academic competence and prevent conduct problems developing. Treatment of early onset conduct problems in children aged 2 to 8 years. Improve quality of relationships between parents, teachers and children.	Variety of programmes offered. Preschool basic programme for parents of children aged 3-6 years. 12-14 weekly group sessions. Parents taught relationship building skills, strategies for increasing positive interactions and reinforcement of positive behaviours.	Significant reductions of antisocial behaviour in preschool children (Hutchings et al., 2007; Webster Stratton & Reid, 2009).
Incredible Years (Teacher Programme)	Support development of social competence of children aged 3 to 8 years. Create positive learning environment, build relationships and increase desirable behaviours.	Six 1 day teacher training sessions, using videos, role playing and interactive learning. Pyramid model. Relationship building foundation for strategies such as incentives and negative consequences	Reductions in antisocial and oppositional behaviour in preschool children (Webster Stratton & Reid, 2002).
First Step to Success (Teacher Programme)  Influenced by Skinner's Operant conditioning	Prevent escalation of antisocial behaviour in 4- to 8-year old children. Provide teachers with skills to replace antisocial behaviours with acceptable behaviours using contingency management.	Three integrated components; universal screening of at-risk preschool aged children, classroom-based intervention and a family support programme providing parents with skills to parent effectively.	Proven effective for interrupting antisocial trajectory of young children (Walker et al., 1998).



### ***Interventions for the child.***

A great deal of emphasis has been placed on parent and teacher education in the literature, as highlighted in Table 2.1, however, Blissett and colleagues (2009) also acknowledged the place of social skills training programmes for children with antisocial behaviour. Research shows the added dimension of child social skills training optimises positive outcomes for young children with conduct problems (Webster-Stratton & Hammond, 1997). The Incredible Years child programme, Dina Dinosaur, teaches young children how to successfully relate to peers and problem solve. Children learn social skills in small group situations with role-play, videotape modelling and fantasy play, reflecting a strong focus on social learning. Webster-Stratton, the creator of the Incredible Years programmes, concludes that while parent and teacher training improves relationships between parents, teachers and children, child social skills training is necessary to improve relationships with peers and set the stage for successful social interactions at school (Hutchings, et al., 2007; Lochman, Boxmeyer, Powell, & Jimenez-Camargo, 2012; Webster-Stratton & Hammond, 1997).

### **Cultural considerations.**

Interventions recommended for young children with conduct problems are generally adopted from overseas research and often fail to accommodate the unique cultural perspectives of a New Zealand population. Behaviour problems can be interpreted and experienced differently within different cultural contexts. Therefore it is important that facilitators of interventions have adequate professional learning in cultural understandings and protocols. The Advisory Group on Conduct Problems has highlighted some key considerations for working alongside Māori, Pacific Island or Asian families (Blissett. et. al., 2009b).

### ***Māori.***

The importance of whānau must be recognised in interventions for Māori children with behaviour problems. Interventions must be targeted not only at the child, but also the family. Recognition of family values and kawa (protocols) are important elements for intervention delivery to be successful. Blissett and colleagues also discuss the importance of honouring the principles of the Treaty of Waitangi; specifically ensuring families are actively involved in decision making. Treatment must recognise Māori knowledge as a respected and legitimate “layer of evidence” (Blissett. et al., 2009, p64).

### ***Pacific Island People.***

Dr Teuila Percival (2009) discusses the importance of acknowledging and valuing the unique knowledge and outlook of Pacific Island people when implementing support surrounding conduct problems. Barriers to consider for Pacific Island families are differences in cultural values surrounding acceptable behaviour and fear of engaging in treatment. Percival recommends higher levels of engagement with Pacific families and communities to help break down these barriers and promote the importance of early intervention for helping young children with conduct problems (Blissett et al., 2009).

### ***Asian.***

The difficulties faced by Asian families are unique, in that they are often isolated from family and social support. In some cases behaviour problems in Asian children may be linked to cultural challenges, such as threats to cultural identity and an inability to access family and social support. Mental health issues, such as conduct problems are viewed as shameful for many Asian families which makes accessing support for these families particularly difficult. Interventions targeted at Asian children and their families need to be sensitive to different cultural understandings and provided in a non-confrontational manner (Blissett. et al., 2009).

### ***Working together.***

Possible barriers to accessing appropriate interventions for a culturally diverse early childhood population can be potentially overcome with adequate consultation with Māori, Pacific Island and Asian families and communities (Blissett et al., 2009). The opportunity for families to actively participate in decision making for their children needs to be a priority. Furthermore, the integration of multi-cultural values and protocols into interventions for behaviour disorders has the ability to broaden positive outcomes for a wider range of cultural groups in New Zealand.

### **Cultural adaptations.**

The Ministry of Education released a report in 2012 acknowledging some of the barriers to participation in the Incredible Years (IY) Parenting Programme for Māori families. Some of the barriers identified included struggles with travel costs, difficulty understanding set homework and challenges relating to non-Māori facilitators (Ministry

of Education, 2012). This highlights the importance of adequate cultural competence and supervision for facilitators to ensure unique cultural understandings are respected (Dunn, 2012).

The Werry Centre has gone some way to remedy these barriers and has adapted the Incredible Years Parenting Programme to a culturally appropriate model for Māori families. A hui took place in 2010 at the Waipapa Marae to discuss how the IY programme and resources could be tailored to meet the cultural needs of Māori families (Altena, 2010). The Ngā Tau Mīharo DVD for parents was created to incorporate a Māori world view, embracing Māori kawa (protocols), tikanga (customs) and whakataukī (proverbs). A strong emphasis in the adapted version has been placed on reconciling strategies for managing behaviour with Māori beliefs and values. The programme also focusses on the role of whānau in supporting children with behaviour challenges (The Werry Centre, 2008).

### **Future Directions: Research Influencing Government Policy**

This study focusses predominantly on how the gap between recommendations outlined in research for young children with behaviour problems and the realities of early childhood teachers can be bridged. A look at what future direction New Zealand research and policies are taking for supporting young children with challenging behaviour is explored in this section.

#### **Current government initiatives.**

The Ministry of Education website highlights a number of objectives, goals and future directions in the area of early intervention. The Ministry's 2010 Annual report stated a number of initiatives have been activated to improve awareness of special education services provided by the Ministry (Ministry of Education, 2010). In terms of picking up on children with early needs, B4 school checks were discussed. Furthermore, the need to support teachers and parents of children with behaviour problems was acknowledged; 'Incredible Years' programmes were identified as a means to meet this need.

Furthermore, the Ministry of Education business plan for 2010/2011 emphasised the importance of providing early identification and intervention for children with special

education needs. It also identified increasing access to the Incredible Years Parent and teacher training programmes as a key action (Ministry of Education, 2010/2011).

### **Significant research influencing government policy.**

Taumata Whanonga, a behaviour summit held in Wellington in 2009 recognised there are no ‘quick fixes’ for behaviour challenges. Priorities for action included the following: early-intervention; teacher training and teacher professional development on managing severe behaviour problems; acknowledging cultural differences; greater backing for evidence-based programmes such as Incredible Years; and common knowledge of evidence which works (Ministry of Education, 2009).

Research conducted by the Advisory Group on Conduct Problems (AGCP) supports Incredible Years (IY) as a preferred intervention for young children with conduct problems because: it is currently implemented by the Ministry of Education; training resources are readily available; the programme is viewed positively by recipients; and evidence exists for its efficacy for Māori and non-Māori (Fergusson, Horwood, & Ridder, 2005). Furthermore, supporting IY maximises the opportunity to develop the “infrastructure, skills and experience needed to implement programmes for both parents and teachers” (Blissett et al., 2009b, p. 18). The Ministry of Education is currently supporting roll out of the Incredible Years programmes across early childhood centres nationwide. Goals to increase teacher and parent participation are continually being reviewed and expanded (Ministry of Education, 2011).

The message of early intervention appears to be permeating Government department documents. The Green Paper for Vulnerable Children, a discussion document released by the Ministry of Social Development (2011), outlines the Government’s proposed way forward for supporting vulnerable children and their families. This document was informed by findings from The Expert Advisory Group and The Frontline Forum and acknowledges children are at their most vulnerable in the preschool years. It recommends early intervention to address problems as they first appear (Ministry of Social Development, 2011).

Another major review of literature on early intervention was conducted for the Ministry of Education in 2007 (Alliston, 2007). Key themes which emerged from the literature

included family-centred and collaborative interventions, in combination with acquisition of appropriate skills and guidelines for educators to be able to identify areas of concern. Similar to conclusions reached in The Green Paper, this review maintained that complex societal issues cannot be achieved alone, but government, communities, families and schools must work together to meet the needs of these children (Alliston, 2007). This review for the Ministry of Education concluded a significant gap between recommendations made in research and the day to day experiences of those working in early childhood exists.

The Early Childhood Education Taskforce (ECE Taskforce) released a major review for the Ministry of Education in 2011 advising that resources be focussed on raising the quality of early childhood education in New Zealand (ECE Taskforce, 2011). A number of recommendations were made which have the potential to impact on how early childhood centres manage children with challenging behaviour. Some of the most pertinent recommendations included: solid investment in professional development with minimum requirements met by all centres; strong focus on dynamic, collaborative relationships between families and centres; access to high-quality advice; policies based on current evidence-based research; and fostering partnerships within the sector and government. A heavy emphasis in this report was placed on support for families, children and teachers. Furthermore, the ECE Taskforce made a recommendation that early childhood teachers have access to education and professional development to be able to identify and support children with special education needs.

Recommendations by The Education Review Office (ERO) also make significant contributions to policy review in early childhood education. ERO released a review in 2010 on what contributes to high quality and poor quality early childhood education with the aim of initiating further debate and growth in the sector. The role of well-qualified, experienced and strong leaders was highlighted as an important contributor to effective assessment and self-review practices. The ability of management to identify areas needing professional development and proactively accessing relevant resources was also indicative of high quality early childhood education. Qualification levels of staff were identified as important and collaboration between childcare centres and other support services considered relevant contributors to the quality of early childhood education. The role of collaboration between centres and families in assessment of

children's learning and development was also heavily emphasised (Education Review Office, 2010).

ERO released a subsequent report evaluating how effectively a range of early childhood services supported children to develop social competence and learn appropriate behaviour (2011). A number of common themes in centres where children demonstrated high levels of social competence were identified. Positive, respectful relationships between teachers, and between teachers and children, contributed to a positive learning environment for children. Furthermore, effective, open communication between teachers and families was observed in socially competent centres. These findings were consistent with the findings of Hughes and MacNaughton on the value of equitable staff-parent relationships in early childhood settings (2001). Consistent with recommendations made by the ECE Taskforce and findings in ERO's report on quality in early childhood education, this review found that centres who engaged in timely, targeted professional development for challenging behaviour demonstrated high levels of social competence (ECE Taskforce, 2011; Education Review Office, 2010).

Based on the findings of the 2011 report, ERO (2011, p. 3) made four key recommendations to assist early childhood centres cultivate an environment which promotes social competence.

1. Early childhood teachers work in partnership with parents and whānau to support children as they develop an understanding of appropriate social behaviour.
2. Behaviour management policies or positive guidance procedures are consistent with teaching practice.
3. Teachers have a shared understanding of processes to identify challenging behaviours and clear strategies to respond to them.
4. The curriculum adopted by centres supports children to develop emotional and social competence.

These recommendations guide the current study and inform the research questions at the end of this chapter.

## **Conclusion**

In conclusion, research presents a strong argument for early identification and intervention of aggressive behaviour in young children to ensure they are helped before problems escalate. A large proportion of the research on early intervention has been conducted in the United States, however, there is increasing research evidence from New Zealand. Research reviewed emphasises the importance of working collaboratively to help children with difficult behaviour. This includes maintaining open communication and ensuring parents have adequate access to support. A recurrent theme in the literature was the recommendation for teachers to be adequately supported with relevant professional development. Research emphasises the need for evidence-based practice in early childhood centres, yet also acknowledges there is a gap between recommendations made in the literature and the everyday practice of early childhood teachers.

## **Research Questions**

Considering the evidence for early identification and remediation of physically aggressive behaviour, the aim of the current study was to ascertain whether teachers in early childhood centres believe they are adequately supported to meet this need. A key objective of this research was to uncover teacher experiences and understandings to help narrow the gap between evidence-based practice and teacher experiences with physically aggressive children (Odom & Wolery, 2003). Based on the literature reviewed, it was anticipated that teachers expressing difficulty with managing behaviour problems may have inadequate access to support. The research questions were as follows:

- Do early childhood teachers have adequate access to resources and knowledge to create sound, evidence-based behaviour management policies and practically implement these in day to day practice?
- Do early childhood teachers have adequate access to resources and knowledge to identify children at-risk for on-going aggressive behaviours and make relevant referrals to outside agencies?

- Do early childhood teachers have adequate access to professional development and current relevant research to equip them with practical strategies for managing physically aggressive behaviour?
- Do early childhood teachers have adequate access to resources and knowledge to work collaboratively with families to help children with physically aggressive behaviour?

These questions are explored using teacher interviews and surveys. The following chapter provides a detailed description of the methodology chosen for this study.



## Chapter Three

### Methodology

This chapter introduces the methodology used for the present study and includes research design, sampling design, research instrument development, procedures undertaken in the data collection and processes adopted in data analysis. Ethical issues are also discussed. The two data collection methods (interviews and surveys) have been presented separately to aid clarity.

#### Research Design

##### **Mixed-methods research design.**

“A key feature of mixed methods research is its methodological pluralism or eclecticism, which frequently results in superior research” (Johnson & Onwuegbuzie, 2004, p. 14). The combined use of quantitative and qualitative data in mixed methods research allows the researcher to maximise strengths unique to each of the methods and compensate for the weaknesses of each method. As researchers have moved past the quantitative versus qualitative paradigm debate, a pragmatic approach has emerged where the focus is not on methodological divisions, but on how research questions can be most effectively answered. Within a mixed-methods paradigm, knowledge is seen to be actively constructed by individuals yet also the product of predetermined facts and causal relationships. The qualitative component views reality as being constructed by research participants and reconstructed by the researcher while the quantitative component focusses on measuring existing knowledge (Johnson & Onwuegbuzie, 2004).

Decisions surrounding research design for this study were based on the ultimate goal of research in early childhood; to “provide answers to research questions and provide further evidence on which to base the approaches to education we use with our children” (McLachlan, 2010, p. 98). A mixed-methods design was considered to be a particularly good fit for this research. The semi structured format of interviews allowed flexibility for early childhood teachers to share their experiences of working with children with aggressive behaviour. Survey data allowed for more objective data analysis and provided the opportunity for results across methods to be compared in a systematic way. Surveys also allowed access a greater number of early childhood

teachers with a range of teaching experience, providing a sample more representative of the population (Punch, 2009).

### **Exploratory design.**

A mixed-methods *exploratory design* (QUAL-quant) was chosen for this research, which meant interview data was collected prior to survey data (Punch, 2009). This design allowed interview data to inform the design of the subsequent quantitative research instrument (Springer, 2010). The initial qualitative interview phase aimed to gain in-depth knowledge of the experiences and understandings of early childhood teachers in the area of managing physically aggressive behaviour. Data from interviews was then used to design surveys for distribution to a wider range of participants, allowing for a greater breadth of data. This design aligns with the writing by Keith Punch on research methods in education: “Question-method fit is crucial...the best way to obtain this fit is to give question development the logical priority, while acknowledging the reciprocal influence of method on question formulation” (Punch, 2009, p. 298).

### **Methods**

Consistent with an exploratory design, data was gathered in two phases; interview data was collected, followed by survey data. Interviews were used as a method to identify key themes and subsequent surveys were used on a larger more representative sample to validate these findings. Methods for each phase have been described individually below.

#### **Phase 1 – Interviews.**

Phase 1 involved collection of qualitative data in the form of semi-structured interviews with senior teachers from five full day childcare centres across Taranaki. This study of five centres fits a collective case study type, within a mixed-methods design. An intense focus on five centres led to an in-depth look into the experiences of childcare teachers and the ability to compare experiences between these centres. Springer (2010, p. 407) suggests “The main advantage of a case study approach is the richness of information that results from intensive focus on a single case”. Study of multiple cases yielded not only a depth of data, but also enabled findings between cases to be compared, increasing the ability to generalise finding to a wider population (Fraenkel & Wallen, 2006). Onwuegbuzie and Collins (2007) state that three to five cases is an adequate sample size for case study data collection.

### *Participants and setting.*

The database of childcare centres across Taranaki was accessed through the local Group Special Education office. Centres included a cross selection of those who are:

- a) privately owned;
- b) community run; and
- c) under the umbrella of a corporation.

Kōhanga Reo and other total immersion Māori centres operate from a fundamentally different cultural and philosophical base and require a unique and culturally competent research approach outside the parameters of my expertise, so were not included in the sample. Although not drawn out as a specific research focus, populations sampled reflect the cultural and social diversity experienced in New Zealand childcare communities within the local region. Furthermore, public kindergartens sessional crèche and playcentres were excluded from this sample as they do not provide full day care.

To optimise the ability to generalise findings, the initial sampling scheme employed was a simple random sample, where “every individual in the sampling frame...has an equal and independent chance of being chosen for the study” (Onwuegbuzie & Collins, 2007, p. 285). The Taranaki childcare centres from the database were entered into a Microsoft Excel 2010 programme to generate a random selection of childcare centres across the region. However from the initial random sample generated and invited to participate, only two teachers consented to participation via this initial selection process. As this yielded an insufficient response rate, another approach was needed to recruit participants.

Second, it was agreed with supervisors that a convenience sample was appropriate. Three childcare head teachers were approached through personal networks in the early childhood sector. This process provided access to a further three teachers from a range of different areas across Taranaki and inadvertently increased the representativeness of childcare centres across the region in comparison to the initial random sample. The childcare centres studied were distributed across a range of urban and rural communities and socioeconomic demographics.

The final sample of teachers comprised five female teachers in a head teacher and/or centre manager role in their centres. Teachers came from a range of teaching backgrounds and had varying levels of experience in senior teaching positions. Of the five centres, one was privately owned, one was community operated and three were under the umbrella of a childcare corporation.

*Semi-structured interviews with head teachers.*

A semi-structured interview was designed around findings from the 2011 ERO report “Positive Foundations for Learning: Confident and Competent Children in Early Childhood Services”. The interview set out to ascertain what is currently working well for childcare centres addressing physically aggressive behaviour and areas requiring further support. Interviews were designed to be respectful of the demands on teacher time, and were estimated to take approximately half an hour. The interview was broken down into four main areas to ensure coverage of critical topics for this research within these time constraints:

- Alignment of behaviour management policy (positive guidance procedure) with educator practice;
- Partnership between educators and parents/whānau regarding behaviour management;
- Processes to identify problematic physically aggressive behaviours; and
- Support for teachers

These main areas were broken down into a number of questions. See appendix A for the interview protocol. A digital recording device was used with the permission of participants to enable accurate recording of interview data.

*Procedure.*

Five centres were initially invited by telephone to participate in this research and indicated they were happy for an information sheet and consent form to be mailed to the head teacher. This correspondence was followed up by emails and a number of phone calls. Two teachers responded favourably, while three declined for a variety of reasons.

All interviews were conducted in the head teacher’s office and in some instances were interrupted by other teachers entering the room and the background noise associated

with childcare facilities. Interviews ranged in duration between 25 and 40 minutes and reflected the limited time frame available. The challenges of gathering data from interviews surfaced quickly. Some teachers were relatively easy to interview, whereas other teachers appeared to have predetermined what they were prepared to share. A brief outline of interview topics was emailed in advance, which may have impacted on responses. Although this posed some challenges when comparing data, the ultimate goal to uncover what individual teachers believed to be important and/or relevant in the area of behaviour management was still able to be addressed. Time constraints did not allow all areas to be examined thoroughly, however, subsequent survey design and distribution allowed areas of interest to be explored further with a wider range of teachers.

### **Phase 2 – Surveys.**

Interview data was used to inform the design of the survey for the second phase of data collection. Themes and areas of interest were identified from interviews and included in the survey tool to allow a further exploration and clarification of the key research questions. An understanding of the workload of early childhood teachers guided the design of the research tool to ensure it could be filled out within a realistic timeframe.

### ***Participants and setting.***

Using the same database as for interviews, a simple random selection of ten childcare centres across Taranaki was generated using Microsoft Excel 2010. Random selection was chosen to improve the ability of the study to be generalised across Taranaki and resemble more closely the New Zealand population as a whole. Initial email contact was made with nine centres inviting them to participate in the survey. A direct phone call was made to the tenth centre, due to difficulties with email communication. A direct positive response was given over the phone from this centre. In total, three positive responses were received within one week of initial contact. The following seven centres were followed up with subsequent emails and a number of phone calls.

The outcome of follow up was seven centres who agreed to participate in the surveys. A final phone call was made to confirm who to send the surveys to and how many copies were required by each centre. The request was made that teachers return surveys to the head teacher by a specified date so they would be returned in one package, rather than

waiting for individual responses to be mailed. Surveys were mailed to the head teacher of each centre and included a stamped, self-addressed large envelope for surveys to be returned in. Individual surveys were accompanied by an envelope to preserve teacher confidentiality. As a token of appreciation, respondents were advised in surveys they would receive a bar of chocolate for their participation.

Delays in survey return were experienced and follow up phone calls were made to ensure surveys were returned. The date of return on surveys was originally a ten day turn around, but this date was shifted out for some centres to allow participation. Despite a number of follow up phone calls and assurances from some centres they would make sure surveys were filled out and returned promptly, three of the seven centres did not ultimately respond within the timeframe required.

Of the ten centres originally approached, and seven who agreed to participate, only four actually participated. These four centres yielded a total of 35 responses. The four centres who participated were distributed over a range of rural, urban and socioeconomic areas. Although the response rate was limited, it still provided a broad representation of Taranaki childcare centres. Research indicates low response rates to surveys are typical in educational research, however, evidence exists suggesting results from surveys which have a 60 to 70 percent response rate may not vary considerably from those with a lower 20 to 40 percent response rate (Fraenkel & Wallen, 2006).

### *Survey design.*

Surveys were initially designed with a mixture of likert scale questions and short answer questions along with limited open-ended questions. It was a priority in the beginning stages of survey design to create a tool which catered for the time constraints of childcare teachers. The likert scale questions provided a useful way to measure and compare teacher experiences within a short time frame. The research instrument was subjected to extensive review by my two research supervisors and drew from their comprehensive experience in the field of early childhood education. Working collaboratively, we fine-tuned the survey design to ensure it was clear and succinct and was capable of accurately reflecting the experiences of childcare teachers. The decision was made to weave a number of open-ended questions into the survey, in addition to

likert scale questions, to provide respondents the opportunity to expand on their experiences if they chose to.

To aid data analysis, the survey followed a similar format to interviews and was grouped under the areas of: policy, assessment, partnership between teachers and families, and what support currently exists for centres with children with physically aggressive behaviour. See appendix B for a copy of the survey. Teachers were given the opportunity to identify what they believed to be the strengths and weaknesses in their centres in each of these areas.

Surveys were coded to enable grouping of survey responses into childcare centres in the final analysis, while preserving the anonymity of centre identities. Upon return, surveys were numbered 1-35 to support an audit trail for presentation of results and assigned a roman numeral to allow grouping into centres. See chapter five for an explanation of coding.

### **Ethical Considerations**

A low risk research application was submitted to Massey University prior to commencement of research. This research project was judged to pose minimal risk of harm to participants and was recorded on the low risk database because all participants were able to give informed consent and there were no known conflicts of interest. Consent forms for participants included a disclaimer stating the project's low risk approval status along with contact details for the Human Ethics Committee at Massey University, should any concerns arise. See appendix C for a copy of the Ethics Low Risk Notification.

#### **Consent procedures for interviews.**

Information sheets and consent forms were mailed to the five centres concerned and signed consent was gained prior to beginning interviews. See appendices D and E. Consent was also gained to record interviews on a digital recording device. Detailed information sheets ensured participants were fully informed and understood the nature of their involvement. Teachers were assured personal and centre identity would be protected. Confidentiality was maintained at all stages of research, through to the final stage of reporting data, where teacher names were replaced with pseudonyms. All

participants were involved on a voluntary basis and were given the opportunity to withdraw from the research at any stage if they did not wish to proceed.

Transcriptions of interviews were mailed to interviewees for review, along with transcript release forms. Teachers who agreed to participate were advised that a summary of the study's findings would be made available to their centres.

#### **Consent procedures for surveys.**

A detailed information sheet was provided to head teachers of centres participating in the surveys. See appendix F. Each survey included a brief introduction to the research project and assured respondents that individual and centre identities would be kept anonymous. Head teachers gave verbal consent to be involved in this research and supported this consent by distributing surveys to teachers in their centres. Individual teachers indicated their consent by willingly choosing to fill out and return surveys. Centres who agreed to participate were also advised they would have access to a summary of project findings.

#### **Data Analysis**

Data analysis was chosen based on the ability to most effectively analyse and summarise data in order to answer key research questions. Thematic analysis was used to identify themes emerging from the data and content analysis was used to quantify the strength of these themes. Likert scale data was analysed by collating responses and converting into percentages.

#### **Interviews.**

Recorded interviews were transcribed to enable in depth analysis. Line numbers were assigned to transcripts to enable an audit trail to be formed for transcript quotes. This coding is explained at the beginning of Chapter Four. Multiple readings of transcripts enabled greater familiarity with data in preparation for the next step of analysis.

Using the copy and paste function in Microsoft Office Word, data was able to be manipulated into the broad categories of policies, partnership, assessment and current support. See appendix A for an outline of these broad categories. From here data was subjected to a more in depth analysis, grouping into smaller sub-categories within these



broad categories. Once data was grouped into similar categories, themes within these categories were identified. Transcripts were then colour-coded, using the highlighting tool on Microsoft Office Word, against identified themes. In the final stages of processing data, a content analysis of the frequency of key themes was analysed. Thematic analysis allowed both similarities and variations in participant responses to be determined, identifying dominant perceptions as well as significant ‘outliers’ (Braun & Clarke, 2006).

### **Surveys.**

Data from likert-scale responses were collated and converted into percentages. Although the open-ended questions were not answered by all teachers, responses received were subjected to thematic analysis, identifying similarities and differences emerging from the data. To demonstrate the strength of data a content analysis of responses was undertaken (Coolican, 2004). For example, if only 16 teachers out of 35 answered a question and a common theme was shared by only four of these teachers, this was made explicit.

### **Conclusion**

This chapter has provided a detailed description and rationale for the research design, methods and data analysis procedures employed for this project. Using a mixed method design and drawing on both qualitative and quantitative methodologies this study was able to generate a depth and breadth of data which each approach could not achieve independently and to paint a vivid picture of the everyday experiences and perceptions of child care teachers in relation to physically aggressive behaviour.

The results from interview data and survey data are presented in the following two chapters.

## Chapter Four

### Interviews with Head Teachers

Interview data was collected from the head teachers of five childcare centres across Taranaki. The aim of the interviews was to identify the day to day experiences of teachers working with children with physically aggressive behaviour. Interviews were semi-structured, with open-ended questions. See appendix A for an outline of interview questions. Questions were based on recommendations from a report by the Education Review Office (2011) on promoting competent children in early childhood education and aimed to identify what support early childhood teachers believe they need to meet these expectations.

Information gathered from interviews was broad and varied. Not all teachers specifically addressed each issue, yet a wealth of pertinent views emerged. The semi-structured nature of the interviews was adopted to allow teachers to freely express and identify what they considered to be relevant issues in the area of behaviour management. Due to the nature of the questions, a degree of overlap occurred. Demographic data is first presented in table form followed by sections addressing results on policy formation, identification of children needing additional support, how teachers can be better supported to help children with aggressive behaviour, partnership between educators and families and finally, what is working well for teachers.

For the purpose of this discussion, teachers are named A, B, C, D and E for ease of reference and coding for referencing of quotes is as follows:

*Example* **TA:8:74**    **TA** = Teacher A    **8** = Page 8    **74** = Line 74

#### **The Sample of Teachers**

A summary of the teacher's self-reported qualifications, years of experience, time employed at their current centre along with their perceptions of their experiences of working with children with physically aggressive behaviour is presented in Table 4.1 on the following page. Some teachers made reference to the type of qualification held, whereas others referred to being "qualified".

Table 4.1

*A Summary of Teachers' Qualifications and Experience*

	Qualification	Years of experience	Time at current centre	Experience in working with children with physically aggressive behaviour (self-report)
Teacher A	Diploma of Teaching (ECE)	20 years (approximately)	Within 12 months of centre opening	Minimal Mostly minor behaviours
Teacher B	Bachelors Degree in Teaching (ECE)	10	2.5 years	Extensive
Teacher C	Diploma of Teaching (ECE)	11	3 years	Some Mostly minor behaviours
Teacher D	Qualified Teacher	12	4.5 years (4 months after centre opened)	Minimal, except in teacher training
Teacher E	Qualified ECE Teacher Provisionally Registered	4	15 months	Extensive

As an introduction to the topic of physically aggressive behaviour, teachers were asked what their understandings of behaviour management were in terms of day to day practice. Teachers A and B talked about behaviour management in terms of processes, guidelines and boundaries, whereas Teachers C, D and E preferred the term positive child guidance procedures and spoke about guiding, redirecting and giving children choices. As Teacher D suggests, "...there's no negative connotation around any of it... positive guidance, it's a calm process, you're identifying there's something that's happening and it's about redirecting them, giving them a choice as well, so you're not depowering the children" (TD:3:128-133). Teacher C appeared to combine both of these approaches in her understanding of behaviour management, adopting a model of

guiding in a positive way, yet viewing positive child guidance as a clear set of instructions which provide clear boundaries for teacher practice.

### **Guidelines Informing Practice**

Teachers interviewed came from a range of community based, privately owned and corporation run centres. For the majority of centres, behaviour management policies were created by management but subject to centre review. For one centre, behaviour policies were formed collaboratively between teachers and parents. Review of behaviour management policies varied between centres. Policies were reportedly reviewed monthly in one centre, but as infrequently as once every two years for another centre. Te Whāriki (Ministry of Education, 1996) was the predominant document identified as contributing to behaviour management policies. A summary of centre structures and understandings around behaviour management policies is provided in Table 4.2 on the following page.

Table 4.2

*Centre Structure and Understandings Around Behaviour Management Policies*

	Type of Centre	Who formed behaviour management policies	What documents inform behaviour management policies	How often are behaviour management policies reviewed
Teacher A	Community based	Parents and teachers	Te Whāriki Positive Guidelines	Monthly – as part of licensing criteria review
Teacher B	Privately owned	Management with teacher input	Unsure other than Te Whāriki	Once in two and a half years
Teacher C	Under management of corporation	Came from another centre part of corporation, but subject to centre review	Te Whāriki Diane Levy’s ‘Ask, Tell, Act’ system	Once per year
Teacher D	Under management of corporation	Policy governed by company but centre can make suggestions	Policy created by company and regularly updated by current research	Once per year or sooner if law change or new research
Teacher E	Under management of corporation	Policy determined by company but centre can adapt for individual needs	Policy created by company and kept up to date with current research	Twice per year

In four of the centres, head teachers identified the management as being responsible for the formation of behaviour management policies, but teachers are actively involved in the review process. However, Teacher B, from the privately owned centre expressed some hesitation around whether policy was altered to accommodate suggestions. “Yeah, we can have a say and make suggestions but whether it gets changed or not? That depends” (TB:5:227,231). Teacher A, from the community based centre, however appeared to be actively involved in the creation and review of their behaviour management policy. Policies were originally collaboratively determined by teachers and parents and continue to be reviewed by both parents and teachers.

Teachers A, C and E commented on the involvement of parents in the review of policies; however teachers A and E suggested feedback from parents is generally minimal. As Teacher A stated:

...generally there's no comments. Generally people don't even read them to be honest with you. I find for myself, there's a lot of this stuff that the ministry expect parents to work alongside with, but as long as parents can drop their child off, and their child goes away and plays happily, and then they pick them up and they still have a happy child, what actually happens between that timeframe they're not too perturbed about (TA:3:123-131).

All teachers commented on new teachers reading up on and familiarising themselves with behaviour management policies and four of the five teachers mentioned the use of staff meetings to discuss policies. Reference was made by Teachers A, C and D to displaying policies on the wall and Teachers A, C and E talked about role-modelling of behaviour management practices by more senior teachers.

#### **Specific strategies for managing challenging behaviour.**

In addition to interviews, Teachers A, B and C provided a copy of their behaviour management policies/positive guidance procedures for viewing. Neither teachers D and E provided copies of procedures. The behaviour management policy from Teacher A provides limited procedures for managing challenging behaviour, namely redirection and a cool down time for children who are struggling to accept boundaries of acceptable behaviour. An emphasis of consistency is expressed throughout the document.

The behaviour guidance policy provided by Teacher B also has limited procedures for managing challenging behaviour. Reference is made to redirection and temporarily ignoring inappropriate behaviour whilst giving attention to the recipient of the undesirable behaviour. An emphasis is also placed on teachers and children working together to model appropriate behaviour.

The positive guidance procedure provided by Teacher C, however, provided a more in depth explanation of how to manage challenging behaviour and outlines a specific strategy for guiding behaviour, namely 'Ask, Tell, Choice and Action'. This process progresses through stages of asking a child, telling a child, giving a child two choices

and finally taking action. As with the policy provided by Teacher A, a strong emphasis is placed on consistency.

During the interview process, teachers were asked if they felt teachers in their centre have a shared understanding of specific strategies for managing physically aggressive behaviour. Teachers expressed a variety of views on what having a shared understanding of strategies means in practice. Teachers B and E did not seem to have explicit guidelines for creating a shared understanding of strategies across their centres. Teacher B stated the team set their own strategies which became an automatic response over time. Similarly, teacher E said nothing was written down, but rather strategies were internalised: "...all in our heads. And it's a matter of just talking to the team, you know, if it comes up again it's like, well you know, remember, this is how we deal with it" (TE:17:837-842).

Teacher C affirmed teachers had a shared understanding of strategies, as detailed in their positive guidance procedure. Both Teachers A and D commented on the availability of extra support from senior teachers to help walk new teachers through strategies.

So generally teachers will, when they first start working here, not know what the procedures are, so they will read that, yes, they will observe others, if there is an altercation they will actually come to a senior staff member and say so and so did this, what should we do, and we will talk about it and then they tend to start role modelling those (TA:5:205-208).

In addition to mentoring by senior teachers, Teacher D commented on positive child guidance procedures being displayed on the wall as a point of reference for teachers. Procedures include specific steps, along with examples to support these steps if teachers are unsure what to do in a situation.

### **Support for creating policies and strategies.**

Teachers reported a variety of perceptions of support in the area of creating policies and strategies for managing challenging behaviour. Teachers A and D appeared confident with the development of policies. Teacher A emphasized the importance of teacher and parent input into design of policies, with the community focus providing a locus for

collaborative policy formation. Teacher D reported being well supported in this area, as she states:

We're kind of lucky because our policies are always regularly updated, they're current, they're researched so, they're basically where we're at the moment so we're quite well supported. And we also have a lot of professional development around it too if it's needed, so if the centre's actually really struggling with adapting to this, we've got a PSM or a professional services manager who will come in and actually work with our teams as well around (TD:4-5:200-203,244-246).

Teacher B did not feel able to answer questions surrounding support in this area.

I can't answer that because those were already done. I mean as a team sometimes we'd like to do our own, because we're the ones on the floor working with the children. We could take this to one of our meetings and go through this, jot in what we think needs to change, or wording, whatever it may be, and then we'll give it to the boss and then it's basically up to her (TB:4-5:192-209).

Teachers C and E expressed an interest in further support in the area of setting up policies and strategies for managing aggressive behaviour. Both teachers showed an interest in access to more strategies to utilise. Teacher E agreed it would be useful to have some core strategies to use consistently across the centre:

...so even in, you know, the smallest situation, you know, to I guess the biggest, just those simple, tools I guess, and consistency across the whole room, centre, so as they travel through each classroom, you know, they've got that same expectation (TE:18:860-866).

Teacher C suggested clearer guidelines for policy formation would be useful. She made the comment that Te Whāriki is open to individual interpretation and falls short of providing specific steps for managing difficult behaviours. As she suggests,

I don't know whether it would be fair to say that there's a real hard and fast like way to create this ... like the belittlement, a child should never feel belittled in anything that they do so, there is those governing rules that come from Te Whāriki that kind of, should guide it, but again it's



interpretation ... Probably the biggest thing is that, when you're in a centre you're dealing with teachers that are all different school bases, you know all different levels of study and not study, all different personalities, and you quite often need a really good set of boundaries when it comes to what behaviour management looks like, or positive guidance looks like, so that they can follow it step by step (TC:3-4:144-169).

In summary, not all teachers reported having adequate access to current research and professional development to create evidence-based behaviour management policies. Some centres reported limited strategies for managing challenging behaviour and a lack of clear procedures for ensuring there is a shared understanding of strategies.

### **Identification of Children Needing Additional Support**

#### **Identification processes.**

Teachers were asked how they identified physically aggressive behaviour that was outside the parameters of normal developmental physical problem solving. Generally teachers considered children's behaviour to be problematic when it was on-going and they did not respond to their usual methods of managing challenging behaviour. For example, as Teacher C comments:

...if you've spoken to the child and you've explained why we're not doing it and how it affects others and gone through the processes that we would with normal behaviours and it still keeps occurring, then that's when you start going, let's look a little bit deeper (TC:8:354-357).

Teacher E also talked about the nature of the aggression being indicative of whether the behaviour was a concern or not:

When it becomes, I guess violent. I know that probably sounds like a silly word to use because you know, all aggressive behaviour is violent, but you can just tell in their whole demeanour, how they go about things...you get some children that, you know, they have the verbal skills yet they might just sit there and watch for a while. And then they'll get up and push a child off the chair (TE:13:619-636).

All teachers talked about using some form of observations or monitoring of children as part of the assessment process. Teacher A spoke hypothetically about the assessment

process, due to the perceived absence of severe physically aggressive behaviours in her centre. She spoke of using written observations to identify patterns of behaviour and placed a strong emphasis on ensuring the child's other needs were met before coming to any conclusions. "I'm a firm believer in, if a child's behaviour is a bit awry then often they are tired, or they're hungry. Or they're sick. So you'd have to alleviate those things first" (TA:6:274-280).

Teacher B made reference to documenting and monitoring the behaviour of the child, whereas teachers C, D and E all spoke about the use of observations to identify patterns and triggers of physically aggressive behaviour. Both teachers D and E made specific mention of teacher shadowing as a tool to achieve this. "...this particular child that I'm talking about, was very aggressive around biting and hitting, we implemented a staff member to shadow which is to see what the triggers were for this behaviour" (TD:10:488-490).

All teachers made reference to consulting with parents when physically aggressive behaviour was on-going to see if the behaviours were occurring at home as well. A quote by Teacher C is typical of teachers' comments: "...we'll start saying to parents, look, is there anything happening at home, like just trying to get a bigger picture" (TC:8:357-358).

Teachers B and C talked about the use of planning meetings as part of the assessment process, which is articulated in the quote below by Teacher B:

We have what we call an IEP form which is sort of individual planning for the child, first thing is we will talk to the parent, tell them this is where we're at, this is what we need to do, and we'll fill that out, discuss it with the parent, show it to them, if they're happy with that (TB:2:92-96).

#### **Awareness of avenues of support from outside agencies.**

Knowledge of external avenues to turn to when needing additional support with children displaying physically aggressive behaviour appeared to be lacking for four out of the five teachers. Teacher A made mention of special education services and the public health nurse, but had not used these services for behavioural problems. All teachers, except Teacher D, expressed a lack of awareness of what support is 'out

there'. Teachers B, C and E however, all clearly indicated an interest in having access to someone else to speak to outside of the centre to discuss concerning behaviours, as the following statement from Teacher E suggests; "...sometimes, you sit here and just feel a bit stuck, think, oh, where do I go to from here? Who's the right person to phone?" (TE:19:944-948).

Teachers B and E commented on the need for support from external agencies for both teachers and parents.

There's definitely room for support and we just wish we had it. It would make our jobs easier and it would make us be able to help out the parents a lot better too. It's just that next step, that knowledge of whose out there, what can we do (TB:13:614-623).

### **Referrals for outside help and perceived support.**

When asked about support received from outside agencies for referrals for physically aggressive behaviour, teachers A and B said they have never made a referral of this nature, although teacher B has made a referral on behalf of the parents to Child Adolescent Mental Health Services for a child with behavioural problems. Teachers D and E reported positive experiences of support when making referrals to outside agencies. Although having limited experience with referrals for physically aggressive behaviour, on the one occasion teacher D made a referral for twins with autism and aggressive behaviour, support was readily available. As she suggests, "they did offer us a workshop then...so we have had the support if we've needed it" (TD:13:629-630). Teacher E spoke about the active involvement of Early Intervention services when faced with a child with physically aggressive behaviour. Although not specifically commenting on how well supported she felt, reference was made a number of times to the involvement of outside help in the form of advice and collaborative meetings.

Teacher C, however, mentioned that although Group Special Education was the centre's major outside agency for behavioural referrals, support was not always easily accessible, "Often we can't get a lot of traction with outside systems or external help" (TC:8:349). Developmental phases in learning to self-regulate emotions was identified as a contributing factor to difficulty accessing external support, and Teacher C stated, "it may be why GSE don't want to speak to us until they're a certain age about

behaviours, because that emotional control can take longer in some children than others” (TC:11:519-521).

**Cut-off point or exclusion.**

Four of the five teachers talked about the cut off point for children with physically aggressive behaviour where children needed to be sent home. Although expressing hesitation to use the term exclusion, teachers B, D and E said this would likely occur when the behaviour becomes dangerous and unsafe to others. Both teachers D and E made reference to their responsibility to protect and preserve the safety of children at their centres, as Teacher E commented: “I’ve got all these parents that I need to... reassure that their children are safe here as opposed to one parent thinking I’m unethical” (TE:10-11:498-503). Teacher D commented she has never had the need to exclude a child, but suggested the cut-off point would be when the behaviour escalated despite teacher efforts to shadow and redirect aggressive behaviour and when parents choose not to be involved, “I think the line would be when you haven’t got that consultation with parents and they believe there isn’t an issue, if you haven’t got everybody on board for that child” (TD: 12:563-568).

Teacher C expressed a different approach to exclusion of children with physically aggressive behaviour:

We don’t do exclusion is what I’m saying...we will sit with a child and that will happen quite often, when a child gets really mad and they start to throw things or hurt other people, we will take them out onto the deck or direct them out there if they’re unsafe to touch at that point...so guide them into an area that is safe for them to be in and then just basically kind of just stay in the area until they’ve come through, that’s our version of exclusion which is still inclusion because they’re not being left by themselves (TC:11:530-541).

Teacher B also talked about an inclusive environment for children with physically aggressive behaviour, but the ability to do this was impacted at times by a lack of staff to meet this need.

### **Strengths of current assessment practice.**

When discussing what is currently working in their centres for identifying children who may need additional support with behaviour, teachers B and D talked about the importance of working with parents. Teacher B ultimately saw the responsibility to access external support as lying with the parent: “at the end of it I suppose it’s the parent’s responsibility to take the very next step which is something outside of the centre” (TB:3:106-107). Teacher E commented on the value of a buddy or shadow system to monitor children with physically aggressive behaviour:

...we do the buddy system, so we’d try and encourage them, with those affirming positive words and, and just I guess getting an idea of why they’re being so aggressive...if things are improving then that’s great, our shadow system has worked well (TE:14:656-663).

Teachers A and C spoke of centre and teacher characteristics as being influencers on assessment processes. Teacher A spoke of a preventative approach to behavioural problems, suggesting clear structure, rules and boundaries supported an environment where formal assessment processes were unnecessary. Reference was made to children learning from one another appropriate behaviour. Teacher C’s comment is a good summary of this idea: “...so they observe the children behaving, and the other children know what the rules are...they monitor themselves and they actually tell on each other, they let each other know, hey what you are doing is not okay” (TC:6:257-261).

Teacher C commented that although they do not have specific training which enables them to identify children at risk of behaviour problems, teachers have been working with children for a long time and have the ability to determine when something is not right with a child. Exposure to such a wide range of children provides them with a good indicator of what behaviour can be considered normative.

But for our little people it’s more just a gut feeling because you’ve worked with, hundreds, going on thousands of children on a one on one level that you know them and you’ve got that running record of children and what they look like at this age group, so it’s kind of just when they don’t kind of fit in the norms (TC:7-8:345-349).

Teacher B also made reference to the inherent ability of teachers to determine if something is not right with a child: “sometimes it’s just instinct and sometimes it’s gone on for quite a while and, you’ve got to really learn who this child is” (TB:7:346-347).

### **Supporting children who are “at-risk”.**

Teachers A and D did not identify any areas where they felt they needed support in the area of assessment of children with physically aggressive behaviour. However, teachers B, C and E all expressed an interest in greater access to support from external agencies, as Teacher B comments: “if there was someone that you could call, you know, have easier access to” (TB:9:400).

Teacher C commented on a lack of guidelines for identifying children with behaviour difficulties and a conflict between teachers’ perceived behaviour norms and those suggested by staff from outside agencies:

That would be really hard because again we don’t have any guidelines. It’s really difficult for us in ECE to get any sort of real kind of guidelines in that, because often children are too young to be either boxed or labelled with some sort of, behavioural issues, and people don’t really want to know about it until they are at least 4 or 5...the difference being is that the norm range for us is a lot different I think from people who work out of offices because we’re seeing on mass a large portion of the cross section of children (TC:8-9:340-343,413-415).

When asked if a greater range of assessment tools would be useful in early childhood education, Teacher B responded, “We could probably benefit from a lot of things like that, but then, are we really here for that, that’s not what we’re trained to do originally...it’s just a little bit, let’s say a grey area” (TB:8:370-372). Similarly, Teacher C expressed some hesitation around using assessment tools without adequate training; “We don’t label children, just simply because we don’t have degrees and diplomas in those subjects” (TC:8:371-372).

In summary, interview data implied teachers possess an ability to identify children with abnormally aggressive behaviour, based on their experience as teachers. However, concern around a lack of guidelines to assist teachers in this process was shared by a

number of teachers. Teachers were not entirely opposed to utilising assessment tools, but commented on a lack of training in this area. Guidelines were identified by teachers as having a place in the assessment process. A general lack of knowledge of what outside support is available for children with challenging behaviour was noted and perceptions of support during the referral process were mixed.

### **Equipping Teachers to Help Children**

In addition to discussion around avenues of support from external agencies for children with aggressive behaviour and their families, interviews also focussed on how teachers are supported to help children with physically aggressive behaviour. In particular, increasing teacher knowledge of how to successfully manage challenging behaviours was explored.

Teachers A and D reported access to useful professional development in the area of behaviour problems. Workshops to date have been able to provide relevant, practical strategies which teachers could take away and apply to children with challenging behaviour in their centres. A recent workshop run by Rachel Goodchild called “Boys are Brilliant” was reported by Teacher A as particularly useful, and she commented that it was “very illuminating and helped us with strategies” (TA:8:360).

Workshops in these centres are reportedly open to all staff if run during the evening. Teacher A commented if a workshop is run during the day, one or two senior staff members will attend and new strategies learned are communicated to other staff, “So then you’ve got everybody on the floor...dealing with it in exactly the same way” (TA:8:361-365). Although commenting on positive experiences with professional development in the area of behaviour management. Teacher A did comment that accessibility to workshops in this area tended to be limited: “Not as big as what you would like it to because Taranaki is isolated, we don’t get a lot of the workshops that all the other centres get. They don’t seem to come to Taranaki” (TA:7:342-347).

Teachers commented on high levels of professional development available in their centres, although with the exception of Teacher D, all teachers expressed an interest in greater access to professional development in the area of behaviour management. A comment by Teacher E is typical of teachers’ responses: “We have PD on like a huge

range of things, probably not specifically on positive guidance or, I guess under that aggressive behaviour...so a PD on that would be really really helpful” (TE:16:759-772). Availability of workshops and the cost associated with training were identified as barriers to accessing professional development in this area: “Professional development is quite limited. I mean it costs. How do I deal with this, I would like to learn and have more knowledge. But it’s just not readily available” (TB:10:448-459). Teacher C also commented that, “Definitely there is room for it” (TC:9:442) and suggested availability of professional development in the area of managing aggressive behaviour was limited. Teacher C also suggested beliefs surrounding what early childhood teachers ‘should’ know have an influence on accessibility to training in this area:

It would depend on who you can get in because, again ECE is not always viewed as a serious profession, and should we be knowing stuff like that is also sometimes, the sectors kind of go, well actually that’s not your job to know stuff like that (TC:10:455-458).

A common theme identified by Teachers B, C and E was the desire to have access to a greater range of strategies or tools to apply with children with aggressive behaviour. Not only did teachers express an interest in practical strategies, but they also wanted to see how they have worked for others.

Extra strategies...what we can put into action, it, how they’ve worked at other places, maybe some examples of how they’ve worked, how they can be translated to home because quite often we struggle from, we lose the link between home and here...Is that going to work for you in your environment and being able to show them examples of what the strategy looks like in a home environment as well as a centre environment (TC:8:388-398).

Teacher B suggested that previous professional development experience fell short of meeting centre needs for finding a way forward for children with aggressive behaviour. As she stated, “There’s not a lot of knowledge in them...we’ll come back thinking, well we didn’t really get anything that we didn’t already know out of that” (TB:10:490-493). Teacher B commented on the need for a range of strategies to draw on to meet the diverse behavioural needs of children in the centre: “Definitely strategies and different



strategies, not just from one person, five, ten different types of ideas because that works better because you can't always apply the same strategy" (TB:11:497-499).

Teacher C took the discussion on professional development one step further and suggested one well trained person in the centre acting as a 'go to' person to access knowledge to support children with physically aggressive behaviour could be equally as effective as all staff attending workshops; "As long as that knowledge is being carried through to everyone else" (TC:10:479-480). Teacher C also expressed an interest in access to modern research to enable alignment of current practice with what research recommends.

We could try different strategies internally that we know have been tested and researched and have got some footing and basis in modern research and not in theory because that's also very difficult sometimes to have. A database of modern stuff...until somebody tells you otherwise you don't know whether it's good or not for them, so if research shows that \*\*\* is the worst system you could be using on the planet, then we will read it and know and change it accordingly, but if we've got no idea, trying to find that information can be the hardest thing (TC:13:603-609, 618-622).

In summary, those centres who reported having difficulties with physically aggressive behaviour also expressed an interest in access to a greater range of evidence-based research and professional development. All centres highlighted the need for more professional development in the area of behaviour management. In particular, teachers expressed an interest in access to specific strategies which can easily be applied.

### **Partnership between Educators and Parents/Whānau**

Teachers talked about the challenges they faced when communicating with parents about their child's physically aggressive behaviour. All of the teachers talked about discussions being initiated in an informal, non-threatening manner. Teachers A and B commented they initiate a conversation with the parent if the behaviour is on-going, whereas teachers C, D and E talk to parents on a day to day basis, as soon as an issue comes up; "...as soon as there's been an issue we'll talk to the parent" (TD:8:370). Teacher C particularly emphasised immediate communication: "Because what you often find will happen is that the incidences build up and build up and the parents don't have

a picture of that happening” (TC:6:261-262). Teacher E mentioned it can be difficult for parents faced with different teachers talking to them about their child’s behaviour every day: “...we’d have one person talk to the parent rather than a whole lot of people talk to the parent” (TE:9:418-419).

Teachers A, C and D talked about normalising the behaviour to ensure parents do not feel blamed.

I try to keep it casual so it doesn’t feel too intimidating...actually not your fault, this is happening, this is nothing that you’ve done and often that can be one of the best things that they hear...quite often a lot of the aggressive behaviours that we’re seeing are developmentally appropriate (TC:6-7:285-323).

The language used by teachers around communicating with parents suggests this process requires a certain amount of sensitivity. Words such as cautious, tentative, carefully and walking-on-eggshells were used to describe teachers talking to parents about their children’s behaviour, as these quotes suggest: “We walk on eggshells, we don’t want any parents to feel really bad about it” (TA:4:174) ; “You never put anything back on parents, it’s about us being able to support them and them supporting us as well to give the best that we can for their child” (TD:9:420-421).

Teacher C also identified the dynamic between fee paying parents and teachers as an additional barrier to encouraging parent/teacher partnership.

Teachers will shy away from discussing aggressive behaviour or antisocial behaviour, things that are, are difficult to speak about with parents, especially in private based centres because the parents pay peoples wages...So those more difficult conversations can often get kind of dropped off because we don’t want to start worrying parents or talking about things that may not be too serious (TC:6:249-255).

Despite this difficulty, all teachers talked about communication between the centre and home as being a valuable contribution to encouraging partnership between parents and teachers. In their experience, behaviours experienced at the centre were often creating challenges in the home also. The bi-directional communication of what is working at

the centre and home was reportedly beneficial to children with behaviour problems, as Teacher D suggests:

We're talking to parents as well, so what's happening for you at home, what are you doing, what have you found that's worked? As long as it aligns with what our positive guidance is, we can adopt those same practices here...so if they're struggling and we're putting things in place and we're finding it's working, they really love to be able to put into place what we're doing and see it work at home. And the other way as well, things that are working at home, that we can put into practice here that fits and aligns with our policies, we also put into place here so there's that consistency for the child all the way through (TD:8-9:388-407).

Teacher E explained how outcomes for children with physically aggressive behaviour in her centre varied according to the degree of partnership experienced between teachers and families. She talked about how much easier it was helping a child when the family were engaged in decision making; "It was a lot easier to sit down and express concerns and talk about strategies...and you work together, to ensure that consistency is there between home and the centre" (TE:12:568-572). Teacher E also talked about the challenge of helping children without the support of parents. In reference to a situation where the parent was particularly hostile and disconnected she stated that although they were able to find a way forward for the child, the process was significantly slower.

We're trying to do everything on one side, yet we've got no control I guess. Or input into what happens at home. I guess the process took longer. He's at school now, but it took a good 8 months to get his behaviour to a level that was I guess maybe acceptable, on a very thin line (TE:12:576-594).

In summary, teachers talked about the importance of establishing a home/centre link by communicating and collaborating with parents. Teachers made reference to the challenges associated with communicating with parents around their children's aggressive behaviour. Teachers reported approaching conversations tentatively and normalising behaviours to avoid upsetting parents. Although establishing a home /centre link appeared beneficial for maximising outcomes for children with aggressive

behaviour, one centre testified it was possible to improve outcomes for children with aggressive behaviour in the absence of parental involvement.

### **What Teachers say is Working Well**

In addition to identifying areas where child care teachers may need further support guiding children with challenging behaviour, interviews were also designed to ascertain what is working well in centres. Teachers identified a range of things which included specific strategies which are effective or personal philosophies and beliefs influencing teacher interactions with children.

#### **Practical strategies.**

Teacher C talked about a range of strategies which have worked with children with aggressive behaviour. For groups of children playing aggressively, separating the children until they are ready to play appropriately has been effective. With younger children, she commented, “just telling them to stop will often be enough to stop aggressive behaviour and redirecting them into another activity” (TC:11:502-503). Teachers D and E also commented on redirection as an effective way to manage aggressive behaviour. Teacher C talked about young children playing aggressively because they are excited and need some time to ‘come back down’ from that excitement.

So often just removal of that child for a minute, I’m just going to pick you up for a little minute, and we’re just going to have a story or just until you come back down because they’ll stay in that excited zone, will work quite effectively (TC:11:512-515).

Similarly, for children who are very angry, teachers will “Hold them quite tightly” (TC:11:516), keeping them and those around them safe as they “Wait for them to come back down again” (TC:11:518). Teacher C talked about the need to help young children gain control of their emotions, as “They can’t control it, they just need to play it out” (TC:11:522).

Teacher A and E gave specific examples of having a teacher working one-one-one with children with particularly aggressive behaviour. Improvements in behaviour were noted by teacher E in a specific case as a teacher came alongside and supported social learning and role modelled “...what gentle play is and how we treat our friends and respect the

environment” (TE:4:171-172). Teacher A also spoke about the importance of social learning in their centre and commented “we have the consistency of practices” (TA:1:50) as a result of knowledge being passed on by the more senior teachers on how to manage challenging behaviour. Younger teachers are thus supported by more mature staff, as Teacher A comments:

If there is an altercation they will actually come to a senior staff member and say so and so did this, what should we do, and we will talk about it and then they tend to start role modelling those (TA:5:206-208).

Observational learning also plays an important role in the social learning of children at this centre, as Teacher A suggests: “We expect our older children to be the role models and to set good standards and have appropriate behaviours and practices” (TA:1:35-37).

In summary, practical strategies identified by teachers as working well for children with physically aggressive behaviour included:

- Setting appropriate boundaries
- Redirection
- Giving children a cool down time with another adult to regulate emotion
- Role modelling by senior teachers to other teachers and by children to their peers (observational learning/social learning)
- Consistency of practice

### **Philosophies and beliefs.**

In addition to sharing effective strategies and practices which are working well in their centres, teachers also talked about some of the philosophies and beliefs which influence how they manage physically aggressive behaviour. Teacher B suggests that continuous communication amongst teachers is fundamental to successful behaviour management in early childhood. “What is working well for us is just feeding off each other... continual talking amongst staff, that’s the thing that you find works best in early childhood” (TB:11:528,533-534). Teacher A attributes the lack of aggressive behaviour in her centre to clear boundaries and a structured environment: “We have our rules and our boundaries and expectations of how we expect children to behave” (TA:1:24-25). The practical strategy of role-modelling provides a vehicle for the success of this philosophy.

Although the value of rules in teacher A's centre is clear, another important emphasis in this centre is placed on nurturing, positive relationships with the children. Children are not defined and judged by their inappropriate behaviour.

So that misdemeanour that happened, well that's over, you've done it and we've dealt with the consequences, now we all move on, and the bottom line is we still show every child love and we're kind and we're caring, we like to think we're like a family...Not judging them on that one particular episode (TA:9-10:443-445,459).

Teacher D shared a similar belief that children should not feel blamed or judged for their inappropriate behaviour. "I think the biggest thing is there's no blame...how is their behaviour ever going to change if they're judged" (TD:17:812-829). Rather than shaming children, Teacher D believes it is important to give children choices. This enhances children's learning and "They also get that power of choice as well" (TD:15:727 ). Children playing in the sandpit are given the choice of playing appropriately with the toys or moving away to another activity. Equally, recipients of aggressive behaviour have the choice to stay in the immediate environment or move away from the aggressive child. Importantly, indiscretions are addressed in a positive manner: "They're not getting isolated from anything, they're not getting put out there and shamed in front of other children or anything like that, so they're given the power of ultimately just turning away" (TD:15:740-742).

Following on in a similar thread, Teacher E commented on seeing 'beyond' the aggression in a little boy in her centre. "I could see bits of him that were really good and he had that good nurturing" (TE:18:895). She wanted to draw out those strengths and believed she could have a positive outcome with him; "I could see that we could progress, we could work with him" (TE:19:904). Although there were a number of challenges, her refusal to let his behaviour set the precedent for his future led to significant improvements. "Some of the parents that wrote the complaints actually came back and said, I can see you've done a hell of a job with him, he's improved" (TE:19:913-914). Interview data indicated that the road to social competence is impacted not only by practical strategies for managing challenging behaviours, but also

by the philosophies and beliefs of teachers creating a unique culture in individual centres.

In summary, philosophies and beliefs teachers identified as having a positive impact on practice were:

- Continuous communication
- Clear rules/boundaries/expectations
- Nurturing, positive relationships where children are not judged or blamed, but given choices
- Seeing beyond the 'behaviour', believing in the child's ability to change

### **Conclusion**

In conclusion, some teachers were able to identify a range of practices which are working well for children with physically aggressive behaviour. However, a number of teachers shared an interest in access to a greater range of strategies for managing aggressive behaviour and guidelines for identifying children with abnormally physically aggressive behaviour. A lack of awareness of avenues of outside support was a common theme throughout interviews and the challenges of communicating effectively with parents regarding decision making around their children's behaviour a recurrent concern expressed by head teachers. These key ideas were explored further in surveys to ascertain if these views were shared by teachers with a range of teaching experiences. Survey results are presented in the following chapter.

## Chapter Five

### Results of Survey

Surveys were distributed to seven randomly selected childcare centres across Taranaki which agreed to participate in this research project, of which responses from four were received. Data has been organised into seven sections, following the survey format. See appendix B for a copy of the survey:

- Demographic Information;
- Policies;
- Assessment;
- Partnership;
- Helping teachers help children; and
- Concluding teacher thoughts

Because the response rate was lower than hoped for, a decision has been made to present these data as simple descriptive statistics and to include responses from open ended questions which help to illustrate the findings.

Each survey was assigned a number between 1 and 35 to allow an audit trail for quotes to be established. Numbers in Māori have been assigned to surveys to enable grouping into centres. For example: **(24/toru) - Teacher 24 / Centre toru**

The number of teacher surveys returned from each centre is as follows:

Teachers 1- 4	-	Centre tahi
Teachers 5-10	-	Centre rua
Teachers 11-17	-	Centre toru
Teachers 18-35	-	Centre whā

Centre identity has been kept confidential in this thesis, however, being able to identify variation in responses within centres provided a useful opportunity for a more in depth analysis of the consistency of understandings and practices within individual centres within the reporting of the data. It was noted from interviews that some teachers were comfortable with the term ‘behaviour management policies’, whereas others were more familiar with the term ‘positive child guidance procedures’ for guidelines for managing



challenging behaviour. Both terms were included in the survey, but for the purpose of reporting ‘behaviour management policies’ encompasses both terms.

### **Demographic Information**

A key aim of the distribution of surveys was to access a range of teachers with varying degrees of experience and length of time working in their current centres. Interviews specifically targeted head teachers of childcare centres, whereas surveys were distributed to all staff at selected centres and consequently reflect a wider range of the perceptions and experiences of early childhood teachers. Seventy five percent of survey participants were qualified teachers, holding Diploma of Teaching or higher qualification. Twenty percent of teachers were in the process of training for either a diploma or degree in early childhood education (ECE). The remainder were untrained. For the purposes of reporting in this chapter all those who responded are referred to as ‘teachers’, although not all are trained. Where appropriate, differences between trained and untrained staff will be highlighted. See Table 5.1 for a summary of the highest teaching qualifications of participants.

Table 5.1

#### *Highest Early Childhood Qualification of Teachers*

Highest teaching qualification	Frequency	Percentage
Graduate Diploma of Teaching(ECE)	2	5.7
Bachelor’s Degree in Teaching (ECE)	10	28.5
Bachelor’s Degree in Teaching (Primary)	1	2.9
Diploma of Teaching (ECE)	14	40
In training	7	20
Untrained	1	2.9
Total	35	100

Experience levels of teachers varied, however a large proportion of teachers (40%) had been teaching between four and seven years and a further 35% had been teaching longer than this. Only 20% of participants had been teaching less than three years, which

suggests the majority of respondents were experienced teachers. See Table 5.2 for a summary.

Table 5.2

*Experience Levels of Early Childhood Centre Teachers*

	Years Experience	%
Less than 1 year	1	2.9
1-3 years	6	17.1
4-7 years	14	40
8-14 years	9	25.7
15 years +	4	11.4
Not specified	1	2.9
Total	35	100

In addition to overall length of experience teaching, the length of time the teacher has been at the current centre was also of interest for this study. It was expected teachers who have been working at their centre for a number of years would be more familiar with and confident with policies and practices in the area of behaviour management. Results showed the majority of teachers had been working in their current centre for between one and seven years, with only two teachers stating they had worked at their centre less than one year. Four teachers had a history of eight years or longer in their centres. See Table 5.3 for a summary

Table 5.3

*Time Teachers Have Taught at Their Current Centre*

	Years Time at Centre	%
Less than 1 year	2	5.7
1-3 years	17	48.5
4-7 years	11	31.4
8-14 years	3	8.6
15 years +	1	2.9
Not specified	1	2.9
Total	35	100

To summarise, the majority of teachers surveyed were qualified early childhood teachers with a number of years teaching experience. Furthermore, nearly half of respondents had worked in their current centre for over four years. Teachers were asked to share their understandings around behaviour management guidelines in their centres.

### **Policies**

Teachers were asked a number of questions surrounding familiarity with their behaviour management policies and how these translate into practice. Although the majority of teachers agreed they were familiar with the behaviour management policy for their centre, 20% of teachers did not agree policies for managing behaviour are clear. These responses came from three centres, excluding centre tahi. Furthermore, responses from all four centres suggest that as many as half of teachers do not feel strategies are easy to implement.

Results were analysed according to the variable of teacher qualification. It was found that teachers who answered 'undecided' or 'disagree' to questions around clarity of centre policies and strategies for managing challenging behaviour were predominantly qualified teachers who have been working in their current centres for over two years. Some of these teachers have been teaching in their current centre for over five years, yet disagree that centre strategies for managing challenging behaviour are clear or easy to put into practice. These results suggest a widespread need for clearer guidelines for managing challenging behaviours in early childhood settings. See Table 5.4 on the following page for a summary of responses.

Table 5.4  
*Understandings Around Centre Policies*

Statement	Frequency/percentage					
	Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Total
a) Familiar with the behaviour management policy	18 (51.4%)	15 (42.9%)	2 (5.7%)	-	-	35 (100%)
b) Policies are clear	10 (28.6%)	18 (51.4%)	6 (17.1%)	1 (2.9%)	-	35 (100%)
c) Specific strategies are clear	7 (20%)	18 (51.4%)	7 (20%)	3 (8.6%)	-	35 (100%)
d) Strategies are easy to put into practice	3 (8.6%)	14 (40%)	14 (40%)	4 (11.4%)	-	35 (100%)

### **Policy - strengths and weaknesses.**

When asked to identify the strengths and weaknesses of the behaviour management policy in their centres, 32 of the 35 participants responded. Of the three that did not respond, one was a qualified teacher and two were in their second year of training. A number of key themes and contradictions emerged from the data: policy was identified by some teachers as a strength; which others identified as a weakness. Analysis revealed that responses both *within* centres and *between* centres varied significantly.

Teachers from each of the four centres identified consistent application of policy by all teachers as a strength. However, other teachers within these same centres identified consistency as a weakness, indicating a lack of cohesion amongst teachers in this area. These responses reflect the different perceptions and experiences of teachers working within individual centres. This pattern was also identified with regard to the clarity of policies. Policies being clear and easy to understand was described as a strength by a number of teachers from centres Rua and Toru, however other teachers in these centres talked about policy clarity being a weakness.

A strength of behaviour management policies reported by teachers from all centres was the ability of policies to promote a positive, safe learning environment for children

where they are given choices. Involvement of children and families in policies was also identified as a strength by three teachers from one centre (toru). Wording of policies however was identified by five teachers as a weakness. There were contradictory views held by teachers in this area. Some comments indicated teachers felt the wording did not allow them to set appropriate boundaries for safety, whereas other comments implied wording in policies is inappropriate: for example, one teacher commented, “Wording of procedure is too ‘harsh’” (23/whā).

A lack of awareness of policies was another theme emerging from the data and a number of teachers commented on the perceived inability of policies to cater for the individual developmental needs of children. There did not appear to be a clear link between teachers’ qualifications or experience and their responses. See Tables 5.5 and 5.6 for a summary of key themes identified in the data, as well as the number of teachers who made statements related to each theme.

*Table 5.5 Strengths of Behaviour Management Policies: Teacher Reported*

Policy Strengths		
Themes	N	Responses
Policies promote positive and empowering practice	7	Empowering children to make own choices and to self-regulate (20/whā) They are positive and protect child development (7/rua)
Policy implementation consistently applied / teachers support one another	5	Staff are all in agreement about these policies and support one another. (3/tahi) All teachers support each other and are on the same page (12/toru)
Policies clear and easy to understand	3	Clear and easy to understand (6/rua) Strategies are clear and inclusive (13/toru)
Communication/Collaboration	3	Involves everyone from children, teachers to parents (13/toru)
Regular review of policies	1	Policy is always regularly reviewed. (6/rua)

Table 5.6

*Weaknesses of Behaviour Management Policies: Teacher Reported*

Policy Weaknesses			
Themes	N	Responses	
Policies not consistency implemented by all teachers	5	Really hard making sure all teachers are consistent and on board.(1/tahi) Not all teachers are on the same page (23/whā)	
Content and wording of policies	5	Too PC over words such as ‘telling’ ... they are in danger of harming themselves or others then as teachers we need to ‘tell’ children what we expect (language) (8/rua) One main weakness is the ‘tell’ part, if I was told to do something it may add to the problem (21/whā)	
Policies do not cater for the unique needs of children	5	Children are all different, not work on all children (2/tahi) It is very broad and we need to have one that is age and centre specific – taking into account the different developmental stages and differences between the sexes (34/whā)	
Guidelines unclear or hard to follow	5	Some of the guidelines are ambiguous (9/rua) not a lot of information in it ... especially for untrained staff (11/toru)	
Lack of awareness of policies	4	Relief teachers are not really aware of the procedures at all, students also need to be told (19/whā) feel like I need to refresh myself (10/rua)	
Not reviewed enough	2	Do not get renewed enough (7/rua)	

Results indicate teachers’ understandings of behaviour management policies vary significantly both within and between centres and do not appear to be related to teacher qualifications and experience. The next section addresses teachers' understandings of assessment processes and resources within their centres for identifying children with on-going aggressive behaviour.

**Assessment****Current practice.**

Teachers were asked if they felt they possessed adequate knowledge to identify when aggressive behaviour was outside the parameters of normal developmental expectations

and a possible indicator of on-going problems. Three quarters of respondents answered yes to this question, however, when asked if their centre used any tools to identify if behaviour was outside expected developmental norms, nearly half of the teachers said no and a further 26% were either undecided or did not answer.

***Current assessment tools used.***

Eleven teachers identified assessment tools used by their centre. The majority of these teachers made reference to observations. Discussion was another assessment strategy identified by nearly half of these 11 teachers, along with an emphasis on parent involvement in the identification process, as teacher 8/rua suggests:

As a team we are very good at discussing ‘issues’ or a pattern of behaviour that a child may display – any concerns we have with be discussed with centre management and with the parent. We have a strong base relationship with our children/whānau (8/rua).

Over half of the 11 teachers who responded made reference to calling in outside help, such as Group Special Education, to assess children. Reference to calling in outside help was made by both trained and untrained teachers. Teacher 3’s response was typical of others: “Get an outside expert – someone who is qualified in this area, as well as a neutral perspective” (3/tahi).

***What tools might be useful.***

When asked what kind of assessment tools might be useful, six of 10 responses reflected a desire for a point of reference, such as “A list of what to look out for (29/whā)” and “...easily accessible books (19/whā)”, which teachers could use to identify which children may need added support. Teachers who responded to this question had a minimum of four years teaching experience. The data suggests that teachers need more knowledge to be able to determine when behaviour is developmentally appropriate or atypical, as teacher 34 states; “Perhaps some literature on what is ‘typical’ behaviour at certain ages/stages and what might the triggers be and ways in dealing with it” (34/whā).

Similar to responses regarding assessment tools currently being used, two teachers made reference to outside help as a desired assessment tool, particularly having knowledge of who to approach for advice, such as; “List of contacts/numbers to have

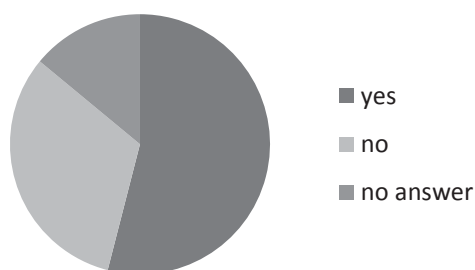
discussion with” (19/whā). One teacher made a specific point about lack of training in the area of assessment; stating “I am not a doctor or specialise in this area so always ask/question someone qualified in this area” (4/tahi). These responses demonstrate an interest from teachers in access to resources to identify ‘at risk’ children, while at the same time reflect hesitancy to make assessment decisions without appropriate knowledge and expertise.

### **Outside help.**

Teachers were also asked to share their understandings of support from external agencies. Results suggest a significant proportion of early childhood teachers (46%) lack knowledge of external avenues of support. See Figure 5.1 below for a pie chart summary of responses.

Figure 5.1

*Awareness of Help Available From Outside Agencies for Children with Physically Aggressive Behaviour.*



Half of respondents were aware of Group Special Education services (GSE), but a further 40 percent said they did not know, or did not answer this question. Awareness of other avenues of support was severely limited, with only five teachers mentioning support other than GSE. See Table 5.7 on the following page for a summary of agencies identified by teachers.



Table 5.7

*Outside Support Childcare Teachers are Aware of*

	Outside support	Responses	%
GSE (Group Special Education)/ SES (Special Education Services)		18	51
Plunket or GP		2	6
Child Support Workers (nb: teacher unsure of agency)		1	3
Taranaki Safer		1	3
Professional Development Courses		1	3
No answer/Don't know		14	40

When asked if they had made use of any of these services, out of the 35 responses, three quarters of respondents answered no. For those that had utilised outside agencies, the question was asked about how well they felt supported in their request for help.

Responses from two of the four centres reflected positive experiences when making referrals to outside agencies and felt “very supported” (17/toru). However, one teacher commented; “They were good when they attended but its slow response. Not enough staff in Taranaki to deal with the load” (2/tahi). One centre reported not needing to use these services. Responses from a final centre however indicated teachers at this centre did not feel adequately heard or supported when seeking outside help; “Often ECE is over looked – problems are not taken seriously” (25/whā). Teachers were also given the opportunity to share what is working well in their centres with current assessment practices, which is examined in the next section.

#### **What is working well with current assessment practices.**

When asked what was working well in their centres with current assessment practices 60% of teachers identified a range of ideas. Two teachers said nothing was working well, with teacher 9/rua stating “We have no clear procedure to follow if we suspect we may need outside support and no idea who to go to. Management is not much help either”. However, a further 19 teachers did offer positive feedback on assessment in their centres. The three main assessment strategies teachers identified as working well in assessment were observations, consistency amongst teachers and collaboration

between teachers and families. A summary of teacher responses is provided in Table 5.8.

A large proportion of teachers (14) either did not answer or responded ‘not sure’ to this question. Interestingly, the majority of these teachers have been working for at least three years in their current centres yet were not able to, or did not wish to, discuss what was working well for their centres with assessment. This may be indicative of some confusion in this area.

Table 5.8

*Teacher Responses to What is Working Well With Assessment Practices*

Theme	N	Responses
Observations / Written records	8	Current and regular observations recorded (4/tahi) Observations over time create a clear picture (28/whā)
Communication / Collaboration	8	...discuss well as a team to help reach positive outcomes And working with the child’s family/whānau (8/rua) ...talking to each other. Talking to parents (15/toru)
Consistency	4	As a team we all need to be consistent (8/rua) All teachers consistent and on the same page (22/whā)

**Strengthening assessment for children with aggressive behaviour.**

From the 22 responses regarding improving assessment, the dominant theme was teachers’ need for greater professional development in the area of assessment with “more specific and clear examples on what to do” (22/whā). This desire was expressed by teachers with varying levels of experience and was not limited to those in training and teachers new to the profession.

A number of teachers also expressed an interest in gaining greater knowledge of and access to outside support. Similar themes emerged to those identified in the area of policies. Teachers were concerned about a lack of consistent understandings and practice in the area of assessment and nearly 10 % of teachers saw room for improvement in the area of collaboration in assessment practices. Dominant themes emerging from the data are summarised in Table 5.9 on the following page.

Table 5.9

*Teacher Report of What Could be Better in Assessment of Physically Aggressive Children*

Theme	N	Responses
More professional development	9	More professional development for <u>all</u> staff. (3/tahi) More PD on this area/identifying challenging behaviour (9/rua)
Greater awareness of/ access to outside help	7	More outside help and guidelines (15/toru) a chain of help when we do not know what to do (7/rua) Organisations – knowledge of (19/whā)
Shared understanding/ consistent application of assessment policies	5	Making sure all new team members are fully aware of the policy and procedure and understand it (8/rua) All teachers on board (33whā)
Collaboration/ communication	3	more collaborative approach (7/rua) Communication between teachers (19/whā)

A number of teachers appeared to have limited knowledge of assessment procedures in their centres for identifying children with physically aggressive behaviour. Amongst those who did respond to questions in this area, answers revealed inconsistencies within and between centres. While some teachers felt current practices involving observations and discussions were working well, others expressed an interest in access to professional development in this area and guidelines for accessing external help. Teachers were then asked to share how they were currently managing children with physically aggressive behaviour and identify areas where they felt they need greater support.

### **Helping Teachers Help Children**

Data from questions on policies and assessment suggest some teachers feel they could be better supported in helping children with physically aggressive behaviour.

Determining teachers' access to adequate support was one of the central purposes of this

study. Thus teachers were given the opportunity to share what areas they are currently supported in and where additional support is needed.

### **Current strategies used in centres.**

Teachers were asked to share what strategies or interventions they are currently using in their centres for children with physically aggressive behaviour. Twenty six teachers shared a variety of strategies utilised in their centres. There did not appear to be any link between level of teacher experience/qualification and whether this question was responded to. Three teachers who did not respond to this question were in the early stages of training, however the remaining six non-responders were qualified teachers who had been teaching for between three and seventeen years and have taught at their current centres for over three years.

Two dominant themes emerged regarding strategies used in centres for challenging behaviour: talking to children about consequences; and redirection. Teachers from all four centres talked about communicating with children and explaining the consequences of their behaviour. Redirecting children to another activity was also repeatedly identified. In addition to redirection, a number of teachers also talked about a form of “short inclusive time out” (13/toru) or “Time in – peaceful methods” (25/whā) to protect the safety of children around them or themselves; “In extreme cases we remove the child away from others so they can’t hurt others or themselves” (3/tahi).

Another relevant theme was an approach to managing aggressive behaviour which involved validating children’s feelings and empowering them with choices. See Table 5.10 on the following page for a summary of interventions or strategies used by childcare centres.

Table 5.10

*Strategies Used by Childcare Centres to Manage Physically Aggressive Behaviour*

Theme	N	Responses
Taking child away from the situation and redirection	15	Sometimes will remove them from the situation and redirect them elsewhere (13/toru) Removal from area after several warnings and redirection to another area/activity (19/whā)
Talking with children about their behaviour and the consequences of their behaviour	13	Talking about inappropriate/appropriate behaviour (7/rua) Telling them their behaviour is hurting (18/whā) We get down on the children's level and verbally communicate, telling the child directly what they are doing and how we feel about it (13/toru)
Empower and validate	4	Giving child a choice to do it differently (16/toru) Trying to get the child to talk before the actions become aggressive, letting them know we are there for the child and to let them know it's okay to feel angry and upset (8/rua)
Ignore child who is being aggressive, comfort child who has been hurt	7	Ignore the child who is hurting, pick up the child who has been hurt (22/whā) At same time child hurt receives care and cuddles (14/toru)
Meetings to create an action plan	3	Meetings with the agencies/parents/teachers (2/tahi)
Role modelling	2	Encouraging children to verbalise or indicate what is bothering them or what they want through demonstrating and role modelling (9/rua)
Outside agency	2	Group Special Ed – we then follow their guidelines and strategies (1/tahi)
Other	2	Reducing triggers (5/rua) Praising positive behaviour (6/rua)

The majority of teachers talked about 'redirection' and 'talking to children' as strategies for managing challenging behaviour. Of all the responses only one teacher talked about praising positive behaviour. Questions around whether teachers believe there is a shared

understanding of strategies for managing aggressive behaviour in their centres were met with mixed responses.

### **Strategy implementation.**

This research set out to illuminate the practices concerning children with physically aggressive behaviour in early childhood setting and explore what is working and where support could be improved. Questions were asked about whether teachers felt they possessed adequate knowledge to support these children and whether there was a shared understanding of this knowledge within centres.

Nearly half of responses indicated teachers do not feel there is a shared understanding of strategies within their centres to manage aggressive behaviour. Analysis revealed that responses within centres also varied, with some teachers within centres reporting they 'mostly' feel teachers in their centres have a shared understanding of strategies, while other teachers within the same centre stating teachers 'never' have a shared understanding of strategies to use with children displaying physically aggressive behaviour. Centre Toru was the exception to this, with only one out of seven teachers reporting teachers did not have a shared understanding of strategies. It was noted this teacher had been working in this centre for only one year.

Teachers across all centres agreed they would like access to a greater range of strategies to use with these children. Furthermore, a significant portion of teachers felt they were not equipped to give parents advice on how to cope with aggressive behaviour at home. Although, responses from centres Tahi and Toru suggest the majority of teachers in these centres feel adequately equipped to advise parents, responses from Centre Rua indicate some teachers within this centre feel they have the knowledge to support parents, whereas others do not. The majority of teachers from Centre Whā either did not respond to this question or reported they only sometimes felt they were able to offer parents advice to apply at home. Responses did not appear to be linked to teacher experience.

These responses indicate potential gaps in teacher knowledge in how to support children with physically aggressive behaviour in early childhood settings and also how to extend this support to equip parents in the home environment. A lack of cohesion appears to

exist amongst teachers in knowledge and practical application of this knowledge; some teachers express confidence in their knowledge and skills to support these children and families while others do not share this confidence. This lack of cohesion appears to extend beyond variation between centres and encapsulates differences between teachers within individual centres. See Table 5.11 below for a summary of responses.

Table 5.11

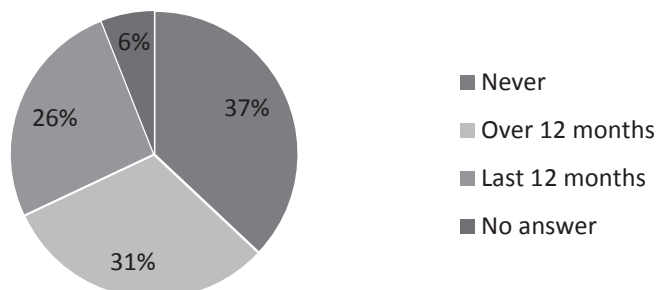
*Teacher Access to Knowledge for Managing Challenging Behaviour*

Question	Frequency/Percentage					Did not answer or invalid	Total
	Never	Sometimes	Usually	Mostly	Always		
b) Professional development helpful	1 (2.9%)	6 (17.1%)	5 (14.3%)	7 (20%)	6 (17.1%)	10 (28.6%)	35 (100%)
c) Able to apply knowledge gained from PD	1 (2.9%)	12 (34.3%)	2 (5.7%)	6 (17.1%)	2 (5.7%)	12 (34.3%)	35 (100%)
d) Teachers have shared understanding of strategies to use	5 (14.2%)	12 (34.3%)	3 (8.6%)	9 (25.7%)	3 (8.6%)	3 (8.6%)	35 (100%)
e) Would like access to a wider range of strategies?	-	2 (5.7%)	1 (2.9%)	7 (20%)	22 (62.8%)	3 (8.6%)	35 (100%)
f) Able to give parents advice on how to deal with physically aggressive behaviour at home?	1 (2.9%)	9 (25.7%)	10 (28.6%)	7 (20%)	3 (8.6%)	5 (14.2%)	35 (100%)

**Closing the knowledge gap.**

When teachers were asked how regularly they have received professional development in the area of behaviour management, 37% stated they have never had professional development (PD) in this area and a further 31% have not had any professional development within the past 12 months. Only 26% of teachers reported having professional development within the past 12 months indicating greater access may be an area worth considering. Exposure to professional development appeared to vary both between and within centres. See Figure 5.2 for a pie chart summary of responses.

Figure 5.2

*Teacher Access to Professional Development in the Area of Behaviour Management*

Teachers were asked a range of questions on the topic of professional development. For those that have had professional development for managing challenging behaviour, most reported they found it helpful, but nearly twenty percent said they ‘never’ or ‘sometimes’ found it helpful. Responses from nearly forty percent of teachers indicated teachers did not find they were able to practically apply knowledge gained from this professional development.

Analysis revealed all teachers from Centre Tahi and Centre Toru who had attended professional development (PD) for challenging behaviour had found it helpful and said they could apply this knowledge. Teacher responses from Centre Rua and Centre Whā however were mixed, with some teachers rating the professional development they had undertaken relatively highly and a number of others saying it was only ‘sometimes’ helpful and practical. Further analysis revealed the majority of teachers from centres Rua and Whā have not had PD within the past 12 months, whereas the majority of teachers from Centre Tahi have attended PD within the past 12 months. Teachers from Centre Toru did not appear to have experienced a lot of PD, with over half of teachers commenting they have ‘never’ had PD in this area.

These results suggest there is a need for greater access to quality professional development for childcare teachers which provides a range of practical strategies for managing challenging behaviours. Teachers were also asked to share their experiences working in partnership with families of children with physically aggressive behaviour.



## **Partnership**

Teachers were asked to rate a set of items about working in partnership with the families of children with physically aggressive behaviour using a likert scale questionnaire. Results suggest some gaps in knowledge and practice exist in the area of collaboration between teachers and parents. Furthermore, beliefs around whether children can be helped or not may be impacting on outcomes for children whose families do not engage in what is happening at their child's centre.

When asked if they believed they possessed sufficient knowledge to help children and families find a way forward, 40% of teachers responded 'never' or 'sometimes', and these beliefs were distributed across three centres: Rua; Toru; and Whā. Teachers' perceptions of working collaboratively with parents were somewhat inconsistent. Eighty percent of teachers indicated parents were generally open to working collaboratively in decision making, yet 35% of teachers responded that they 'never' or only 'sometimes' involve parents when creating an action plan for a child with physically aggressive behaviour. The majority of teachers who suggested they did not actively involve parents in this process were from Centre Whā, yet other teachers within this centre reported parental involvement in the decision making.

Teachers were also invited to express their view on whether children with behaviour problems can be helped if parents wish to keep what happens at home and the centre separate. Nearly half of teacher responses (45%) indicated teachers believe it is 'never' possible to help these children, with a further 20% stating these children could only be helped 'sometimes.' These views were expressed by teachers in all four centres and represent a range of teacher qualifications and experience. See Table 5.12 on the following page for a summary of responses.

Table 5.12

*Teacher Experiences of Working Collaboratively With Families*

Question	Frequency/Percentage						Total (100%)
	Never	Sometimes	Usually	Mostly	Always	Did not answer or invalid	
a) Involve parents and whānau in decision-making when creating an action plan	5 (14.3%)	7 (20%)	7 (20%)	5 (14.3%)	9 (25.7%)	2 (5.7%)	35 (100%)
b) Possess sufficient knowledge to support physically aggressive children and their families	3 (8.6%)	11 (31.4%)	10 (28.6%)	5 (14.3%)	4 (11.4%)	2 (5.7%)	35 (100%)
c) Find parents open to working collaboratively with teachers	-	6 (17.1%)	12 (34.3%)	12 (34.3%)	4 (11.4%)	1 (2.9%)	35 (100%)
d) Possible to help children with behaviour problems without parental involvement	16 (45.7%)	7 (20%)	4 (11.4%)	2 (5.7%)	3 (8.6%)	3 (8.6%)	35 (100%)

When asked to identify the strengths and/or weaknesses of their centre in working collaboratively with parents, 26 teachers responded. The nine that did not respond were teachers from the same centre (whā). The majority of non-responders had been teaching for over four years.

When considering the strengths in promoting partnership in their centres, teachers identified three major areas as contributing to their success. Of the twenty teachers who identified strengths 10 rated communication as an important ingredient in promoting collaboration between teachers and parents. Developing relationships with parents and involving them in decision making was identified by over half of respondents. Four teachers also highlighted the importance of open and honest dialogue with parents. Views appeared to be shared across centres, although a strong theme of parental

involvement and open and honest communication dominated responses from Centre Toru.

Only nine teachers identified weaknesses in the area of working collaboratively with parents, three of whom commented on a lack of transparency when conversing with parents about their children's aggressive behaviour. Teacher 9/rua provides a useful summary of this issue: "Conversations aren't always completely honest as often parents don't want to be told that their child's behaviour has been aggressive and consequently teachers shy away from those tough conversations" (9/rua). A lack of parental involvement and consistency between teachers and between the centre and home were also identified by half of these teachers as being areas of concern. See Table 5.13 and 5.14 for a summary of responses.

Table 5.13

*Teacher Reported Strengths Working Collaboratively With Parents*

Collaboration – Strengths			
	Theme	N	Responses
Regular communication (10)	10	Daily face to face communication (4/tahi) We do maintain continuous communication, which is a strength (28whā)	
Parental involvement (6)	6	We always try to work collaboratively with parents. We always want them involved and I feel we give them every opportunity to be involved (13/toru) Usually very good collaboration with parents takes place when children's behaviour is an issue. We could always consult parents. Some parents are more involved than other though (6/rua)	
Building relationship (5)	5	We take the time to form a relationship and maintain this relationship. We take the time to learn and respect our families (8/rua) We know our parents by name and talk to them creating a special bond (34whā)	
Openness and honesty (4)	4	Being open and honest (16/toru)	
Support (3)	3	We have a great support system – teachers and management (17/toru)	
Consistency home/centre (2)	2	You can use the same methods at home and in centre, as well as implementing certain routines that have helped at home (3/tahi)	

Table 5.14

*Teachers Reported Weaknesses Working Collaboratively With Parents*

Collaboration - Weaknesses			
	Theme	N	Responses
Parental involvement		4	We would like parents to contribute more, not just see us as a place to drop their children (22/whā)
Consistency – teachers, home/centre		3	Not all teachers are consistent and on the same page. Some don't follow the plan worked out between centre and parents/whānau (1/tahi) Getting through to the parents. After offering them advice and a copy of our policy/steps that do not follow through at home (31/whā)
Open and honest communication		3	I do not believe we are honest enough with our communication – we choose what we tell them (7/rua)

A number of teachers acknowledge the importance of working in partnership with families to support children with challenging behaviour. However, while a number of teachers identified communication as a strength in their practice, others appear to struggle to maintain open and honest communication with parents and to engage parents in decision-making around their child's behaviour.

### **Concluding Teacher Thoughts**

Teachers were given the opportunity to share any final thoughts on the realities of working with young children with physically aggressive behaviour. Eleven teachers took the opportunity to share their thoughts on working with children with physically aggressive behaviour. Three teachers indicated this is a difficult area for early childhood teachers and can lead to feelings of frustration: "Sometimes I exhaust all my knowledge and I end up getting frustrated myself" (7/rua); and seven of these eleven teachers expressed a need for more knowledge in this area. Two teachers from Centre Rua summed this up: "This is an important topic which I feel is not included in ECE training...and is not touched on enough once you are working in a centre" (9/rua) and; "More professional development would help" (4/rua).

Three teachers talked about the importance of fostering an environment which provides additional support for children with aggressive behaviour: A peaceful environment helps children to use more appropriate ways of communication...physically aggressive children may need more support from teachers to ensure they do not get as frustrated” (3/tahi).

Ensuring individual needs are met was one way teachers talked about providing greater support for these children: “Whatever the cause, every child needs and deserves specialised and individualised assistance and plans. Lots of patience and care” (1/tahi) and; “I believe you need to be culturally sensitive...getting to know families, build strong relationships” (4/tahi).

One teacher in particular provided a succinct summary of some of the gaps in knowledge experienced by teachers in the area of effectively supporting children with physically aggressive behaviour:

The realities for me is that we are all human and physical aggression pushes boundaries of professional practice so I think this needs to be invested in a lot more than it is. I.e. Review and refreshed every few months and discuss what actual strategies look like in practice so all team members are consistent – then maybe we could share what we know with parents to create consistency for children (7/rua).

## **Conclusion**

In summary, some early childhood centres appear to be better equipped to support children with physically aggressive behaviour than others. A key finding from survey results was that teachers who expressed confidence in helping children with physically aggressive behaviour also reported having adequate knowledge and access to support, whether in the form of PD or access to outside help. Some teachers indicated they were well supported or did not need any further support from outside agencies, whereas others felt they needed clear guidelines and procedures on how to access support from external agencies.

Teachers identified the need for clearer guidelines for creating behaviour management policies and identifying children ‘at risk’ of developing on-going behaviour problems.

Professional development was identified repeatedly as a need in the area of supporting children with challenging behaviour. A number of teachers indicated they would like greater access to knowledge and resources to work in partnership with families to support children with aggressive behaviour. The need for professional development providing specific strategies which can easily be put into practice for managing challenging behaviours was a recurring theme. Furthermore, a number of teachers indicated they would like greater knowledge of avenues of external support they can turn to and access to this support. Overall there appears to be an expressed need for quality professional development for early childhood teachers to support young children with physically aggressive behaviour. The implications of these findings are discussed in Chapter 6.

## **Chapter Six**

### **Discussion and Conclusion**

The argument for early intervention of behaviour problems has been well established in the literature (Fergusson et al., 2005). Research strongly supports the view that the early years are an important opportunity for remediation of problem behaviours to prevent them from escalating into subsequent antisocial behaviour disorders (Blissett, et al., 2009b). The research literature provides a convincing argument for high quality early education and early identification of behavioural concerns to prevent life course trajectories of physically aggressive and antisocial behaviour (Dunlap, et al., 2006; Kirk, et al., 2012). Early childhood teachers are in a unique position to influence long term outcomes for young children and play an important part in primary prevention and early intervention of behaviour problems.

The present study set out to identify the needs of early childhood teachers to meet the standards of best practice for developing social and emotional competence for young children as recommended by the Education Review Office (2011). Results confirm previous research which suggests a significant gap exists between recommended best practice and the daily reality experienced by childcare teachers working with children with physically aggressive behaviour (Ministry of Social Development, 2011). Research findings from this study provide an important link between evidence-based best practice in the research literature and the realities of child care teachers working with at risk children in the local Taranaki community. Research questions for this study were based on recommendations made by ERO and aimed to decipher whether teachers are adequately equipped to align their teaching with best practice. The discussion of the results will be structured around the answers to the research questions, drawing on both interview and survey data. A summary of key findings in relation to each research question will be discussed in relation to relevant theory and research.

## Research Questions

### 1) **Do early childhood educators have adequate access to resources and knowledge to create sound, evidence-based behaviour management policies and implement these effectively in day to day practice?**

The majority of teachers who participated in this study were qualified teachers with a number of years of teaching experience. Gaps in knowledge do not appear to reflect a lack of adequate teacher training or experience. A number of teachers who felt they lacked adequate knowledge and skills to support children with physically aggressive behaviour were experienced teachers. This adds weight to the need to seriously examine the supports that are in place for early childhood teachers to manage challenging behaviours. The need for greater levels of support was expressed by teachers both very experienced and those new to the profession, including those in leadership positions.

Of note in both the interview and survey data was that teachers across centres and within centres often hold disparate viewpoints relating to their experience of policy and practice. Two of the centres where head teachers were interviewed were also participants in surveys. In one instance a head teacher reported high levels of knowledge and consistency amongst teachers, yet a number of survey responses indicate this knowledge is not widely shared within the centre. This demonstrates the need for clear, easy to follow guidelines and procedures for early childhood teachers for managing physically aggressive behaviour to increase the likelihood of high levels of knowledge and consistency of practice.

Results from the interviews and the survey suggest some form of guideline, rather than a mandate, may be useful to help childcare centres create evidence-based behaviour management policies; while at the same time giving them the freedom to adapt guidelines to their own individual centre culture. *‘Providing Positive Guidance: Guidelines for Early Childhood Education Services’*, released by the Ministry of Education in 1998 is outdated, now unavailable and appeared not to be widely referred to by the childcare centres interviewed. Results suggest there is a need for easily accessible, current and evidence-based guidelines for childcare centres to inform creation of policies.



Furthermore, the evidence from this study suggests a number of centres find it challenging to establish consistent implementation of policies by all teachers. The variation in responses from teachers related to the consistency of policy implementation suggests that individual teachers within centres may view policies very differently. This may be an indication of unclear policies or a break-down in communication. Survey data revealed that a number of teachers felt that they were not adequately informed of centre policies. Surveys suggest that a significant portion of teachers are not clear on what behaviour management policies and procedures are and do not find policies easy to put into practice. A number of teachers who felt policies and strategies for managing challenging behaviour were unclear were qualified teachers who had been teaching for a number of years, indicating a widespread need for clearer guidelines for all levels of experience.

It appears significant that head teachers interviewed appeared confident that policies and strategies were clear to all teachers, yet data from surveys collected from two of these centres revealed that not all staff felt this to be the case. Some teachers within these centres disagreed that policies and strategies for managing challenging behaviour are clear or easy to implement. This may be the result of leaders feeling unprepared in this role, as three of the five teachers interviewed indicated they lack necessary knowledge to create evidence-based behaviour management policies and would find it beneficial to have more support in this area.

Whilst policy provides the foundation on which best practice can be built, there is an important link between theory and practice. Policies need to be taken from the pages and enacted consistently and effectively in every day practice. The link between what 'should be' and reality should not be presumed, but teachers need to be provided with step by step processes for what this looks like in practice. Policies which provide clear guidelines on assessment procedures, practical strategies for managing challenging behaviour and working collaboratively with children and their whānau must be partnered with adequate training and knowledge to facilitate their day to day implementation (Education Review Office, 2011). Data from surveys and interviews suggest a number of teachers find centre policies difficult to follow, indicating a need for clearer guidelines for managing physically aggressive behaviour. Ultimately, policies or guidelines are only useful if teachers know how to implement them and are supported in doing so.

**(2) Do early childhood educators have adequate access to resources and knowledge to identify children at-risk for on-going aggressive behaviours and make relevant to outside agencies?**

Current guidelines for assessment in early childhood education are broad and do not provide practical steps for teachers to follow (Blaiklock, 2009). Teachers are given learning strands, goals and learning outcomes in Te Whāriki (Ministry of Education, 1996) and exemplars of assessment linked to these in Kei Tua o te Pae (Ministry of Education, 2005; 2007) for supporting young children, yet no practical steps to identify those children with aggressive behaviour who may need more support are offered (Blaiklock, 2012). Survey and interview data indicates that teachers believe there is a distinct need for some form of guidelines to assist them in identifying children who are at risk of developing behaviour problems and effectively supporting those who are demonstrating physically aggressive behaviour.

Overall teacher responses in interviews and surveys suggested guidelines for identifying children who are at risk of on-going aggressive behaviour is a grey area. Interview data was mixed, with some head teachers feeling well supported in this area and others expressing a clear need for greater knowledge and support. One of the head teachers interviewed indicated a strong need for clear guidelines and greater support from external agencies and this need was also identified in survey data from the same centre. Another of the teachers interviewed felt confident in identifying children who are at risk and reported feeling well supported when making referrals, whereas survey responses from within the same centre reflect a clear lack of awareness of outside help and how to go about accessing this support. As with the data on centre policies and strategies for managing challenging behaviour, knowledge of procedures for assessing the needs of children with physically aggressive behaviour appear not to be widely shared. The Education Review Office (2011) suggest a shared understanding of processes to identify challenging behaviours and clear strategies to respond to them are important elements which contribute to high levels of social competence in early childhood centres.

Survey and interview data indicated teachers do not feel they are qualified to label children and appear more comfortable with the idea of having ‘guidelines’ as opposed

to assessment tools. However responses from both interviews and surveys indicate teachers would like more knowledge or training to identify young children who may be at risk of on-going aggressive behaviour. Survey results suggest there is a general lack of shared knowledge of assessment procedures in the area of physically aggressive behaviours. There was an indication in the data that teachers felt they should be leaving assessment of children with behavioural problems to trained professionals from outside agencies. A number of teachers expressed an interest in knowing what external support is available for assessing young children with aggressive behaviour and also indicated they wanted to be able to access this help quickly. In their review of quality in early childhood services, ERO (2010) concluded early childhood services need to be proactive in seeking relevant support from either within their service or from an external agency. This was linked in the research findings to high quality early childhood services (Education Review Office, 2010).

Findings from this study confirm that childcare teachers do not feel sufficiently informed to identify children who may need further support. Data from interviews and surveys suggest Te Whāriki (Ministry of Education, 1996) and Kei Tua o te Pae (Ministry of Education, 2005, 2007) do not provide teachers with solid practical procedures and strategies for assessing and supporting children with physically aggressive behaviour. These findings were consistent with Blaiklock's critique of these documents (2009; 2012). Furthermore, childcare teachers have very limited knowledge of avenues of support to pursue when they suspect a child needs additional support. There is a very real need for a greater awareness of what support is available for childcare centres and how to access this help. Those teachers who have utilised the services of outside agencies, such as Group Special Education, reported mixed experiences of support and those who have not made referrals appear to lack knowledge on how to go about this process.

Early childhood teachers play a crucial role in screening children who are at risk of on-going behaviour problems (Smyth, 2009). To leave identification of these children needing further support up to outside agencies may mean a number of children will miss out on essential support in their early years to prevent behaviour problems escalating during childhood and adolescence (Dunlap, et al., 2006). For teachers to be able to fill this highly important need there needs to be significant shift in what teachers and the

educational community believe to be the role of early childhood teachers. Teachers need to feel valued and taken seriously (ECE Taskforce, 2011). Appropriate investments need to be made to equip teachers with the knowledge and skills to provide the first essential link in the chain of early intervention (Kirk, et al., 2012) and these data suggest that teachers currently recognise they are currently poorly equipped for this role.

Findings from this study suggest teachers are able to draw on a depth and breadth of experience with young children to determine when aggressive behaviour is outside developmental norms. It would seem advantageous to have a next step for teachers prior to referrals being made to outside agencies. Resources for outside support can be limited and it would be pragmatic for teachers and special education providers if teachers have access to adequate guidelines to determine which children need the support of agencies such as Group Special Education (Smyth, 2006). This study showed a number of teachers would like access to some kind of guidelines to determine if behaviour is outside the 'norms'. If teachers do not feel adequately equipped to identify when behaviour is following developmental trends or is maladaptive, this may indicate a gap which needs to be addressed in either teacher education or in service professional learning. The Education Review Office (2010) identified qualification levels of teachers as important contributors to quality early childhood education and the ECE Taskforce (2011) recommended that significant investment into professional development to raise the quality of early childhood education in New Zealand.

Teachers expressed a need for guidelines to help them decide next steps for children with physically aggressive behaviour. Teachers expressed a need to know when a child's behaviour is outside developmental norms so they can make relevant referrals. However, this expressed need was contradicted by a desire not to label children and a hesitancy to use assessment tools without adequate training. These obstacles could potentially be overcome if teachers have access to assessment guidelines or tools which provide indicators rather than conclusive diagnoses. The Canterbury Screening Protocol began to explore a valid screening tool for use in New Zealand early childhood centres. The use of a point of reference such as this may increase teacher confidence in making referrals which meet the eligibility criteria for intervention from Group Special Education services (Smyth, 2009).

There seems little point introducing a screening tool, however, which teachers do not find relevant or appropriate for early childhood. Currently centres have access to the Strengths and Difficulties Questionnaire, as part of the B4 school check, yet this check list style tool is centred on identifying negative behaviours, which is contradictory to the strength-based approach of early childhood education in New Zealand (Goodman, 1997). A 'check list' type screening tool may be a useful point of reference for early childhood teachers, but content must reflect the culture of the New Zealand early childhood sector if such an instrument is to be accepted and utilised by childcare teachers (Smyth, 2009).

Ultimately the intention of screening is only a first step to determine if further assessment is needed. From here teachers can implement a supportive way forward for children, building on individual and environmental strengths (Annan, 2005; Green, et al., 2004). Beyond having a 'point of reference' to guide teacher decision making, 'Authentic Assessment' is a model which resonates well with early childhood education. It is based within a developmental context, utilises observations and builds on strengths in the child (Bagnato & Yeh Ho, 2006). Training in this model to further teacher knowledge on how to identify children needing greater support may be a pragmatic and positive way forward.

It is not enough however to place more responsibility on teachers without providing them with adequate support to effectively implement early intervention measures in their day to day practice. As reflected by the voice of teachers in this project, this means greater training and access to clear guidelines and procedures as a point of reference. Often children spend a large proportion of their time in childcare centres. Therefore, teachers are in a highly influential position whereby they can potentially turn around life course aggressive behaviours. Early childhood services, if adequately supported, can lay the foundation for positive outcomes across the lifespan (ECE Taskforce, 2011; National Institute of Child Health and Human Development, 2006).

**(3) Do early childhood teachers have adequate access to professional development and relevant research to equip them with practical strategies for managing aggressive behaviour?**

Although outside services, such as Group Special Education, provide help for childcare centres who are experiencing difficulties with children with severe behaviour problems, teachers still need to manage challenging behaviour on a day to day basis, irrespective of severity. Results of interviews and surveys confirmed a number of teachers do not feel adequately equipped to support children with physically aggressive behaviour. Interviews revealed that teachers who had access to professional development and relevant research felt well supported and able to manage aggressive behaviours. However, those centres interviewed who expressed challenges around helping children with aggressive behaviour did not feel they had ready access to relevant professional development or research. Overall, a number of teachers interviewed and surveyed expressed a strong interest in access to a greater range of practical strategies or skills to manage difficult behaviour. The literature suggests educators need to be provided with adequate skills and guidelines to identify children in need of early intervention and provide necessary support (Alliston, 2007; ECE Taskforce, 2011).

Survey and interview results show a large gap exists in access to quality professional development in the area of behaviour management for these teachers in the Taranaki community. The majority of teachers who participated in surveys have not had professional development in this area in the past year and those who had attended training have not always found it useful. Although one head teacher interviewed reported feeling very well supported with professional development, survey responses from the same centre suggested not all teachers found professional development available helpful and easy to apply. Research suggests early childhood teachers need access to high quality and timely advice to successfully support children with physically aggressive behaviour (ECE Taskforce, 2011; Education Review Office, 2011).

Results from surveys and interviews suggest there is a need for relevant professional development which specifically targets practical strategies or interventions which teachers can implement easily in their centres. Surveys showed teachers with all levels of experience and qualifications lack knowledge for managing difficult behaviour. This suggests a gap exists in initial early childhood teacher education and a need for

professional development for teachers at all levels of their teaching careers. Research suggests teachers who are trained to recognise negative patterns of interactions and replace with positive teacher-child interactions in the early years are essential for turning around on-going conduct problems (Webster Stratton & Reid, 2002).

Not only do teachers want more knowledge in this area, a number of survey respondents talked about the frustration of ensuring consistency across all staff members. One teacher interviewed reported high levels of consistency and talked about procedures being clearly displayed and role modelled to younger teachers by senior teachers. Survey responses from the same centre however showed that not all teachers found these procedures clear and easy to follow. This suggests it is a combination of clear, easy to follow strategies and clear measures for communicating these procedures that contribute to consistency of practice across centres. ERO (2011) suggest teachers need to have a shared understanding of strategies for managing challenging behaviours if young children are to successfully develop social competence.

Research suggests centres which have effective leadership, access to quality professional development to inform practice and a shared understanding of how to support children with challenging behaviour are most effective in supporting children with behaviour problems develop social competence (Education Review Office, 2010, 2011). This study supports these findings and further recognises the importance of teachers having access to relevant professional development and literature to guide their practice. Furthermore, teachers need to be supported in the transition from theory to practice. Effective leadership which role models best practice is an essential ingredient if knowledge and skills are to be passed on to all teachers across centres (ECE Taskforce, 2011).

In practical terms, this means equipping senior teachers in childcare centres with sound evidence-based knowledge to guide and inform their practice. A programme currently supported by the Ministry of Education for increasing the skills of teachers for managing difficult behaviour is the “Incredible Years” programme. However, none of the teachers in the interviews or surveys mentioned this programme which may indicate



that early childhood teachers are not aware of this resource. The Incredible Years teacher programme focusses on building positive relationships between teachers and children, builds on strengths and provides teachers with a diverse toolbox of strategies to practically implement with children displaying antisocial behaviours (Webster-Stratton & Reid, 2002). One of the teachers interviewed (TA) made reference to similar training where specific, practical strategies were taught and commented on how useful this training was for their centre. Throughout this study teachers have voiced the need for clear, easy to use strategies for supporting children with aggressive behaviour, which leads to the logical conclusion that professional development needs to target these teachers' needs.

#### **4. Do early childhood educators have adequate access to resources and knowledge to work collaboratively with families to help children with physically aggressive behaviour?**

Ideally families of children with physically aggressive behaviour will be involved in all aspects of their child's social development. A considerable amount of research advocates for teachers and parents working in partnership to support young children develop social competence (Alliston, 2007; ECE Taskforce, 2011; Education Review Office, 2011). Parental input into policies around behaviour management, assessment processes and decision making around which interventions best support their child are invaluable. Parents provide important contextual information to help create an accurate picture of what is really going on for the child (Connor, 2002; Huaqing Qi & Kaiser, 2003). Research suggests family involvement in the planning and implementation of interventions increases the likelihood of interventions being effective and having lasting effects (Dunlap, et al., 2006).

Results from interviews and surveys suggest that teachers overall are aware of the importance of establishing a home-centre link with parents. One centre interviewed for this study reported a strong community focus and attributed low levels of problem behaviour to active parental involvement in decision making in the centre. Survey data indicates that teachers strongly believe parental involvement is crucial for positive outcomes for children with physically aggressive behaviour. Nearly half of survey respondents do not believe it is possible to help these children if parents wanted to keep



what happens at home and the centre separate. If many teachers genuinely believe it is not possible to help children without parental involvement, an even greater need exists for equipping teachers to create interactive positive partnerships with parents (Education Review Office, 2011).

Some results of this study however challenged the belief expressed by many teachers that children who do not have parental involvement cannot be helped. One of the centres interviewed shared a success story of helping a young child with severe physically aggressive behaviour without parental or family input. This child's family was strongly opposed to being involved in what happens in the centre and made it clear they thought it should be kept separate to what happens at home. Outcomes were gradual for this child, but he reportedly made significant behavioural improvements before leaving to attend school. This is a testament to the ability of childcare centres to make a real difference in the lives of vulnerable children. The belief that children who lack supportive families are in the 'too hard basket' needs to be addressed if all children are to be given the opportunity to benefit from the great start in life quality early childhood education can provide (Ministry Of Social Development, 2011; National Institute of Child Health and Human Development, 2006).

To establish positive partnerships, teachers and parents need to be able to communicate effectively (Education Review Office, 2011). Communication and collaboration appear to be recognised by teachers as important components for creating consistency for children. However, a number of teachers report not having enough knowledge to effectively collaborate with and support the families of children with physically aggressive behaviour. This is consistent with previous research which suggests many teachers want an active partnership with parents but lack the training and confidence to do so (Webster Stratton & Reid, 2002).

Conversations around children's inappropriate behaviour appear difficult for many teachers. Results of interviews and survey suggest communication between teachers and parents is not always completely transparent. Teachers choose what they tell parents because they find parents unreceptive to conversations around their child's inappropriate behaviour. According to interview data, aggressive behaviours are often normalised to reduce the risk of parents being upset. Although one head teacher

interviewed presented a picture of reciprocal, supportive communication with parents, survey responses from her centre indicate that other teachers still find these conversations difficult. Clearly there is a need for additional support for teachers to enable open and honest reciprocal communication between parents and teachers to facilitate consistency across environments. Barriers to open communication need to be recognised and addressed if parents and teachers are to work collaboratively for the overall good of children. Family centred, collaborative interventions are strongly supported in the literature (Alliston, 2007; ECE Taskforce, 2011).

However, barriers to communication were not reported by all teachers. Two teachers interviewed believed their centres promote positive interactions between teachers, children and families. These two centres placed significant value on ensuring children are heard and empowered so it is likely these centre values also infiltrate teacher relationships with families. Parents who feel they are making a valuable contribution to their children's education are more likely to be receptive to teacher feedback than those who feel they are being attacked or judged (Hughes & MacNaughton, 2001). The way communication is approached has the potential to impact profoundly on whether parents are willing to work alongside teachers to support their children. Communicating with parents about their child's aggressive behaviour is a sensitive area from which teachers may benefit from some coaching.

Part of facilitating consistency for children and supporting a positive collaborative relationship between teachers and parents, is equipping parents with knowledge to support their children at home (Hutchings, et al., 2007; Webster-Stratton & Hammond, 1997). Teachers can be instrumental in linking parents to appropriate avenues of support to increase parenting skills. By increasing the skills of parents, greater levels of stability and consistency can be experienced by children with difficult behaviour. Research shows there is a strong correlation between insensitive parenting and high levels of aggression in children (Casas, et al., 2006; Côté, et al., 2006). Programmes such as the Incredible Years (IY) parenting programme and Triple P have been shown to be effective programmes for increasing positive parenting skills and decreasing aggressive behaviour in preschool children (Bor, et al., 2002; Webster Stratton & Reid, 2009).

As with the Incredible Years – teacher programme, the Ministry of Education is rolling out the Incredible Years – parent programme across early childhood education facilities around New Zealand (Ministry of Education, 2011). Parenting programmes aim to help parents build healthy relationships with children and build positive parenting skills. These programmes compliment IY teacher training programmes, which target increasing the skills and knowledge of teachers. A number of kindergartens across Taranaki have participated in Incredible Years training, yet results from this study suggest awareness of IY training across Taranaki childcare centres is very limited.

Although research strongly supports the involvement of parents in supporting children with aggressive behaviour (Hutchings, et al., 2007), realistically there will be occasions where parents do not want to or cannot be involved in what happens when children are in child care. Research proposes positive relationships between teachers who are adequately equipped to teach social competence and children is related to lower levels of physical aggression in early childhood centres (Connor, 2002; NICHD Early Child Care Research Network & Arsenio, 2004). Access to relevant and practical professional development to provide teachers with the knowledge to meet this need is essential. There is some evidence to suggest universal or targeted prevention programmes aimed at teaching children social and emotional competencies lead to reduced levels of aggression in childcare centres (Lochman, et al., 2012). The Incredible Years Dina Dinosaur programme teaches children social skills and is designed to be used in conjunction with IY parent and teacher training. Group Special Education in Taranaki is currently advocating for the child training component of IY training to become available for early childhood educators in Taranaki (personal communication, 2012).

Findings of this study suggest a number of teachers need greater knowledge and resources to successfully engage parents in collaborative problem solving. Reciprocal communication allows parents to share what works well for their children in the home environment, providing teachers with pertinent information for creating consistent messages between home and the centre. Teachers can also give parents knowledge of avenues they can pursue to support parenting at home. A positive partnership between parents and teachers means parents and teachers are jointly advocating for the good of the child. For this to come to fruition, barriers to effective communication need to be addressed and teachers need access to relevant knowledge to pass onto parents to

support their journey (ECE Taskforce, 2011; Education Review Office, 2011; Hughes & MacNaughton, 2001).

### **What Teachers Say is Working Well**

Results from interview and survey data would appear to suggest that centres which have access to current research, professional development and supportive management feel adequately equipped to support children with physically aggressive behaviour.

Furthermore, centres who feel well supported when making referrals to Group Special Education appeared not to view behaviour challenges as a problematic.

One teacher interviewed believed the absence of physically aggressive behaviour in her centre was the result of clear and explicit boundaries and expectations for both children and teachers. This teacher talked about proactive measures, such as ensuring children are receiving a consistent message from all teachers and have appropriate behaviour role-modelled to them by teachers and peers on a regular basis. This particular centre also reported having an effective collaborative relationship with parents. A particularly strong emphasis on community and parental involvement was identified by this teacher as largely responsible for a positive, dynamic learning environment. The teaching practices of this centre align with Kirk, Gallagher, Coleman and Anastasiow's (2012) model of prevention, where problem behaviours are prevented by quality teaching, clear boundaries and promoting a positive, supportive learning environment.

Interviews and surveys identified a range of practical measures teachers find successful when supporting children with physically aggressive behaviour. The most commonly cited strategies were redirection and giving children a cool down time to regain equilibrium. Data from both interviews and surveys, however, also showed philosophies and beliefs have a profound impact on outcomes for children. Centres which reported high levels of social competence appeared to place a large degree of value on fostering a supportive environment for children, where children feel validated and heard. Teachers in two centres interviewed (A & D) believed children should not be defined by their behaviour, but rather be nurtured in a positive, non-judgmental environment. Misdemeanors are addressed and quickly forgotten, allowing children fresh opportunities to make positive play choices. By removing judgment and blame, children are given the gift of unlimited learning opportunities. The stigma is replaced with the

chance to make things right and learn from mistakes. This approach, where respectful relationships between teachers and children are advocated, is reportedly very successful for some of the centres interviewed and provides important contextual information for the low levels of problematic behaviour experienced in their centres (Hughes & MacNaughton, 2001). This approach is consistent with the principles of Te Whāriki, where “children learn through responsive and reciprocal relationships” (Ministry of Education, 1996, p. 14).

## **Implications of the Present Study**

### **Guidelines informing practice.**

The results of this study suggest there is a need for easily accessible guidelines, based on current literature, for creating behaviour management policies. The need for clear guidelines for identifying children at risk of on-going aggressive behaviour; strategies for managing this behaviour; and processes for working collaboratively with parents and whānau was identified as a fundamental need for early childhood centres to successfully support young children with physically aggressive behaviour.

Survey results indicated that teachers’ understandings of policies and strategies for managing aggressive behaviour often vary within centres. This suggests centre management need some clear measures for communicating these policies to all staff and adequate support to implement these guidelines.

### **Identification of children needing further support.**

The results of this study confirm Te Whāriki (Ministry of Education, 1996) and Kei Tua o te Pae (Ministry of Education, 2005; 2007) provide teachers with general guidelines, but not specific practical steps for assessing the behavioural needs of children. Teachers in this study expressed an interest in guidelines to help them identify children at risk of on-going aggressive behaviour and more knowledge in the area of what is developmentally appropriate behaviour. There may be a place for alternative assessment tools in early childhood centres to help teachers identify when aggressive behaviour is outside expected developmental norms (Bagnato, 2007).

This study has looked at the validity of using screening tools in early childhood context as a preliminary assessment tool. Further development of the Canterbury Behaviour

Screening Protocol (Smyth, 2009) to fit a New Zealand early childhood centre context may be an option for helping teachers identify young children who may need further support, such as Group Special Education services.

Another assessment model reviewed in this study, which has the potential to be adapted to an ECE context, is “authentic assessment” as proposed by Stephen Bagnato (2007). This model uses multiple methods to gather data, providing important contextual information for aggressive behaviour (Huaqing Qi & Kaiser, 2003). Authentic assessment utilises observations as a method for gathering data, which is a method already widely used by teachers in this study. By identifying the function of the behaviour, inappropriate behaviours are able to be replaced with developmentally appropriate behaviours. By determining the likely cause of behaviours, teachers are potentially able to implement interventions which have a greater likelihood of being effective (Bagnato, 2007).

Although a number of teachers expressed an interest in guidelines for identifying physically aggressive behaviour outside of developmental norms, they also expressed concern around the lack of training in this area. Therefore, introduction of new assessment approaches need to be teamed with sound professional development which provides step-by-step processes for implementation.

### **Equipping teachers to help children.**

Results from this study suggest a clear need for professional development which specifically targets practical strategies or interventions which early childhood teachers can easily implement with children with physically aggressive behaviour.

Implementation of successful strategies for managing physically aggressive behaviours however is linked to effective, knowledgeable leadership. Research suggests early childhood centres which have sound leadership, access to quality professional development and a shared understanding amongst teachers of how to support children with aggressive behaviour are the most effective at helping children develop social competence (ECE Taskforce, 2011; Education Review Office, 2010, 2011).

To be effective leaders, head teachers and early childhood teachers need to be equipped with sound, evidence-based knowledge to guide and inform their practice. The Incredible Years – teacher programme, currently supported by the Ministry of

Education, has the potential to meet these needs. This programme focusses on building positive relationships between teachers and children, builds on strengths and provides teachers with a range of strategies for managing antisocial behaviour (Webster-Stratton & Reid, 2002). Results from this study suggest early childhood centres across Taranaki are not aware of this programme, which suggests there is a need for greater awareness of this resource. Furthermore, a number of teachers in this study reported the need for a greater knowledge of what outside support was available for children with aggressive behaviour and how to go about accessing this help.

### **Partnership between educators and parents and whānau.**

Results from this study show teachers are aware of the importance of working in partnership with parents and whānau to establish consistency between the centre and home, yet report not having enough knowledge to do this successfully. Research suggests combining Incredible Years teacher training with Incredible Years parent training is more beneficial for children with antisocial behaviour than either programme on its own (Webster Stratton & Reid, 2002). The Incredible Years parenting programme is designed to be run adjacent to the teacher training programme. Implementation of both programmes has the potential to give early childhood centres the ability to both increase positive teaching skills and parenting skills, facilitating a stronger home/centre link.

Teachers revealed conversations with parents about their children's aggressive behaviour are often difficult. A need for additional support to enable teachers to establish reciprocal open and honest dialogue with parents was identified in this study. Additionally, a pervasive belief identified was that children cannot be helped without parental involvement. The belief that these children are in the 'too hard basket' needs to be questioned and teachers provided with adequate resources to support these children. There is evidence to suggest that targeted prevention programmes which teach children social and emotional competencies lead to reduced levels of aggression in early childhood centres (Lochman, et al., 2012). The Incredible Years – child social skills training programme has been shown to be effective in reducing aggressive behaviour in young children (Hutchings, et al., 2007).



## Recommendations

This study set out to give early childhood teachers the opportunity to identify areas where they would like more support to meet best practice for children with physically aggressive behaviour. A list of key recommendations, based on research findings, is provided below:

- Easy access to guidelines based on current literature for creating behaviour management policies (ECE Taskforce, 2011).
- Direction on how to effectively communicate these policies to all staff and how to support teachers in the implementation of these guidelines (ECE Taskforce, 2011; Education Review Office, 2011).
- More knowledge in the area of what is developmentally appropriate behaviour (Brassard & Boehm, 2007).
- Further development of the Canterbury Behaviour Screening Protocol to fit a New Zealand early childhood centre context (Smyth, 2009) as a possible screening tool to identify children ‘at risk’ of on-going aggressive behaviour.
- Explore “authentic assessment” as a possible assessment model in a New Zealand early childhood centre context (Bagnato, 2007).
- Rigorous professional development in how to use screening tools and/or “authentic assessment” which provides step-by-step processes for implementation.
- Professional development which specifically targets practical strategies or interventions which early childhood teachers can easily implement in day to day practice (ECE Taskforce, 2011; Education Review Office, 2010, 2011).
- Increase teacher knowledge of how to establish and maintain reciprocal, open and honest conversations with parents (Education Review Office, 2011; Hughes & MacNaughton, 2001).
- Increase awareness of Incredible Years teacher and parent training programmes (Webster Stratton & Reid, 2009)
- Consider Incredible Years - child social skills programme as an option for increasing social and emotional competencies of children with physically aggressive behaviour (Hutchings, et al., 2007).



- Increase awareness of and access to quality professional development in the area of behaviour management in early childhood centres across Taranaki.
- Provide list of agencies and procedures for accessing external help for early childhood centres across Taranaki.

Overall, the results of this study suggest early childhood teachers would benefit from greater awareness of and access to, professional development and outside support to effectively implement best practice for children with physically aggressive behaviour.

### **Limitations**

This study has indicated to some extent the needs of early childhood teachers for supporting children with physically aggressive behaviour. However, there were some uncontrollable variables in this study which limited its' effectiveness.

Collection of interview and survey data was during the winter months. A number of teachers reported being short-staffed and this appeared to impact on head teacher willingness to participate in both interview and survey data collections. This, in addition to the general busyness of teacher schedules limited participation in both phases of data collection. Ideally teacher interviews would have been more in depth, but in reality teachers found it difficult to find time for a half hour interview.

Another observation during this study was an impression that a number of teachers may have been responding to questions with answers consistent with their ECE training. The ability to give authentic responses may have been influenced by pressure to conform to 'social desirability' – the tendency to provide socially acceptable answers (Coolican, 2004).

A final limitation which needs to be acknowledged with the present study is the ability to generalise results to the New Zealand population. Representativeness for this study was limited to the Taranaki region, however, the cross selection of centres sampled in this study provided a useful insight into the everyday experiences of early childhood teachers working with physically aggressive children.

## **Future Directions**

This study has identified some of the areas early childhood teachers need more support to effectively guide young children with physically aggressive behaviour. The present study has drawn attention to a number of areas for further research:

- Further research outside of the Taranaki region to ascertain if the needs identified in this study are widespread or localised.
- Explore barriers to communication between teachers and parents and ways to overcome these barriers.
- Adapt screening/assessment tools for identifying children at risk of on-going aggressive behaviour to fit a New Zealand early childhood context.
- Explore the effects of teacher beliefs and philosophies on outcomes for children with physically aggressive behaviour.

## **Conclusion**

In conclusion, this study suggests there is a widespread need for greater access to knowledge for early childhood teachers to effectively support children with physically aggressive behaviour and their families. Teachers need access to sound research and evidence-based guidelines to inform behaviour management policies and procedures. There is a need for clearer guidelines and training for early childhood teachers to identify children in need of additional support and an accessible toolbox of practical evidence-based strategies which can easily be applied for children with physically aggressive behaviour.

Access to quality professional development which equips teachers with practical strategies for managing aggressive behaviour appears is a necessary step forward. It may be beneficial for early childhood centres to reflect on processes for communicating positive guidance procedures to staff members, in order to support the shared knowledge necessary for facilitating consistency across teachers. As the research suggests, there are no “quick fixes” (Ministry of Education, 2009) for supporting “at risk” children, but a collaborative approach where teachers and parents work together is a positive step toward promoting social competence in young children with physically aggressive behaviour.

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## **Appendix A: Interview Framework**

### **Alignment of behaviour management policy (positive guidance procedure) with educator practice**

- What informs policy? I.e. Documents? How often reviewed? By whom?
- Is policy formed in collaboration with teachers and families?
- How do you evaluate effectiveness of behaviour management policies?
- How does the centre ascertain if teaching is consistent with behaviour management policies?
- Do you think there is a common understanding in centre of what behaviour policy is?
- Do you feel it is consistently implemented?
- How are teachers trained to implement behaviour policy?
- In your view is there adequate support available for designing and implementing an effective behaviour management policy?

### **Partnership between educators and parents/whanau regarding behaviour management**

- What does your service do to communicate behaviour management policies/positive guidance procedures with parents and whanau?
- What opportunities are there for educators to regularly communicate with parents about their child's behaviour?
- How do you involve children, their parents and whanau in decisions regarding situations where physically aggressive behaviour is becoming problematic?

### **Processes to identify problematic physically aggressive behaviours**

- Assessment
- When is the cut-off point? When do you act? When are children excluded?
- When a referral is made for outside help, do you feel adequately supported?
- What is working? What could be better and how?

### **Support you are aware of that is available to your centre for children displaying physically aggressive behaviour and your thoughts on where support can be improved**

- Professional Development – Who provides it, does centre have adequate access to?
- Strategies to respond to physically aggressive behaviour – do you have them? And do educators share common understanding of what these are?
- What is working?
- In your view, how can teachers, parents and children be best supported to address physically aggressive behaviour prior to diagnosis of behavioural problems.

## Appendix B: Survey

### Managing Physical Aggression in Preschool Children: An Early Childhood Centre Perspective

#### Introduction

Thank you for participating in this survey, your time is greatly appreciated. The perceptions and experiences of teachers in child care centres represent a valuable part of current research. The purpose of this study is to investigate what support is available to early childhood centres with 2-5 year old children who display physically aggressive behaviour.

The survey will only take a few minutes of your time. Please complete each question using the instructions provided with the corresponding section and question.

Please note all information you provide will be kept confidential. Research findings will not disclose specific teacher or childcare centre identities.

#### Definition

For the purpose of this survey, the definition of physical aggression is as follows:  
“Physical aggression harms others through physical injury - pushing, hitting, kicking or punching others or destroying another’s property” (Berk, 2007, p 270).

**Please place completed survey in the envelope provided and return to your centre manager by 30<sup>th</sup> August 2012** *Yummy chocolate given to all survey participants*

#### 1) Tell me about you

a) How long have you been an early childhood teacher? Years  Months

b) How long have you been working at your current centre? Years  Months

c) What are your current early childhood qualifications?

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## 2) Policies Implemented in Your Centre

For each statement below, circle the number on the scale that best matches your answer.

Statement	Agreement				
	Strongly-Agree	Agree	Un-decided	Disagree	Strongly-Disagree
a) I am familiar with the behaviour management policy/positive guidance procedure for my centre	1	2	3	4	5
b) Centre policies for managing challenging behaviour are clear	1	2	3	4	5
c) Specific strategies my centre uses for challenging behaviour are clear	1	2	3	4	5
d) These strategies are easy to put into practice	1	2	3	4	5

e) In your view, what are the strengths and/or weaknesses of the positive guidance procedures/ behaviour management policies in your centre?

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## 3) Assessment

a) Do you feel you possess adequate knowledge to identify when behaviour is outside the parameters of normal developmental patterns and may be an indicator of on-going aggressive behaviour? Yes/No

b) Does your centre use any assessment tools to help determine if physically aggressive behaviour is outside expected developmental norms? Yes/No

c) If yes: What assessment tool/s do you use?

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d) If no: What kind of assessment tools might be useful? \_\_\_\_\_

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e) Are you aware of help available from outside agencies for children with physically aggressive behaviour? Yes/No

f) If yes, please list outside support you are aware of:

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g) Have you made use of any of these services? Yes/No

h) If you have made a referral to an outside agency, how well supported did you feel in your request for help?

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i) What is working well with the current methods of assessment used by your centre to identify children with challenging behaviour?

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j) What could be better in the area of assessment of children in your centre with challenging behaviour?

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#### 4) Partnership

For each question below, circle the number on the scale that best matches your answer

Question	Frequency				
	Never	Some-times	Usually	Mostly	Always
a) How often do you involve parents and whanau in decision-making when creating an action plan for children displaying on-going physically aggressive behaviour?	1	2	3	4	5
b) Do you feel you possess sufficient knowledge to support these children and their families in finding a way forward?	1	2	3	4	5
c) Do you find parents are open to working collaboratively with you in decision-making?	1	2	3	4	5
d) Do you believe it is possible to help children with behaviour problems if their parents and families believe what happens at the centre and home should be kept separate?	1	2	3	4	5

e) What do you perceive to be the strengths and/or weaknesses of your centre in working collaboratively with parents?

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#### 5) Support

a) How regularly have you had professional development in the area of behaviour management/positive guidance? (*please tick box which applies*)

- Never
- In the past 3 months
- In the past 6 months
- In the past 12 months
- Over 12 months ago

For each question below, circle the number on the scale that best matches your answer

Question	Frequency				
	Never	Some-times	Usually	Mostly	Always
b) If you do have access to professional development in this area, do you find it helpful?	1	2	3	4	5
c) Have you been able to apply knowledge gained from professional development when faced with challenging behaviour?	1	2	3	4	5
d) Do you feel all teachers in your centre have a shared understanding of specific strategies to use with children displaying physically aggressive behaviour?	1	2	3	4	5
e) Would you like to have access to a wider range of strategies to use with these children?	1	2	3	4	5
f) Are you able to give parents advice on how to deal with physically aggressive behaviour at home?	1	2	3	4	5

## 6) Interventions

What interventions/strategies/techniques are you using in your centre for children with physically aggressive behaviour?

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**Comments:**

Do you have any additional comments around the realities of physically aggressive children in child care centres?

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*Thank you very much for taking the time to complete this survey. Your responses will be an exceptionally useful contribution to this study on children in early childhood with physically aggressive behaviour.*

*Please return the completed survey to your supervisor in the envelope provided.*

*Sarah Jones  
Masters of Educational Psychology Student*

## Appendix C: Human Ethics Application



**MASSEY UNIVERSITY**  
TE KUNENGA KI PŪREHUROA

23 April 2012

Sarah Jones  
113 Rata Street  
INGLEWOOD 4330

Dear Sarah

**Re: Management of Physically Aggressive Behaviour in Two- to Five-Year-Old Children: Perceptions and Experiences of Teachers in Early Childhood Centres**

Thank you for your Low Risk Notification which was received on 16 April 2012.

Your project has been recorded on the Low Risk Database which is reported in the Annual Report of the Massey University Human Ethics Committees.

The low risk notification for this project is valid for a maximum of three years.

Please notify me if situations subsequently occur which cause you to reconsider your initial ethical analysis that it is safe to proceed without approval by one of the University's Human Ethics Committees.

Please note that travel undertaken by students must be approved by the supervisor and the relevant Pro Vice-Chancellor and be in accordance with the Policy and Procedures for Course-Related Student Travel Overseas. In addition, the supervisor must advise the University's Insurance Officer.

**A reminder to include the following statement on all public documents:**

*"This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.*

*If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Professor John O'Neill, Director (Research Ethics), telephone 06 350 5249, e-mail humanethics@massey.ac.nz".*

Please note that if a sponsoring organisation, funding authority or a journal in which you wish to publish requires evidence of committee approval (with an approval number), you will have to provide a full application to one of the University's Human Ethics Committees. You should also note that such an approval can only be provided prior to the commencement of the research.

Yours sincerely

John G O'Neill (Professor)  
**Chair, Human Ethics Chairs' Committee and  
Director (Research Ethics)**

cc Assoc Prof Claire McLachlan  
School of Arts, Development and Health  
Education  
PN900

Dr Kama Weir, HoS  
School of Arts, Development and Health  
Education  
PN900

Ms Karyn Aspden  
School of Arts, Development and Health  
Education  
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Mrs Roseanne MacGillivray  
School of Arts, Development and Health  
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Massey University Human Ethics Committee  
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www.massey.ac.nz

## **Appendix D: Information Sheet – Interviews**

### **Managing Physical Aggression in Preschool Children: An Early Childhood Centre Perspective**

#### **INFORMATION SHEET FOR TEACHERS**

##### **Researchers' Introduction**

I am a Masters of Educational Psychology student studying through Massey University and I am interested in the field of early intervention for problem behaviours. The purpose of this study is to investigate childcare centre experiences with physically aggressive 2-5 year old children before they reach crisis point. This research project will use a combination of interviews and surveys to assess what support is currently accessible to early childhood centres for managing physically aggressive behaviour.

##### **Participant Recruitment**

I am inviting senior teachers from five randomly selected early childhood centres across Taranaki to share their experiences of managing physical aggression in children before they are diagnosed with behaviour problems. Interviews will cover availability of support and current understandings of policies informing practice in the area of behaviour management.

##### **Project Procedures**

Teachers from selected centres will be invited to contribute to this research by participating in a relatively short interview. Consent will be sought to utilise a recording device to enable conversations to be accurately recorded. Transcriptions of recorded data will be presented to the interviewee for review before being utilised. Following information-gathering interviews, survey questionnaires will be designed and distributed to ten randomly selected childcare centres across Taranaki to further substantiate and generalise findings.

##### **Participant Involvement**

The time involvement for this project will involve a single teacher interview of approximately 30 minutes with the possibly of brief follow up to clarify points raised in the interview.

##### **Data Management**

Information gathered from the interview process will be collated and compared to identify common trends in perceptions and practices of child care centres in the area of management of physically aggressive pre-schoolers. Confidentiality of interviewees and their centres will be maintained at all times and identities will be concealed when findings are published. Transcripts will be kept for a period of five years in secure storage and then will be safely destroyed by shredding.

A summary of the project findings will be made available to centres who participate in this study.

### **Participant's Rights**

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study at any time up until the data is collected and being analysed;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- access to a summary of the project findings when it is concluded.

Your contribution will contribute to the current field of research and is sincerely appreciated.

### **Project Contacts**

Please do not hesitate to contact me at any time if you have any questions about the project. My contact details and those of my Massey University supervisors are as follows:

Sarah Jones  
Masters of Educational Psychology Student  
113 Rata Street  
Inglewood  
Phone (027) 823 0581  
Email: [sez.j@slingshot.co.nz](mailto:sez.j@slingshot.co.nz)

Associate Professor Claire McLachlan - Research Supervisor  
Associate Professor, Early Years Education  
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*This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researchers named above are responsible for the ethical conduct of this research.*

*If you have any concerns about the conduct of this research that you wish to raise with someone other than the researchers, please contact Professor John O'Neill, Director, Research Ethics, Telephone: 06 350 5249, Email: [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)*

## Appendix E: Consent Form - Interviews

### Managing Physical Aggression in Preschool Children: An Early Childhood Centre Perspective

#### **PARTICIPANT CONSENT FORM FOR TEACHERS**

**This consent form will be held for a period of five (5) years**

- I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.
- I agree to participate in this study under the conditions set out in the Information Sheet.
- I agree to a recording device being utilized to ensure accurate recording of data and understand my sighting and approval of transcription will be required before data is used.

**Signature:**

.....

**Date:**

.....

**Full Name - printed**

.....

## Appendix F: Information Sheet – Survey

### Managing Physical Aggression in Preschool Children: An Early Childhood Centre Perspective

#### INFORMATION SHEET FOR TEACHERS

##### Researchers' Introduction

I am a Masters of Educational Psychology student studying through Massey University and I am interested in the field of early intervention of behaviour problems. The purpose of this study is to investigate what support is available to early childhood centres with 2-5 year old children who display physically aggressive behaviour. The perceptions and experiences of a variety of teachers in child care centres represent a valuable part of current research.

##### Participant Recruitment

I am inviting you to participate in a short survey and give voice to your personal experiences in the area of supporting physically aggressive 2-5 year old children.

##### Project Procedures

Surveys will be distributed to a random selection of 10 centres across Taranaki. High completion rates of surveys across centres and from staff of varying qualifications will be greatly appreciated as this will ensure results are more representative of the diverse experiences and perceptions of early childhood centre teachers. All responses will be kept confidential, you will not be asked to write your name on the survey form.

##### Benefit to you

Your contribution is both valuable and necessary to advance the field of research in early childhood education. At the completion of this research a summary of the project findings will be made available to all centres who participate in this study.

As a small token of my appreciation *a small chocolate reward will be sent to all those who choose to participate*. Please return the enclosed voucher with your completed survey to receive a personal thank you chocolate.

##### Participant Involvement

Surveys have been designed to take into account the busy schedules of early childhood teachers and will only take a few minutes to complete. A stamped, self-addressed envelope will be provided for your convenience. Prompt return is sincerely appreciated.

##### Data Management

Information gathered from surveys will be collated and compared to identify common trends in perceptions and practices of child care centres when presented with children with physically aggressive behaviour.

Confidentiality of survey participants and their centres will be maintained at all times and identities will be concealed when findings are published. Survey data will be kept for a period of five years in secure storage and will then be safely destroyed by shredding. A summary of the project findings will be made available to centres who participate in this study.

### Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study at any time up until the data is collected and being analysed;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- access to a summary of the project findings when it is concluded.

### Project Contacts

Please do not hesitate to contact me at any time if you have any questions about the project. My contact details and those of my Massey University supervisors are as follows:

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*This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researchers named above are responsible for the ethical conduct of this research.*

*If you have any concerns about the conduct of this research that you wish to raise with someone other than the researchers, please contact Professor John O'Neill, Director, Research Ethics, Telephone: 06 350 5249, Email: [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)*

## Appendix G: Sample Interview Transcript – Teacher A

*Alright, so you were saying that you had been in your role as Senior Teacher for 18 months, is that right?*

I've been in early childhood for 23 years.

*23 years, yeah.*

So I did the training in the early '90s which at the time it was only points, and then I did a year's upgrade which gave me my diploma. I've seen a lot of children come through early childhood and because I was here with this centre, not initially when it started up but within 12 months, so I've been involved, not with writing policies and things but I have been there from the beginning, and the people that set the standard, how they would like to see this childcare...

*Yeah.*

...work. We have kept those structures in place the whole time. So our philosophy, I will give you a copy of our philosophy, I'll have to photocopy one.

*Thank you.*

But those sorts of things have actually, other than some tweaking, remained the same, so our actual structure of our centre is a structured centre that, we have mat times, we have free play times, but we have our rules and our boundaries and expectations of how we expect children to behave.

*Yes.*

So those children that come in here on the ground floor as babies who are only a few months old, observe and of course you know, Vygotsky's theory is you know, you learn from your peers.

*Yes.*

That's his theory, that's what we expect our children to do and we expect our older children to be the role models and to set good standards and have appropriate behaviours and practices.

*Yes.*

And if they don't we, we will tell them, what is acceptable, what is not acceptable. We talk about respect, we talk about valuing other people and their belongings and those sorts of things because they are all in our philosophy. So those babies that come in on the ground floor, sitting in their highchairs, observe the children who are eating at the tables, and how we expect them to eat nicely at the table. So, yeah, I've been here, and so that was our ground, that's the people setting up the centre all those years ago, that was what they set up, was that sort of standard and we've maintained that. We have 12



staff and we have, the majority I would call mature staff, we have got some younger staff that are all doing their training and things like that, but their, their teaching practices are being, they are learning from their older role models as well, and they're been modelled, and they see how we expect,

*Wonderful.*

And they model that, so we have that consistency of staff, we have the *consistency* of practices and so all that helps create a centre where, yeah, it's, the rules are there.

*So the boundaries are very clear.*

They are very clear, yeah.

*Oh that's great. I wonder whether we could just talk a little bit around the behaviour management policy, basically how your policy is formed, what sort of documents the behaviour policy based on, what systems you have in place for reviewing those sorts of things around that area?*

We, this is our behaviour management policy here. I mean, even in our rationale it talks about that our rules are few but they're fair and they're firm. Of course we've got the normal things that, hurting other children, verbally or physically, is not acceptable. So a lot of those things come from Te Whariki and they also come from the Positive Guidance and Behaviour Plan.

*Oh right, yes.*

Which I mean, that was written quite some years ago now, but that helped determine what went into our policies there. And a lot of things, I think, a lot, just talking with parents as well, where it was, because we're a community based centre, the centre was initially set up by a group of parents.

*Oh okay.*

So those parents all got together and decided they needed a childcare centre, so they created the very first one. We are still run by a committee who are a committee of parents. So when things come up that need discussion, it's those parents that format that.

*Wow.*

And so it's those parents initially, when they set up, I mean, I guess there wasn't actual policies as such when it was first, the centre was first advocated, but as times went on and these things had to be done, it was the *parents* that set the guidelines, what they expected, so then they would be writing what their expectations were and then that would then be aligned with your Positive Guidelines and Te Whariki, and so we got two. And I mean things like swearing or unacceptable language is not in Te Whariki, but it's parents saying, I don't want my child to be hearing any swearing, so it's set.

*So it's a very collaborative, dynamic designing those policies,*

Yeah definitely, it is. As you can see, it's reviewed very regularly because we review, the format within early childhood is that you review your licensing criteria on a monthly, we regularly review it. So every month we review our licensing criteria.

*Right, okay.*

And then, associated with every criteria is a selection of our policies, so therefore when we review curriculum, see 7, 8, 9 and 10, we are also reviewing these policies that go with that particular criteria.

*Okay.*

So this one, there is behaviour management. So, behaviour management isn't only on that particular criteria, it would be on others as well.

*Okay.*

That would be associated with the learning criteria.

*Yes.*

So it is reviewed regularly, so staff review it, they think about, if there's any changes or change of wording of anything like that. And then it actually goes on the wall, out in the reception area, for parents to have a chance to read the policy and to make suggestions or whatever, and then if they do, then that's taken on board and changes are made. But I have to say that, maybe it's just working parents who are really busy, people don't have the time, but generally there's no comments. Generally people don't even read them to be honest with you.

*Yep.*

I find for myself, you know, there's a lot of this stuff that the ministry expect parents to work alongside with, but as long as parents can drop their child off, and their child goes away and plays happily, and then they pick them up and they still have a happy child, what actually happens in that, between that timeframe they're not too perturbed about.

*No.*

They don't need to know about this stuff.

*No.*

They just need to see that their child is,

***So if there was a specific incident or something happening with a child where there was a concern with behaviour, how would the communication process around that go?***

Well I did, we have, we did talk about this because I sort of had a bit of a brainstorm with a couple of other teachers as well. So, say for instance we, and this is a problem that we've encountered before and we will do again, is a child that bites.

***Right.***

It's quite a common thing for children until they've got those language skills to communicate with other children, will in their frustration or whatever, bite.

***Yes.***

So in that instance we of course, in dealing with the parent we will just informally have a chat at the end of the day, we don't give the name of the child they bite, but often that child will go home and tell mum. But we will informally say to them that we're experiencing this at the moment, and once you open it up for conversation, 99% of the time the parent will say, oh yeah, he's biting me or he's biting at home as well. And we say, look it's not a big deal, we've dealt with it before, it's just one of those things, you know they're learning their language, explain all those things and then just say, but for us we can't allow it to happen, so when your child bites we actually take him away and he sits on the time-out chair with the little clock for 2 minutes and we talk about, we don't bite our friends, biting isn't okay. You know, you need to use your words, and we explain it to them.

***Yes.***

And then they, more often or not, they'll say, oh I might actually do that at home then, follow the same procedure. And inadvertently the biting, after you know, will then slowly cut down, it might be once a day, once every 3 days until it just invariably stops. So yeah, that's informal then with the biting, and generally if there's some sort of real, anything like that, that is serious enough where children, where the other child gets actually quite physically hurt, then we will inform and talk to the parent and say, oh today we had a little indiscretion. You know, we pussy foot around it, we walk on egg shells, we don't want any parents to feel really bad about it.

***Don't want them to feel judged.***

No, not at all, and often the child will do it and we might not, *unless* it becomes a problem, it was happening every day, if it was a one off we don't even tell the parent because, because of the way we work, we deal with the situation then and there, we say it's not okay, we know we don't hurt our friends.

***Yes.***

What can you do to make it right? And you say all those things. The child will either go and apologise or they'll, yeah, so we deal with it then and there. It's a bit like at home when your child does something naughty, you say, I'm going to tell dad when he gets home. And that poor child has to live with that all day. So it's the same thing here, we deal with it, there's generally some consequences, either apologise, if they're not prepared to do that then, well you'll have to go and do something on your own, dah de

dah de dah. And that's that. So it's only if it's an ongoing problem then we'll actually talk about it.

***So would you say that, sort of going back to the policy and then the practices, that you have a shared understanding amongst the teachers of specific strategies, do you have certain strategies for dealing with discretions if you like?***

They are, they're not actually written down I guess because, well there is that swain about giving the child a cool down time.

***Okay.***

Which we don't like using but invariably sometimes you have to do. And we also talk about no physical punishment, solitary confinement, immobilisation, or any of those sorts of things. So generally teachers will, when they first start working here, not know what the procedures are, so they will read that, yes, they will observe others, if there is an altercation they will actually come to a senior staff member and say so and so did this, what should we do, and we will talk about it and then they tend to start role modelling those.

***So they are essentially mentored by the senior teachers?***

Definitely, by the senior teachers. And some of us have been here, you know, there's some others, who have been here for more than 10 years or whatever, so we don't change staff very frequently, so you're always there to support the younger ones that come on the floor, and they do, they will often, and children will often respect an older person and an older voice than they will a 20 year old. And they'll say, and they'll actually say to a child, look, I'm asking you to listen, I'm asking you to do this, if you're not prepared to do it I will have to go and get \*\*\* or \*\*\* or whatever.

***Yes, okay, nice.***

So they know that they have got that support 100%.

***Oh lovely. Well you've given me lots of wonderful information.***

The other thing we do, we did have one child one other time who, he wasn't labelled hyperactive or anything like that, but he was a very very busy boy.

***Yes.***

And because of that there was a lot of, tending to push and different things like that, and mum and dad were brought in on the conversation, we're going back quite a few years now, and we just had a discussion with them and said, what *we're* going to do is actually have a one on one with him, and so one teacher was always with him consistently for a period of time until it got to a stage where we could actually.

***Okay.***

Leave him to do his own thing, so whatever, so, we did work with that, but,

*So what would be the process leading up to, say, I mean obviously you don't have particularly many cases of physically aggressive children, but if you did, what would be the assessment process perhaps leading up to it where staff realised something more needs to be done other than what's been done on the shop floor?*

Well then in that case, and I'm talking hypothetically because we've never ever done it,

*Okay.*

Never had to get in another agency or anything.

*Wow, that's remarkable.*

It is, and I go back to what we talked about before you started the tape, was the fact that, of our structure and our rules and boundaries, those children come in on the ground floor, they observe, they learn and, because we're a next stage centre, so we've got them from 6 months or whatever, so they observe the children behaving, and the other children know what the rules are, so if someone does not follow the rules or does something that is unacceptable, well we say, is that silly or sensible? And someone will say, so and so has been silly, they've are doing this. And they will, they monitor themselves and they actually tell on each other, they let each other know, hey what you are doing is not okay.

*Yep.*

That's not been kind or that's not, you know, and those sorts of things, so we're very lucky. But hypothetically, if such a case arose, we would have to make written observations,

*Yes.*

Identifying for a period of time, see if there is a pattern of occurrence,

*Yeah.*

Day time, afternoon's when they get tired, were they hungry, were they tired, I mean I'm a firm believer in, if a child's behaviour is a bit awry then often they are tired, or they're hungry.

*Yeah.*

Or they're sick. So you'd have to alleviate those things first, so you'd have to look for a pattern and do observations, and then it would be a matter of talking with the parent and, if things didn't improve then I guess I would look at perhaps, I would get in touch with someone like the public health nurse.

*Yes.*

Who I do have an ongoing association with because we've got before 5's and those sorts of things that they deal with, so then I would ring her and see what her professional opinion would be.

***If there are any physiological things that you've missed***

And where we can take it from there.

***Okay.***

We have dealt with special ed before, it's never been behaviour, it's because children have had some delayed learning or something like that.

***Yes, okay.***

So then they've been called in or something like that, but no, never behaviour.

***Maybe that is going back to what you were saying at the beginning about the boundaries just being very very clear for staff and for the children.***

We've currently been to two workshops, just lately, one was on challenging, 'Managing Challenging Behaviours'.

***Yes***

And the other one was 'Boys are Brilliant'.

***Okay.***

So the 'Managing Challenging Behaviours' actually was really timely for us because we did have one 4 year old who was struggling to self regulate his self control and there were things that were happening that weren't okay, and so 7 of us went to this workshop and the strategy that came out of it that we realised is that we had been taking her away from the children, and isolating her and saying, well you can't play with them, it's you know, what you're doing is not nice or okay or whatever. Our new strategy was actually telling the children to go away from her. So we didn't physically touch her or remove her or do anything, we just said, she's not being a nice person, she's not saying nice things, if you don't like it, go and find something else to do.

***Okay.***

And she then had, she acknowledged, I feel sad when everyone leaves. Well they're leaving because you are, thing.

***So there was a logical consequence.***

It has, and it worked, I have to say it worked.

***Nice.***

Yeah.

*So does professional development play quite a big role in the, in your centre here do you think?*

Probably not as big as what you would like it to because Taranaki is isolated, we don't get a lot of the workshops that

*Okay.*

All the other centres get.

*Yes.*

They don't seem to come to Taranaki. So, but currently this lady called \*Rachel Goodchild

*Yes I've heard of her.*

Yes, she's intending to do some workshops here, so she ran that one and the 'Boys are Brilliant' one.

*Oh, did she, lovely.*

Yes, so they were very illuminating and helped us with strategies. And we come back and we talk about it, and of course, so then you've got everybody on the floor.

*Yes.*

Dealing with it in exactly the same way. And all those other children see, if I behave like that, what would be the consequences, is everyone going to walk away and leave me on my own, will I like that? They have time to ponder and think, they ponder and think, it's the same as meal times, if someone's being silly you know, we'll say, is that the way you behave when you're sitting at the table? And you've got all these children going, no *(laugh)*.

*(Laugh).*

Eat your sandwich nicely, yeah. Don't put your food in your cup.

*A strong sense of justice.*

It is, definitely.

*Awesome.*

So it is, yeah.

*So when professional development does come up, you mentioned about 7 of the staff going through to this particular one, is that often the approach, do you get as many people to go as you can, or is it just a couple of representative teachers usually?*

Well it depends on the time of the day.

*Yes.*

If it's an evening one we open it up to every staff member. The only difficulty is that we are a non profit child care centre so we have a budget, so we encourage everybody to come but then towards the end of the year if we've used all our budget, we can't always go to the workshops.

*Yeah.*

And that's the way that it is.

*Logical*

So it's always open to the 12 staff, and if it's an evening one, like we had 7 to 'Managing Challenging Behaviours', and we had 9 to 'Boys are Brilliant', that's great that they,

*Yes.*

All come and hear what the rest of us hear. But if it is a daytime one then it would generally be me or \*\*\* or one or two of the senior teachers that would go along and then they would have to come and give notes and feedback to a staff meeting which doesn't do it justice really, but if it's during the day there's nothing else we can do.

*No, I guess it's better than nothing isn't it, it's still, you get things out of it.*

Yes, and they come back with the notes and the notes are made available to every staff member and those sorts of things.

*Yeah, sounds like there are some very sound systems in place (laugh). Can I work here? (laugh).*

*(Laugh).*

*I'm just going to have a little look through here, I think we've actually covered most things to be honest, you've just given me some fantastic information.*

I've just got here, written here, strategies are changed if unsuccessful. So if something happens and, we're finding, oh but they're still doing that, or that's not working or whatever, then as a team, at a staff meeting, we will openly discuss, you know, how can we change that or whatever and just brainstorm ideas and get everybody, get everybody on board with it, and oh well we'll try that for a month and see how that goes, you know we're flexible and open to change.



*So you're evaluating things as you go along.*

Oh yes definitely.

*Constantly.*

And the other thing, the bottom line is still, we always try and focus on the positive.

*Yes.*

So that misdemeanour that happened, well that's over, you've done it and we've dealt with the consequences, now we all move on, and the bottom line is we still are, show every child love and we're kind and we're caring, we know we like to think we're like a family sort of, in a way.

*Yeah.*

And so, yeah there's a misdemeanour 10 minutes ago, oh you've hurt your knee now, come and have a cuddle.

*Yeah.*

Yeah, so we still show love and patience and all those sorts of things.

*Yeah. Oh that's lovely.*

Not judging them on that one particular episode, is not going to crap out their day.

*Yeah. You're not going to let that behaviour define them.*

Yeah, that's right.

*We all make mistakes and let's move on.*

Yeah, and other children can, you know, acknowledge that, because sometimes you know, they'll do things and they'll say, oh she was naughty, she did this, you know, but you say, yeah she did do that then but hey look she's playing really nicely now, she's just said she wants to be your friend, and you're feeling sad and look, she's just come over and offered you a hand or offered you a toy, so you know, you acknowledge the positiveness, yeah definitely.

*Yeah, oh that's fantastic. Honestly I have some wonderful information, unless there's anything else you want to share with me?*

No I've sort of,

*You've done very well.*

Yeah, I think the basis is, for our structured environment, our rules and boundaries set that base, for everyone that comes in, and obviously it works because we have a waiting list that is over 2½ years long.

***Wow. Gosh.***

And if any new people come in to town, and of course they invariably do, you have that chat amongst the community, oh well, I'm looking for child care,

***Yes.***

And the number of people who just come in here because it's word of mouth. Oh no go to the one opposite \*\*\*, go to the one opposite \*\*\*.

***Nice, yeah.***

So it, like I said, it's the parents that set that format initially.

***And I can see that that is definitely a key to why things are running smoothly because there's a lot of communication amongst the teachers and between the teachers, the children and the families, everything is very open book.***

Yeah, yeah, definitely.

***Thank you for that.***

Did you want a copy of our philosophy?

***Oh if I can that would be magic, thank you.***

I'll just photocopy one.

**End of transcription.**