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“For the child’s sake, we need to do something”

An examination of teachers’ beliefs and experiences regarding referral of young children to early intervention services.

A thesis presented in partial fulfilment of the requirements for the degree of

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*“For the child’s sake,
we need to do something”*

(A quote from L., a teacher, 2003.)

Abstract

This is a study of the challenges that teachers face, in deciding whether a child should be referred for external early intervention support. Teachers reveal their thought, beliefs and experiences around referral and early intervention, and reflect on their own teaching practice, with a view to informing the field and developing appropriate professional development strategies. The central purpose of this study is to examine whether all children who need early intervention are being identified and referred to appropriate support systems.

The research was conducted in three phases. In the first phase, 50 teachers completed a questionnaire that captured baseline data around referral beliefs, practices, and experiences. From the belief that research should have reciprocal benefits for the researcher and participants, the second phase of the research then brought together early childhood teachers and early intervention practitioners for a workshop (question and answer time) on questions relating to identification and referral within teachers' specific setting or situation. The final stage documented the discussions and reflections of one early childhood centre as they engaged in the process of developing a policy that would guide them in referral decision making. The result of this dialogue is a series of reflective questions that all early childhood centres may use as a framework for policy creation and professional development.

Many issues arise within the study, particularly around partnership with parents, cultural considerations, appropriate assessment tools, the need for policy and ongoing professional support and development, which are examined in light of contemporary research, particularly within the New Zealand setting. The findings clearly indicate that while some strong foundations are in place, there is still a way to go before the early childhood field can unequivocally state without reservation that all children who need support services are receiving them.

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Glossary of Terms

Assessment: An evaluation of a child in their learning environment, that outlines their skills and needs, and the level of support required.¹

Caregiver: The adult taking responsibility for looking after a child – not necessarily the legal guardian.¹

Communication: This is the area of special education work that addresses difficulties a student may have with speech, language and interactions with others.¹

Compulsory Sector: Refers to the primary and secondary school system. In New Zealand early childhood education is not compulsory for all children. The legal age of school entry is six years, but the majority begin school on or around their fifth birthday, unless the parents choose otherwise.

Early childhood centres: Licensed and/or chartered providers of early childhood education based on sites.¹

Early childhood services: In New Zealand the term early childhood education refers to the provision of education and care for young children and infants before they begin school. Services are offered by a range of providers, for example, Playcentres, kindergarten, childcare centres, home based care, te kohanga reo.

Early Intervention: Support for young children with special education needs which is available from birth to the child's successful transition to school. The support is also available to families and early childhood services.

Early Intervention teacher: An early childhood teacher with a specialist qualification and interest in children with special needs. Will have knowledge of learning and development, curriculum, and programme development. Usually an itinerant role, visiting children in the home and early childhood education setting.²

Ecological Model: An approach which recognises that a child does not operate in a vacuum, but that surroundings and context also have an impact on abilities and needs.

Education Support Worker (ESW): Teacher aides, also known as paraprofessionals, who work alongside the child in the early childhood centre.

¹ From Ministry of Education, Definitions of Terms for Special Education, www.minedu.govt.nz

² From Group Special Education

Identification: finding out what a child's particular support needs are so that they will receive the right assistance.

Individual development plan (IDP): an early intervention programme developed for young children with special education needs. It outlines the child's goals and the resources, support, monitoring and evaluation required to enable the child to meet these goals over a defined period.

Inclusion: Care and education for children with special needs is provided within the diverse range of early childhood services. The curriculum assumes that their care and education will be encompassed within the principles, strands and goals set out for all children in early childhood settings.¹

Te Kohanga Reo: A specific early childhood services, designed to meet the needs of young Maori children, where the language of instruction is Te Reo Maori.

Whanau: A Maori term meaning family, encompassing parents and siblings, but also extended family.

¹ from Ministry of Education (1996). *Te Whaariki*. Wellington: Learning Media.

Chapter 1: Introduction

What is this all about?

This is a study of teachers' beliefs and experiences about referring children to early intervention services.

It is now widely recognised that an effective early intervention programme plays a significant role in achieving the best possible outcomes for children with special needs. At the heart of this study is the question, are the children who need support getting it?

Identification of a special need can occur at many points along the life spectrum. Some may be identified in utero or at birth, with support provided straight away. Yet others may not become apparent until development unfolds, and delays or deviations are noticed. This may be picked up by parents, or health professionals, but as we see an increasing trend in the use of early childhood services, it is evident that early childhood professionals will play an important role in this identification process and the ensuing referral to appropriate support services.

I have been working in the early childhood field for eleven years now, and during this time have pursued a Master in Education (Special Education) as well as the postgraduate Early Intervention Diploma. As a teacher, education support worker, early intervention teacher and student I have had the opportunity to spend time in a large range of centres, and talk to many teachers. Frequently, conversation has turned to issues of referral, and concerns teachers have had over specific children. Some of the points of discussion have included a reluctance to refer based on such factors as a fear of 'getting it wrong', concern over parent reaction, and an uncertainty that children will even be able to get services if referred. Such discussions, coupled with my own experiences in referring children, lead to an interest in exploring the issue further, with a

desire to document the beliefs, experiences and attitudes of early childhood teachers. It is not the intention of this study to criticise teacher practices, or to become involved in political debate surrounding early intervention provision, but rather it is conducted with a view to developing an understanding that could lead to progress and guidance for the future.

The final impetus for this study came in a conversation with an early intervention teacher visiting the centre where I was supervisor. She commented on how frustrating it was becoming as she visited centres to visit one child, only to see other children with clear indicators of special needs who had not been referred. She also reflected that she had observed a trend of referrals for older children, who were almost about to go to school, with significant needs, who had never been referred at an earlier point. We both wondered why this was occurring.

While theoretical perspectives and research build the case for the importance of early intervention support, there is a need to examine the reality at grass roots level – what is happening for children with special needs. This project is specifically concerned with the referral of children with special needs to appropriate early intervention services of some sort. While we hold up early intervention to be valuable, are early childhood teachers actually referring children on for further assessment and support? Barwick (1998, p.34) acknowledges that *“research does not always support the assumption that professionals can accurately identify those developmental problems in young children which will persist, or those which will emerge”*. It would appear to be important to gain an understanding of the process that early childhood teachers engage in, in deciding who will be referred, and who is not. It is hoped that this study will illuminate some key factors that play a significant role in the referral question.

The purpose of this project is two-fold;

1. to gather information around referral of children with special needs to early intervention services and discover issues that may arise for teachers within this process

The first stage of this research involved sending out questionnaires (see Appendix A) to all licensed early childhood centres in the North Shore, Auckland region. 300 questionnaires were distributed, with 50 returned. This provided information around teachers' beliefs, experiences and attitudes, including areas such as;

- number of referrals made
- areas of concern prompting referrals
- beliefs about the relative importance of internal centre changes and external early intervention support
- parent involvement
- cultural considerations
- professional development
- referral procedures, policies and practices
- teacher efficacy

2. to provide some support and training to early childhood educators that will help them in the identification and referral process.

If participants were to give of their time and be open enough to share their thoughts, then it was believed that there should be a wider value than simply completing a research project. It is my hope that this research not be just a drawing together of experiences and thoughts, but that the valuable contribution of participants be used as a basis for ongoing professional development and support for others. This includes development for the participants themselves, and then for others in the early childhood community. It was believed that the inclusion of a professional development component is a critical component of the research project. Barwick (1998, p.6) in her review of early intervention practices in New Zealand states;

"attention must be paid to the professional development of early childhood educators... this development should include both skill acquisition and the opportunity to examine attitudes and beliefs about disability". This research offered both opportunities to the participants, initially through the invitation to attend a professional development workshop with an early intervention teacher from Group Special Education. As a result of the information gained from the questionnaires and the workshop, I then worked to support one centre to develop a centre policy for the referral of children with suspected special needs. Teachers' dialogue and the final accepted policy are included as a resource for other centres. I had initially imagined that this process would yield a definitive policy that could then be forwarded to other centres for their use. As my own intentions were challenged by the participants' contribution, what emerged instead was a series of questions that could be utilised by early childhood centres to spark discussion and reflection, whereby centres can reach their own decisions, suitable for their context and philosophy. This proved to be the most valuable outcome of the study, and reinforced the belief that providing teachers with a forum for their voice to be heard, and where they can reflect on their own teaching practices can elicit knowledge and guidance for the wider teaching community.

It is also hoped that this research will add a new dimension of knowledge to the literature surrounding early intervention provision in New Zealand. Barwick (1998) in undertaking a review of special education for young children in New Zealand notes a paucity of New Zealand based literature in this field, with the bulk of literature and research focusing on the compulsory sector, as there is no requirement for children to access services prior to attending school. However, there now exists a substantial body of overseas literature indicating the critical role that early intervention services can play in determining positive outcomes for children with a range of special needs (Bricker & Cripe, 1992; Guralnick, 2001a) and thus it seems important that grass roots research emerge from New Zealand about our own experiences.

Chapter 2: Literature Review

What do we already know?

There remains little debate in the field of special education that early intervention is a significant factor in determining positive long term outcomes for young children, with a 'sooner the better' belief emerging. Given this growing body of literature regarding the efficacy of early intervention for children with special needs, it seems important to examine who is receiving services, and the processes involved in determining who is referred for additional support services. Are children who need services getting them?

For the purposes of this study it is important to provide a brief discussion of early intervention provision in New Zealand. Early intervention may be defined as "*programmes that offer services to families who have been identified as needing additional support*" (Sims, 1997). This may be considered to encompass groups considered 'at risk', through poverty or disadvantage; however in the context of this study it will be defined within the parameters of children with development disabilities or delays, which translate into difficulties in accessing the typical programme in a early childhood setting. The primary provider of support at this time is the government agency Group Special Education (Ministry of Education), who employs a team of trained early intervention teachers. Special Education 2000, a government initiative, has also seen the emergence of private early intervention providers, such as CCS NZ. The role of these teachers is to draw together the team of people supporting the child, and provide support and advice for whanau and early childhood centres. Typically early intervention is structured within an inclusive, transdisciplinary model (Bricker and Cripe, 1992; Guralnick, 2001b). Children are not generally removed to a segregated setting, as discussed in overseas literature, but rather where possible every effort is made to keep the child in the regular education setting, with appropriate programme and personnel support, to enable the child to access the curriculum to the greatest degree possible.

At this point in time there is a dearth of New Zealand specific literature related to the provision of early intervention services, and particularly the referral process engaged in by early childhood education teachers.

Why are teachers important in referral?

For some children, the referral process may be relatively clear cut and immediate. Some needs are evident from birth, or soon after, and children are referred to health services, for support and care (Wehmeyer, 2001). In New Zealand, if these needs require the child to have additional support for an educational setting, then they are usually referred by the health service to their local early intervention provider (typically Group Special Education – formerly SES), around the age of two. At this point they will be put on the case load of an early intervention teacher, who will co-ordinate the required services, and support the child in an inclusive education setting, if that is the whanau desire.

For other children, needs may not be so evident from an early age, emerging only as development progresses and delays and deviations from expected norms arise (Wehmeyer, 2001). As an ever increasing percentage of young children in New Zealand are accessing early childhood services, teachers in these centres are in a primary role of observing development and recognising if any concerns are becoming apparent (Nelson & Nelson, 2001). Parents may have some concerns, but not know what to do or where to go, or be reluctant to admit that their child has needs. This again means that teachers play a very significant part in determining whether or not this second group of children with less profound or obvious needs, are referred for additional early intervention support, and may well be the largest group to initiate referral (Podell & Soodak, 1993).

Wehmeyer confirms this in stating, *“students with significant disabilities are more easily identified as needing special education services, more likely to be identified with a disability at birth or early in life, and often have concomitant physical, health and sensory impairments; all of which make referral and diagnosis less reliant on subjective indicators, and this more immune to individual biases”* (2001, p.31). It is the nature of these subjective indicators, the elements of decision making, that this study seeks to examine. *“The teacher’s role in referral making is central”* (Meijer & Foster, 1998, p.378)

There is currently no formal assessment or screening protocol in place in New Zealand, unlike the United States of America, where legislation provides for all children to undergo a screening test around the age of three or four to assess health and developmental progress (Ysseldyke, Thurlow, & O’Sullivan, 1987). Again, this places a significant onus on early childhood teachers’ who may be the only practitioner with an understanding of appropriate child development to have contact with a child. One of the dimensions of this study is to determine whether the participants of the study identify the need for a global screening project to be implemented in New Zealand. Teachers are in a position where there is no formal baseline indicators against which they can measure their decision making. What then can they use to help guide them? Again, it seems timely to investigate the experiences and beliefs of teachers in order to assess the adequacy of current practices for identification and referral.

Teacher beliefs

In considering the way in which teachers make their referral decision, it is important to determine as a first measure, whether they in fact believe that early intervention support is something that they value. Do teachers want additional support or are they happy to develop an individualised programme for the child themselves? Podell and Soodak (1993) suggest that teacher efficacy may play a significant role in determining whether teachers choose to refer, or simply draw on their own resources to provide for the child’s needs.

“... particularly relevant to teachers’ referral decisions is teachers’ sense of their own effectiveness... teachers’ willingness to work with more difficult students may depend on their beliefs in their ability to effect change” (Podell & Soodak, 1993, p.247)

In examining a primary school aged setting these authors found that teachers who were least likely to refer rated highly in both personal and teaching efficacy, that is, their beliefs in their ability to bring about change through their teaching programme. One of the interests of this project was to see if such factors are identified as significant by early childhood teachers in New Zealand.

Ortiz (1997) has identified three factors that may inhibit teachers from referring students, each of which relate to a set of teacher beliefs. He suggests that teachers may be reluctant because they doubt their own level of expertise, or not have access to someone with the level of expertise they feel is necessary to make an accurate referral decision. Secondly, Ortiz argued that teachers may feel concern over the accuracy of their assessment process or tools, and thus not refer because they fear they will not be able to defend their referral decision. Thirdly, Ortiz suggested that teachers may not refer because they believe that there will not be the necessary support services available anyway. This may be a significant factor in the New Zealand setting at this time, as a continual shortage of funding in the early intervention services, means that not all children who are referred will actually end up receiving support. Children must display a significant level of concern over a range of development domains, before it is likely that they will receive services. Knowing this reality, teachers may well not bother to refer children with milder needs, which is contrary to the fundamental belief of early intervention, that support should be offered as early as possible to ameliorate as many potential difficulties.

Timing

Del’Homme and Kasari (1996) argue that referral is generally made on a reactive, rather than proactive basis – meaning that it may well be that referral is delayed until a crisis point is reached, either by the family, or the early

childhood practitioners. They suggest that referrals are not made at the early signs of concern, when in fact intervention may be more powerful. This belief was reflected in the preliminary discussions this researcher had with early intervention teachers, who expressed their concerns over teachers delaying referral until the child was close to school age. The timing of referral is significant as *“lack of access to early intervention and specialised services can prevent students from realizing their social and academic potential”* (Ortiz, 1997, p.323).

However, timing is essentially a critical factor in early intervention, as there is an increasing body of literature supporting the contention that the earlier intervention is provided, the more significant and robust the outcomes will be (Hanson & Bruder, 2001; Guralnick, 2001a; LaRocque, Brown & Johnson, 2001). In fact, Harris, Megens, Backman and Hayes (2003) go as far as to say that the greatest hope for effecting positive change in development outcome is to begin intervention as soon as possible.

The subjectivity of referral

The previous discussion has acknowledged the lack of New Zealand specific research in the field of early intervention referral, with the bulk of discussion and research focused on the compulsory sector. In looking beyond New Zealand there is a growing body of evidence that examines factors that may influence teachers' referral decisions. It must always be remembered that these findings emerged from a different context than we currently face in New Zealand, and may relate primarily to research with older children. However, it is important to lay a foundation, to determine whether or not these same trends can be observed in the New Zealand setting, with younger children.

Dansinger (1998) investigated referral practices within the context of gifted and talented students receiving special education support. While the contextual factors of this study were different than those proposed for this study, his list of factors that inhibit referral provide an interesting framework to consider

whether the same issues also effect referral decisions in the New Zealand early intervention setting. They included;

1. *Parents refused to consider the problem*
2. *Staff had limited time to get involved*
3. *Teachers were not fully aware of the criteria for special education eligibility*
4. *Teachers wanted someone else to make the referral*
5. *Teachers lacked a close relationship with special education services.*
6. *Limitations of staffing and monetary constraints*
7. *Beliefs over effectiveness (or lack thereof) of special education services.*

(Dansinger, 1998, p.38)

Therefore, it appears that referral decisions are open to a wide range of influences, both internal and external, that may shape and determine the final decision a teacher makes regarding whether or not to refer.

Podell and Soodak (1993) discovered an interesting trend in their research. Where there was an apparent cause for the special need, either biological or environmental, teachers were less likely to refer than if underlying causes were unexplained. Teachers in some way felt more confident in supporting the child themselves if they could attribute the need to a specific reason, again showing the significance of teacher belief structure in determining referral decisions.

Ysseldyke, Thurlow and O'Sullivan (1987) suggest that when a multi-disciplinary approach to referral is adopted, there is a corresponding reduction in the number of referrals made. A team approach is common in the New Zealand early childhood community, as staffing requirements mean that teachers are not working alone in a classroom setting, and therefore it may be anticipated that they may have more collegial support available to assist in decision making. However, one of the facets that this study hopes to examine is whether this is in fact a reality in centres, or whether one person in a centre is still primarily responsible for referral. Summers (et. al., 2001) suggests that there

may in fact be a tendency for teachers to discount their own beliefs and expertise, if another more qualified or experienced person is involved in the process. This challenges us to examine who is actually making the referral decision, even if a team approach is identified, as well as to consider the significance that qualifications and experience may have.

One of the fundamental research questions of this study relates to whether specific groupings of children are more or less likely to be referred. Research emerging in this area indicates quite clearly that there are significant discrepancies to be observed, around such factors as gender, ethnicity, and disability type (Wehmeyer, 2001). Ortiz (1997, p.322) states that *“patterns of overrepresentation may be explained by teacher referrals that are based on such extraneous factors as race, sex, physical appearance and socio-economic status, as opposed to the pupil’s need for special services”*.

There is a growing body of evidence to support the contention that boys are more commonly referred for special education intervention services than girls (Del’Homme & Kasari, 1996). Some of this discrepancy can be explained by the greater level of genetic based disabilities that affect boys, but certainly not all. Again, attention must turn to the decision making process of the teacher responsible for referral. Wehmeyer (2001, p.40) found that *“when teachers were asked to provide a narrative of their reason for referral, they emphasised behaviour problems for males... when they completed a less subjective indicator, however, the differences between genders disappeared”*.

Gender issues do not stand alone in their significance to the referral process. Research shows discrepancy in the levels of boys and girls referred for support service, dependent on the specific nature of their disability or need. Del’Homme and Kasari (1996, p.274) investigated the referral of children with emotional and behaviour difficulties and found that *“children in early childhood may be underrepresented in ... referrals”*. However, when referral did occur, again boys

with behavioural issues were significantly more likely to be referred. This calls us to question whether New Zealand early childhood teachers show differences in the groupings that they identify for referral. Preliminary conversations with early intervention practitioners suggests that teachers appear more willing to refer children for physical and language concerns, rather than more complex issues such as pervasive developmental delays, autism, or emotional or behavioural concerns. One of the aims of this study was to illuminate teachers thinking around this issue.

As New Zealand becomes an increasingly multi-cultural society we must also recognise the significance of ethnicity in the referral process. An increasing body of literature from the United States of America supports the belief that children from diverse or minority backgrounds are disproportionately represented in special education services (Ortiz, 1997). What consideration do teachers give to cultural and ethnic factors when they are considering referral? Again the potential exists for difficulties, as teachers try to determine the appropriateness of referral, from perhaps a narrow cultural viewpoint.

Communication difficulties with families of other cultures may also play a role in delaying or prohibiting a needed referral. In New Zealand parental consent is required before an early childhood centre can contact an early intervention provider to ask for additional services. If communication difficulties exist, teachers may be more reluctant to approach the parent.

A corresponding issue in this communication realm, is the nature of the relationship between parent and teacher. Partnership with parents, and parental involvement is a cornerstone of the New Zealand early childhood curriculum, *Te Whaariki* (Ministry of Education, 1996). Positive and open communication is essential to foster this relationship. There is a wealth of literature on the importance of developing these positive relationships, and yet the reality is that a teacher is unlikely to have the same quality of relationship

with all families. To some families it would be easy to express concerns over a child's development; to others this would be a very difficult issue to address. There is currently no literature discussing this reality, and yet it has the potential to be a significant factor in determining whether teachers will continue with the referral process.

These findings indicate a clear pattern of potential under- and over-representation of particular groupings in referral to special education services. Again, this must cause us to reflect on how this process is undertaken by teachers, and whether there are measures that could be instituted to support teachers to make sound and effective decisions.

The structure of referral

This study seeks to describe the procedures and processes adopted by early childhood teachers in determining children to be referred for early intervention support. An ecological approach to assessment and referral is generally considered to be the most appropriate approach in working with families, advocated in Te Whaariki (1996), the New Zealand early childhood curriculum, as well as by leading contemporary early childhood specialists. This ecological approach does not see the child in isolation, but rather as the centre of ever widening systems of influence, that interact in a transactional, dynamic way. Ortiz (1997, pp.6-7) strongly argues for such a perspective; *“ecological models of assessment [for referral] are recommended so that learning problems can be examined in light of contextual variables affecting the teaching learning process, including the interactions among teachers, students, curriculum and instructional variables”*. This study also hopes to draw out information from teachers about the practical ways in which they work within the ecological model, involving the family and community, as such collaboration is significant in lessening inappropriate referral decisions.

This study also seeks to examine the continuum of subjective to objective referral procedures. Do centres have a structure in place to support a more objective approach to determining referrals, or as suggested by Wehmeyer (2001, p.5) are *“referrals based upon personal and professional opinions and not objective indicators?”* This is not to pronounce judgement upon the relative degree of subjectivity, but rather to cast light upon it for it be understood and conceptualised more clearly, so that teachers can make their own judgements as to the validity of their decisions in this realm.

Why is this important?

The literature presented above forms a strong foundation for considering the referral process as open to a good deal of potential subjectivity. We return to the original question posed at the outset of the study – are the children who need additional early intervention support receiving it? This has two facets that need to be recognised, not only that some groups may be over referred, but that some may be under referred. This must cause us to examine the systems that are in place that either foster or minimise these concerns. Massey University (2000, p.210), in their monitoring of the Special Education 2000 policy initiative found that *“lack of information about SF2000 policies at the early childhood sector may mean that educators are not always accessing services that are available... it is likely that the delays in identification and/or access to services impact upon the effectiveness of provisions in the compulsory sector”*

In examining the research indicating the potential levels of subjectivity and possible error in teacher referral, it is not the intention of this study to cast blame or be critical. Rather, the hope is that in undertaking this research, that practitioners will have the opportunity to reflect upon their own practice, and reach some conclusions regarding possible support, training, or information that could lead to development in this area.

Involving teachers

Barwick (1998, p.34) in her examination of New Zealand special education services stated that *“research does not always support the assumption that professionals can accurately identify those developmental problems in young children which will persist, or those which will emerge”*. Given this finding, and that of the literature presented previously, it would seem to be important to determine whether the reflection process can help teachers to identify potential ways in which this issue could be addressed.

Barwick (1998, p.6) further states that *“attention must be paid to the professional development of early childhood educators... this development should involve both skill acquisition and the opportunity to examine attitudes and beliefs about disability”*.

This research intends to allow practitioners to have a voice in determining the nature of professional development (if in fact any) that they would consider valuable to support them in the referral process. It is not suggested that there are any quick fix answers to this issue, as it is so multi-faceted, but it is hoped that from teachers themselves may come a system or resource that would be of value to the wider early childhood education community.

Ortiz (1997) suggests that one effective strategy to support teachers is to offer them access to consultants or other professionals with expertise in these areas to help give them more confidence and security in making their decisions. It was of interest to see if the study participants made use of such an approach, or whether they would identify this as a potentially effective strategy for the current New Zealand setting.

MacNaughton and Smith (2001) presented a paper suggesting that an action research approach to research in the early childhood sector is imperative to see a significant degree of reflective thought and change. They propose two components as being critical; firstly that participants should be encouraged to be *“inquisitive about circumstances, action, and consequences and coming to*

understand the relationships between circumstances, actions and consequences in ... (our) own lives" (MacNaughton and Smith, 2001, p.32), and secondly, that they should draw on this critical reflection to determine areas for change or progress. While this study does not necessarily follow a traditional action research format, the principles of supporting teachers to engage in critical reflection, and change being intrinsically determined rather than externally imposed, are foundational. They further argue that *"a precondition for integrity as a research process is that it must be collaborative and it must involve reflection with and between those involved"* (MacNaughton and Smith, 2001, p.35).

As can be seen from this preliminary review of relevant literature, there is a strong conceptual basis for arguing that we must gain a deeper understanding of the process in which teachers engage in deciding which children they will refer for supplementary early intervention services. Perhaps if this review has shown anything clearly, it is the complexity of issues involved. A simplistic view will provide us with minimal answers, but it is hoped that in allowing teachers to critically reflect on their own practices that there will emerge a depth and richness of information and experience that will help illuminate the New Zealand experience, and perhaps guide others in the field who have questions around referral practice.

Chapter 3: Methodology

What did we do?

Introduction and purpose

This is a study of teachers' experiences, beliefs and perceptions around the issue of referring children with special needs to early intervention services. It emerged from the field itself, a product of my discussions with colleagues in the early childhood and early intervention fields. Such discussions indicated that the decision to refer a child for external support was not always easy or clear cut, and that this was leading to a situation in which there was a group of children 'slipping through the net', receiving no support at a time that is now considered critical. Some needs are very obvious and clear cut, often picked up by health professionals in the early stages of a child's life. Other needs do not emerge however, until development begins to unfold. For such children, the early childhood teacher may be the first to acknowledge that all is not well. This study asks whether teachers are able, equipped and confident to identify such needs, and take the steps necessary to ensure the child receives help from appropriate support agencies, as well as being initiated as early as possible in the child's early childhood experiences so that the most benefit may be derived.

Research design

Tuckman (1999) notes that the ultimate choice of research design must emerge from the needs of the research itself, as opposed to the needs of the researcher, to ensure the validity of the study undertaken. As this study chose primarily to examine attitudinal variables and belief patterns, a predominantly qualitative research design was selected, to allow the gathering of rich and broad data around the topic. To meet these requirements, it was felt that a questionnaire/interview protocol was the most appropriate, whereby in the initial stages a large amount of information was able to be gathered, and then later elaborated on in more in-depth interviews.

The first step in determining the research design was the defining of the population parameters and an understanding of the nature of the sample to be studied. The population of teachers in early childhood centres is very large, and growing by the day in response to the growing demand for early childhood education (MOE, 2003). It was in no way possible to access the entire population, but a large response base was still desired, encompassing both a depth and breadth of information. For this reason the research was divided into three distinct phases; one phase utilising questionnaires, which could go out to a wide range of teachers, and two phases involving interview elements, in which a greater depth of data, and clarification could be achieved. In this way the study adopts a progressively focussing design, where each stage provides a foundation for more in-depth exploration at the next.

In determining the research design, characteristics of the sample group were considered, to identify factors that might impact on their response. As an early childhood teacher, I understood that many of my colleagues feel under considerable time pressure and workload stress, and so in designing the study, the questionnaire was kept as focused as possible, and the workshop phase was developed whereby teachers could feel that there was a benefit to be gained from their participation.

In selecting the survey/interview design, the disadvantages of such an approach were acknowledged. However, given the practical constraints and parameters of the study, the final analysis revealed this to be the most appropriate choice. Tuckman (1979, p.197) suggests that questionnaires measure *"not what persons believe, but what they say they believe; not what they like, but what they say they like."* This reflects the reality that research participants may in fact respond to perceived expectations, rather than what they truly think and believe. However, it was not felt that the type of information gained in this study is overly sensitive to participants, and so it was hoped that an honest response would be elicited. To further enhance the frankness and openness of

the responses, anonymity was guaranteed to participants at each stage of the study (see Appendix B), so they did not have to fear exposure or any repercussions from the families they work with.

One of the strengths of the questionnaire design is that each participant receives exactly the same information, and must respond to the same questions. This stability allows for comparison between responses, as no participant received any extra information or guidance that could have potentially shaped their responses. However, it must also be recognised that minimal contact with the researcher could be an inherent weakness of survey use, as participants have a limited response space and framework, allowing little opportunity for further clarification and elaboration (Cohen & Manion, 1994). For this reason, the second and third stages of the study utilised a more in-depth interview methodology, so that the clearest picture could be generated.

This research is set firmly within a qualitative paradigm in the belief that studies such as this, which present rich knowledge from the field of education itself, must be considered of great value. Eisner (1981, p.9) argues this point beautifully in stating;

“It is to the artistic to which we must turn, not as a rejection of the scientific, but because with both we can achieve binocular vision. Looking through one eye never did provide much depth of field.”

The acknowledgement of the interface between multiple variables and factors, rather than attempting to reduce them to single denominators is very significant. In supporting such a phenomenological approach, Corby (1992, p.28) states that its strength is that it “acknowledges subjectiveness in people’s behaviour and emphasises the importance of an individual’s understanding of the world and the influence that their particular perceptions have on their individual actions.” In examining such a complex issue as early intervention referral, it would appear very narrow to follow a reductionistic perspective and it was hoped that

by allowing practitioners to share their perspectives, not only are their beliefs, values, perceptions and experiences validated, but so too is the body of empirical knowledge surrounding this topic.

The ultimate purpose in selecting such a qualitative interview approach was that teachers' voices could be heard. While this study is not viewed as emancipatory in nature, such qualitative, narrative studies do emerge from this research movement. It was never my intent as a researcher to just look at the situation and then offer advice, but rather, that I would open up an avenue for teachers to talk, share, ask questions, and reflect on their own practice, leading to their own self-development, and possibly even change, if that is what they desire. This research was merely a tool to facilitate, and document, this process.

"If we accept that our insight into education is best achieved by trying to understand how life is seen by those living it rather than by accepting uncritically perspectives of those administering the system, we have to begin listening more systematically to teachers, teacher educators and children... narrative research is dedicated to celebrating the voices of the silenced."

(Dhunpath, 2000, p.550)

In this way, the research eventually came to sit within the narrative paradigm, even though this was not necessarily the intent at the outset. Thomas (1993, p. 232) advocates strongly for the importance of teacher voices being heard and states the need to *"take seriously the idea that much of value to the educational community, can be learned by conversing with, and listening attentively to what teachers have to say about their classroom practices."* The central premise of narrative research is that teachers' stories are important, and should be given a forum. For this reason, much of the text from the dialogues with teachers has been presented in whole, so that the essence of what they were discussing and sharing would not be lost.

The tension inherent in narrative research is also acknowledged, as although there is a desire for equal power sharing between the researcher and participants, in the end the researcher still has the role of shaping the information to draw conclusions to meet the requirements of the study (Dhunpath, 2000). This issue was discussed with participants in phase two and three of the study, and a pledge made to present the information shared as authentically as possible, particularly through using direct quotes, and allowing them to remain within the context in which they were spoken, to the greatest extent possible.

Setting

Initial questionnaires (300) were sent to 137 early childhood centres. As I was working on the North Shore, Auckland at the time of the study, this was selected as the sample area. It was considered that this geographical demarcation would yield a broad cross section of participants from urban and rural centres, across a range of socio-economic and cultural groupings. Questionnaires were sent to every licensed early childhood centre from Birkenhead in the south, through to Wellesford in the north. These centres were identified from the Ministry of Education website listings, and so may not have included any recently licensed centres. The only other centre to be excluded was the setting where I was employed at the time of the study, for ethical reasons. The sample group therefore encompassed a diverse range of early childhood settings, including public kindergarten, private kindergarten, private childcare centres, community crèches, Montessori centres, and Playcentres. Kohanga Reo centres were not included, as I did not feel that I had the experience or mana necessary to comment on this Maori setting. The North Shore is generally considered to be of a mid-high socio-economic ranking; however in canvassing such a large physical area, it was anticipated that a great deal of diversity would be reflected in the sample group. A broad cultural representation was also expected given the high level of immigration typical to this area.

Participants

Between two to five questionnaires were sent to each centre, depending on the anticipated size of the staff. This resulted in a total pool of potential participants of approximately three hundred early childhood teachers. Of this group, there were fifty returns. Supervisors were asked to distribute questionnaires among staff, to those most involved, or interested in the area of special needs. It is unclear how many questionnaires were actually distributed throughout centres, given the relatively low return rate.

Eighteen of these fifty responses indicated an interest in being involved in the subsequent stages of the project, and were then contacted personally by the researcher to arrange a suitable time for the workshop. All were female, with a variety of different early childhood settings reflected. Of these, only four ultimately attended the workshop, two from a private kindergarten, one from a childcare centre, and one from a Playcentre.

In the final stage of the research, the researcher worked with the staff of one centre, a private kindergarten, in the development of a special needs referral policy. This again was a centre from the North Shore, employing six staff. The centre provides services to approximately one hundred and twenty families per week, and reflects the highly multi-cultural community in which they are located. **NB: This centre will be referred to using the pseudonym 'Hope Centre' throughout the discussion.**

Participants at each stage of the study did not have to hold early childhood qualifications, but had to be currently employed in a teaching role in an early childhood centre. The reality of early childhood education at this time, is that the majority of centres employ a mixture of staff; qualified, unqualified or in training. This study sought to examine the beliefs and experiences of each of these groups, to truly reflect the reality of centres at this time. Participants did not necessarily have to be employed in a full time capacity.

Procedure

The research began in seeking ethical approval from Massey University. The guidelines of the Massey University Human Ethics Committee were followed in conducting this research. This included completion of the review checklist to ascertain that there was little or no potential for harm to participants or other ethical issues that could arise in the course of the study. Once approval had been obtained, the first stage of the project was the development of the questionnaire. The nature of this study was such that the preliminary steps were focused on the development of the research instrument, to ensure that the information gathered through this means was valid, useful and time efficient for those involved. The initial questionnaire was too generalised, and this was restructured in consultation with the two research supervisors. The ongoing reading around the topic that would ultimately form the literature review was also utilised to shape the questionnaire in an informed manner.

The questionnaire was then piloted on four teachers. Teachers employed in the Kindergarten section of the researcher's place of employment were asked to do this, as they would not be receiving questionnaires as part of the general mailout, for ethical reasons. This was then distributed to the 137 licensed early childhood centres, predominantly through a mail out, although some were hand delivered to centres where the researcher had a collegial relationship. Participants were requested to return the questionnaire within three weeks, in the stamped/addressed envelope provided, although some continued to arrive up to two months later.

At this point the researcher began to develop the coding system for responses and to determine preliminary categories. A social science database was utilised to enter the bulk of the questionnaire data, although the more qualitative responses were categorised manually. Areas requiring further clarification were then identified, to form a broad interview structure for the second phase of the research. Structured questions were not developed for this workshop phase, as

the interest was in the questions and issues that teachers themselves raised without prompting; however, as some ambiguity had arisen from some of the questionnaire data, the opportunity was taken to achieve clarification.

A database was then created listing the eighteen participants who indicated that they wished to be involved in the interview/workshop phase with the early intervention teacher. Initially phone contact was made to determine possible times for the workshop to take place, but trying to co-ordinate 18 busy teachers soon proved impossible! The researcher then had to fix the most likely date, and a letter was then sent outlining the time, date, location and nature of the meeting. Follow-up phone-calls were made to determine (and encourage) attendance on the two days prior to the meeting. The group size had dropped to approximately eight hopefuls at this time, with only four ultimately arriving at the meeting. The meeting was held at the Massey University Albany Campus, to provide a neutral venue. This one and a half hour interview was then transcribed (see Appendix C), and excerpts drawn using the key headings from the questionnaire results.

Two of the teachers attending the workshop were from the same centre, and indicated that they would be interested in further professional development within their centre to develop a policy to support the referral of children with suspected special needs. I attended one of their weekly staff meetings, where the preliminary findings of the research were discussed, and supported the team in the development of a policy that addressed the concerns raised. This meeting was also recorded and the results transcribed (See Appendix D).

All the phases of the research were then drawn together to begin the final data analysis stage. An overview of the phases of the research is provided in table 3.1.

Timeframe of research

Table 3.1 Timeframe of research phases

<i>Phase</i>	<i>Activity</i>	<i>Date</i>
<i>Preliminary</i>	* Proposal developed * Ethics consent sought and approved * Review of literature begun * Questionnaire developed	July - October 2002
<i>Phase One</i> QUESTIONNAIRE	Questionnaire sent to all early childhood centres on the North Shore, Auckland. Fifty responses received.	October - November 2002
<i>Phase Two</i> WORKSHOP/ INTERVIEW	Interested early childhood teachers meet with early intervention teacher, for the opportunity of a question and answer time. Teachers' questions and comments recorded.	May 2003
<i>Phase Three</i> POLICY DEVELOPMENT	Work with one early childhood centre to develop a centre policy on the referral of children with special needs.	June 2003
<i>Culmination</i>	Analysis and continued research	June- November 2003

Materials and instruments

The primary research tool in this study was the initial questionnaire (See Appendix A). This was developed by the researcher to specifically target educator beliefs and practices around referral to early intervention services. The questionnaire was developed from the framework established in the literature review, and was evaluated against the research questions established at the outset of the study, that is, to determine if the questionnaire would yield the answers that were actually being looked for!

The questionnaire employed a variety of response classes to gather a range of data, including; demographic questions, closed and open ended questions and numerical ratings. This yielded a range of responses around beliefs, practices and experiences.

Data analysis

Multiple dimensions of data analysis were utilised throughout the project. In the initial questionnaire phase, the *Statistical Package for the Social Sciences* (SPSS™) database was used to process the sheer volume of quantitative responses. A numerical coding system was utilised to identify demographic characteristics and other established variables.

Quantitative data was then organised manually, with the researcher beginning with a large pool of raw data, and sifting it to identify areas of commonality and difference, consistent themes and trends and unique responses. Where possible this information was converted to a visual graphic, although in many cases direct quotes were still utilised, as it was felt that in these quotations the richness of the data would be found.

The themes and categories to emerge from the original literature review and the questionnaire then formed the framework for the analysis of the interview components. The transcribed interviews were read over and over, on several different occasions, to discover how participants' responses fitted within the already gathered data. A large portion of the original content of the interviews is contained within the study, and used to illuminate the original findings further, or to highlight areas of contrast, or points that had not previously arisen.

At the end of the data collection process, and as the data analysis proceeded, it became apparent that a huge wealth of information had been gathered, and some constructs were going to be necessary to tie it all together into a

manageable format. It was then decided to return to the original research questions established at the very outset of the study, and use these as the framework and a focus for the discussion. This helped to provide a guideline for decisions over what would be addressed within the present study, and what would have to wait for future research.

Ethical considerations

The guidelines of the Massey University Human Ethics Committee were followed in conducting this research. This included completion of the review checklist to ascertain that there was little or no potential for harm to participants or other ethical issues that could arise in the course of the study. The informed consent procedure was developed in consultation with the researcher's supervisors. It was decided that as the study was concerned with the professional practice experiences of the participants, it would be sufficient to adopt a standard informed consent procedure through voluntary recruitment of participants. Every effort was made throughout each phase of the research to ensure that ethical obligations were adhered to, essentially to preserve the trust shown by participants, and ensure ongoing collegial relationships.

Access to participants

Participants were involved on a purely voluntary basis in this research. An open invitation to be involved was sent out, and it was up to the practitioners whether they wished to participate. For the professional development phase of the research, where centres came under the responsibility of a larger management body, teachers were be asked to seek approval from their governing body, if appropriate, so that they could be assured that participation was acceptable with their employer. There was no form of coercion involved; participants were involved only on the grounds of their interest in the project, or their desire to be part of the professional development component. The researcher did not hold any position of influence with the prospective participants of the research, other than a collegial relationship, so there was no

concern with regard to real, or presumed pressure. Students who had a relationship with the researcher in her role as an early childhood education tutor were not eligible to participate in the interview and professional development components of the study, to avoid any appearance of coercion (although this situation did not in fact arise). The study was conducted within the bounds of good will and positive collegial relationships.

Informed consent

One of the primary safeguards established to ensure the safety of research participants is the concept of informed consent. Cohen and Manion (1994) reflect that this principle arises from the participants' right to '*freedom and determination*'. This comprises two key components; firstly, that participants have all the information and knowledge required to make a truly 'informed' decision, including what will be required of them, what the realistic cost/benefits are, and to the greatest extent possible, the purposes of the study itself. Secondly, that participants have the true opportunity to give willing consent, including the right to withdraw at any point of the study.

To achieve the above mandate for this study a letter (see Appendix B) was given to each prospective participant, which clearly outlined the full nature of the project and the role that they would have. The nature of this project was such that the intent and purpose of the study was able to be fully explained to the participants at the outset, thus there was a high degree of transparency within the whole project. The study focused on practitioners' attitudes, beliefs and experiences, with no hidden agendas or procedures, so it was possible to give a full explanation of the project, which was done through the information sheet and introductory meetings/phone calls. Participants had the opportunity at this time to clarify any area that was not clear to them or that they required further information about. Participants were also informed that they were free to contact either myself or my supervisor if they wished further clarification, or to address any issue that might arise.

At this time participants were reminded that their involvement in the project was on a purely voluntary basis and that they had freedom to withdraw their participation from the study at any time up until the writing of the final results. While every effort was made to ensure full disclosure at the outset, it was acknowledged that the nature of social science research is such that it is evolving and fluid, and thus an ongoing view of informed consent was adopted, in which renegotiation and discussion took place as needed within the research cycle, to ensure that trust and openness was maintained.

Anonymity and confidentiality

A coding system for the analysis of data was utilised to ensure the anonymity of all data collected. The nature of the study was such that no names need to be used as part of the discussion, and the data collected was not in any way identifying of particular individuals. Should this have occurred by any chance, the relevant participant would have been contacted for their opinion, and if necessary, that data left out of the study to maintain anonymity.

With regard to the interview situation, participants were requested to sign a consent form (see Appendix B) in which they agreed to maintain the confidentiality of all those present.

In the final phase of the project, all identities were removed and coding used to protect anonymity. The centre involved was not identified, although the teachers and management indicated that they did not mind if they were. However, it did not appear to be relevant or necessary to the outcome of the study, and so a pseudonym was used throughout the discussion.

Potential harm to participants

This project was designed to allow practitioner voices to be heard, with a focus on reflection and professional development. While this may relate to personal life experiences, these experiences are not overly emotive, nor relating to highly sensitive areas, so no harm was perceived in this manner.

Given the guaranteed anonymity of the data, and the positive professional development outcomes expected from the study, no potential harm to participants was envisaged. While traditional perspectives have typically supported the position that research is ethically sound if it leaves the participant in no worse state than prior to their involvement, more contemporary research paradigms argue that research is ethically unsound if it does not leave the participants *better off* than before. In conducting this study, it was the hope of the researcher that practitioners would find the reflection process and sharing of information a valuable exercise, further enhanced by the professional development component.

Potential harm to the researcher

This study involved no anticipated risk to the researcher, either physical or personal. The researcher's role as an outside practitioner coming from a position of neutrality meant that there are no ramifications for her employment situation or career. As the researcher is not employed by, or related to any of the groups involved, there was no concern over loyalty or role conflict.

Participant's right to decline

Each participant had a free right to determine whether they wished to take part in the study or not. There was no compulsion for anyone to participate if they did not wish to – they were only invited to do so. Participants were informed of their right to withdraw from the study at any time. As the chosen methodology is narrative/questionnaire, the contribution of each was able to be isolated and withdrawn if required. With data gathered at the interview stage participants

were notified that their specific contribution to the interview may be deleted, though the remainder of the interview will stand.

Uses of the information

Participants were informed as to the potential uses of the data collected at the outset of the study. The raw data shall be utilised for the purposes of developing this thesis to complete University requirements only. It shall not be provided to any other agency or source for their use. The final document will be submitted to the University, and possibly lodged at the Specialist Education Services (now Group Special Education). Findings from the final document may be utilised for conference presentations or publications, to allow the information to be made available to the wider professional fields involved. The primary use made of the information will be to complete the M.Ed (Special Ed) thesis.

Chapter Four: Results

What did we find out?

Phase One: Questionnaire Results

Current teaching role

Questionnaires were sent to all North Shore licensed early childhood centres listed by the Ministry of Education, as of January 2003. This included both the public and private sectors, Playcentres and community based groups. Home based services and Kohanga Reo were not included within the scope of this study. The majority of respondents (64%) were employed in private childcare settings, with 12% from the public kindergarten. These results (figure 4.1) are considered reflective of the balance of services within the general early childhood population (www.minedu.govt.nz, retrieved 9 September 2003).

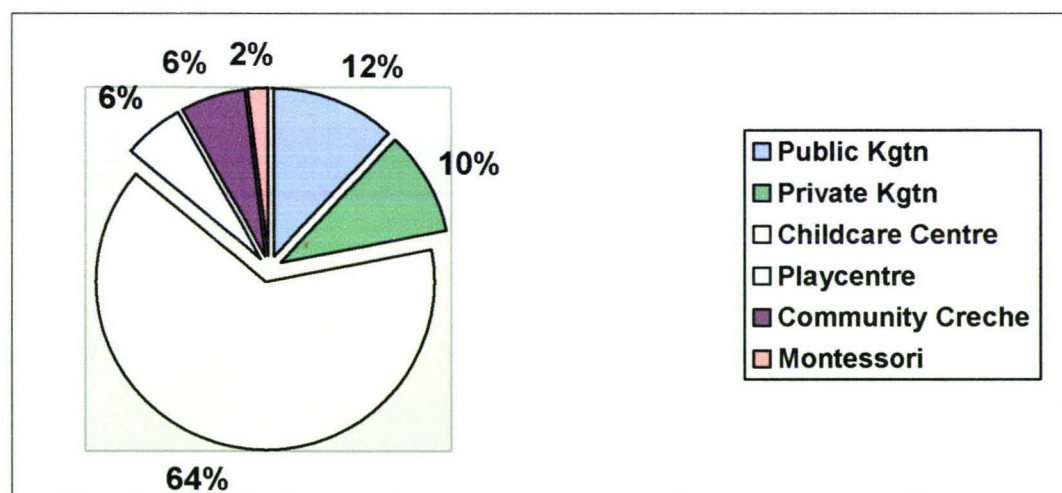


Figure 4.1: Respondents current teaching role (n=50)

Current teaching position

Each centre was sent a minimum of three questionnaires, so that all relevant and interested members of the team could complete the questionnaire. Supervisors were asked to distribute, or share the questionnaire with appropriate staff.

Table 4.1: Respondents' teaching position (n=50)

TEACHING POSITION	Frequency	Percent	Cumulative Percent
Supervisor	27	54.0	54.0
Qualified Teacher/120 pts	16	32.0	86.0
In Training	4	8.0	94.0
Parents at Playcentre	2	4.0	98.0
Unqualified	1	2.0	100.0
Total	50	100.0	

*Early childhood education experience***Table 4.2: Respondents' years of experience in early childhood education (n=50)**

YEARS	Frequency	Percent	Cumulative Percent
1	1	2.0	2.0
2	1	2.0	4.0
3	2	4.0	8.0
5	4	8.0	16.0
6	3	6.0	22.0
7	2	4.0	26.0
8	1	2.0	28.0
9	2	4.0	32.0
10	8	16.0	48.0
11	3	6.0	54.0
12	2	4.0	58.0
13	2	4.0	62.0
14	1	2.0	64.0
15	2	4.0	68.0
16	1	2.0	70.0
17	1	2.0	72.0
18	2	4.0	76.0
19	1	2.0	78.0
20	3	6.0	84.0
22	1	2.0	86.0
25	1	2.0	88.0
30	2	4.0	92.0
35	1	2.0	94.0
38	1	2.0	96.0
No response	2	4.0	100.0
Total	50	100.00	

While it is usual to gather demographic data on the age of participants, it was considered that for the purposes of this study that years of experience and qualifications were more significant variables to be considered, as displayed in Table 4.2.

There was a great range in the years of experience identified by participants, from 1 year through to 38 years. These figures were decided through the participants' own judgement, and so may reflect different roles relating to early childhood, including parenting. Answers do reflect a high level of early childhood experience with 88% of respondents indicating that they had five or more years of experience, with 64% having ten or more years experience.

Early childhood qualifications

Table 4.3 summarises the qualifications identified by teachers. At this time in New Zealand early childhood education, it is only necessary for the 'person responsible' of a centre to hold a recognised early childhood qualification, although there is an increasing drive from Government to increase the level of qualifications. This policy is reflected in the range of qualifications identified by teachers responding to the survey.

Table 4.3: Respondents' highest teaching qualifications (n=50)

QUALIFICATION	Frequency	Percent	Cumulative Percent
Bachelor of Education	6	12.0	12.0
Higher/Advanced DipTchg (ECE)	2	4.0	16.0
DipTchg (ECE)	28	56.0	72.0
DipTchg (Primary)	3	6.0	78.0
Equivalency/Playcentre	4	8.0	86.0
Certificate in ECE	3	6.0	92.0
Nanny Certificate	1	2.0	94.0
In Training	1	2.0	96.0
No ECE Qualification	1	2.0	98.0
No Response	1	2.0	100.0
Total	50	100.0	

Special education qualifications

The majority of participants (90%) had no prior qualifications in the area of special education or early intervention. Three however (6%), had completed the Auckland College of Education (ACE) Diploma of Early Intervention, a ten month intensive teacher release course. A further two respondents (4%) had completed the Certificate in Teaching People with Disabilities.

Professional development

Ongoing professional development is recognised as critical in ensuring quality teaching practice. Participants were asked if they had engaged in any professional development in the area of special education/early intervention. This was then rated on the basis of frequency/intensity.

Table 4.4: Prior professional development (n=50)

FREQUENCY/INTENSITY	Frequency	Percent	Cumulative Percent
Very extensive (specialised course)	11	22.0	22.0
Some (more than one course)	14	28.0	50.0
Minimal (one course)	9	18.0	68.0
None	12	24.0	92.0
No response	1	2.0	94.0
Practical experience/own child with special need	3	6.0	100.00
Total	50	100.00	

Intervention beliefs

Participants were asked to respond to two questions designed to determine their beliefs around the relative importance of using early intervention support. It was hoped that this would show whether teachers perceived a value in using external support or believed in focusing on in-centre changes, rather than seeking outside help. This distinction is significant, as it indicates a predisposition either for, or against referral. A rating scale of 1-5 was utilised.

a) Belief about outside support

“I believe that the need for specialist early intervention services for children is..”

Eighty eight percent (44) of respondents gave a rating of 1 - **very essential**, with another 10% (5) giving a 2 rating. The lowest rating was a 3, with only one respondent giving this rating. This indicates a high level of recognition of the importance of early intervention.

b) Belief about in-centre changes

“I believe that it is best to support children with special needs through changes to our centre environment or programme, rather than seeking outside help...”

Responses to this statement were much broader. Forty percent (20) of respondents gave a rating of 3, essentially an unsure/uncommitted position. A further 40% (20) voted towards the disagreement end of the scale, while 16% (8) rated toward agreement.

Decision making responsibility

Participants were asked to identify who in the centre was primarily responsible for referral decision making. By far the greatest response to this question was that referral decisions were made as a result of team consultation. Sixty eight percent (34) of respondents indicated that the decision was made either entirely by the team, or by the team, with supervisor’s final approval.

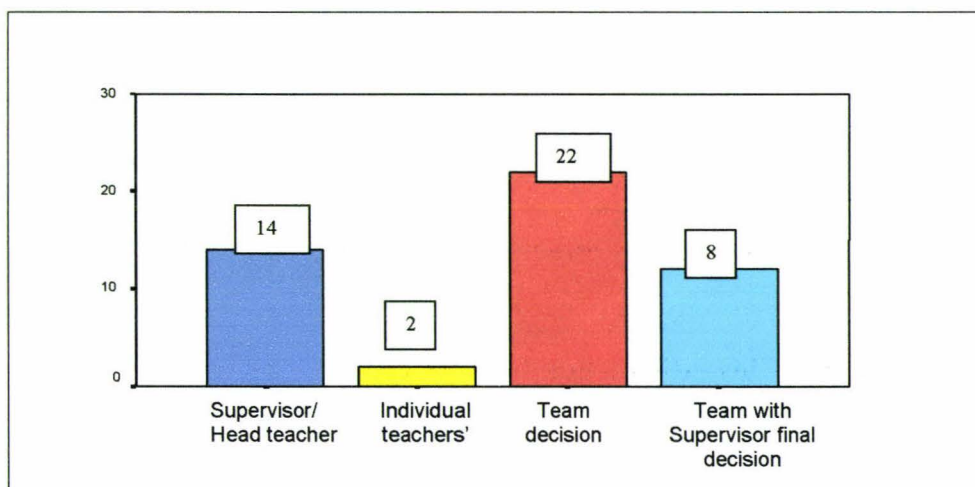


Figure 4.2: Responsibility for referral decisions (n=48)

Actual referral practice

Respondents were then asked to indicate how many referrals they had made in the year from January 2002 - December 2002. Ninety two percent (41) of respondents had been involved in at least one referral, and most likely two or three, as shown in Figure 4.3 below.

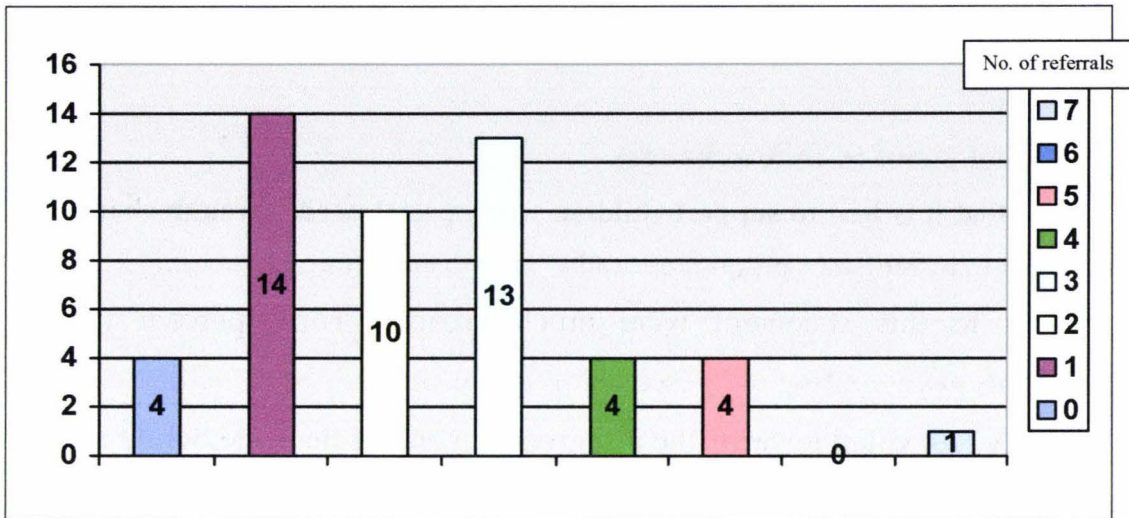


Figure 4.3: Actual referral practice: Number of referrals during 2002 (n=50)

This was then broken down into the services to which they referred children. The greatest number of referrals were to the Speech/Language service, followed by Ministry of Education, Group Special Education (GSE).

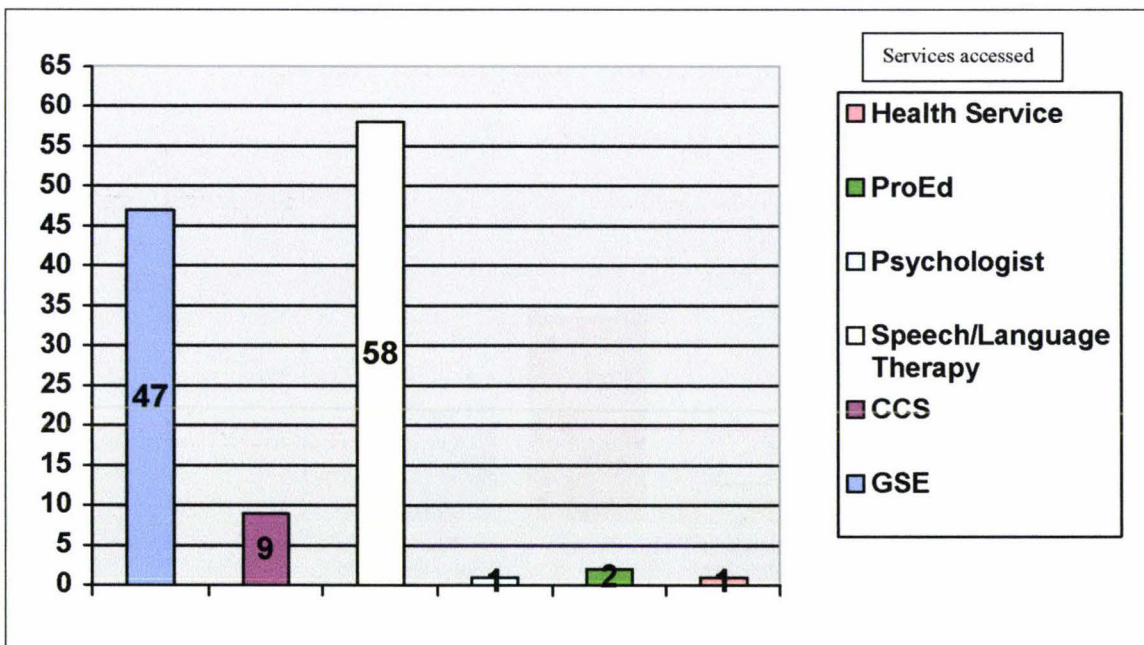


Figure 4.4: Actual referral practice: Early intervention services accessed (n=50)

In order to determine if certain areas of need were more commonly the basis of referral, participants were asked to identify the reason for their referrals. This data does not relate directly to the number of referrals, but rather a yes or no response to whether these areas were involved.

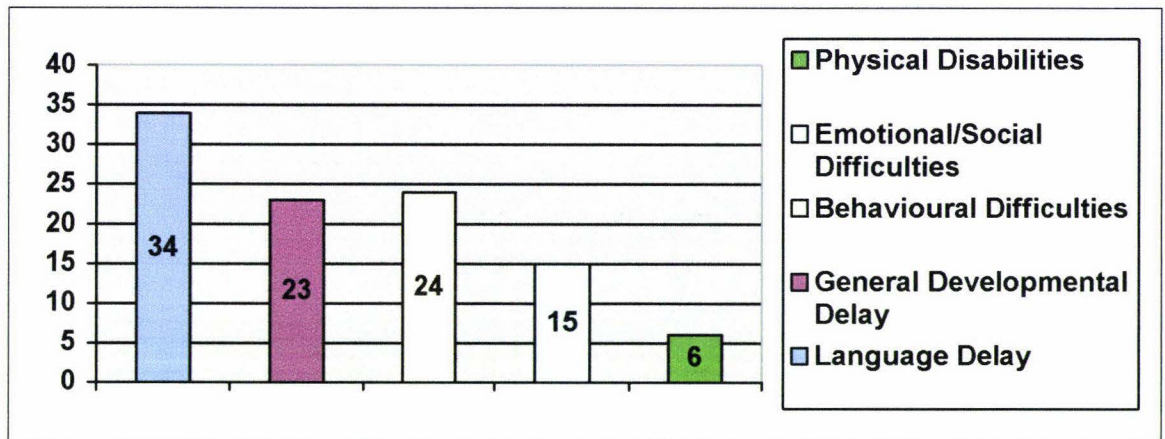


Figure 4.5: Actual referral practice: Type of need referred (n=50)

Level of confidence

When asked to rate their overall level of confidence in referring children with potential concerns, teachers indicated a generally high confidence, with 68% identifying themselves as confident or very confident. Only 6% indicated a very low level of confidence.

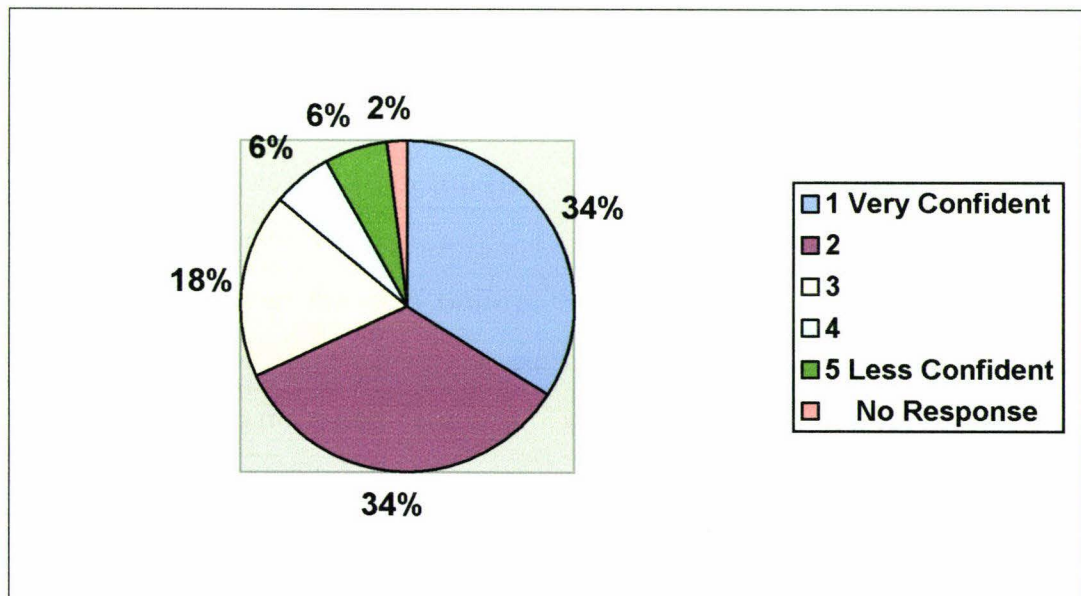


Figure 4.6: Teacher rating of confidence in referral (n=50)

When this was broken down into sub-groupings of areas of need, differences did begin to emerge however. Greater confidence was shown particularly in areas of language delay and physical disabilities, with a much higher uncertainty rating for social/emotional difficulties.

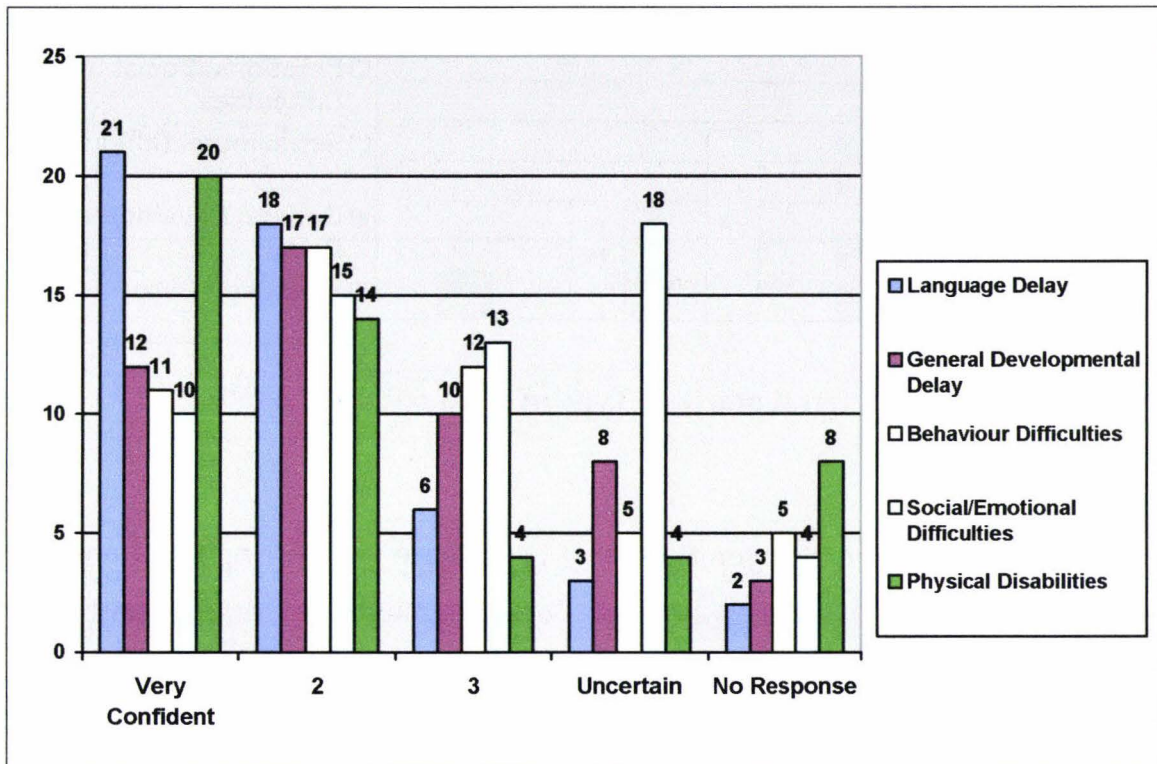


Figure 4.7: Teachers confidence ratings across developmental domains

Participants were then asked to identify what factors influenced the level of confidence they had indicated on the previous question. It was the intent of this question to draw out personal factors, such as training and experience, but 50% of the respondents shaped their answer around external factors, such as the perceived strengths and limitations of early intervention support services, which was somewhat surprising. Table 4.5 presents a selection of quotes.

Table 4.5 Factors influencing referral confidence

<p>Factors influencing referral confidence:</p> <p>Quotes from teachers</p>	<p>Personal factors</p> <ul style="list-style-type: none"> • Passion of the teacher involved • A little unsure of what is available, who is best to contact • Overall understanding of the individual child’s special needs and confidence in my own assessment of where the child needs help • Lack of knowledge, training and experience • I base my confidence on the fact that I am a mother and that I have worked in the early education sector for over 35 years and feel I have the experience to deal with these issues • Confidence comes from training, professional readings and access to information, and team support through discussions re referral • Experience, and not having the responsibility to call in the support services • Being supported by a team who also prefer to look at many strategies • Mainly one experience of referring a child and once they were assessed we were told there were no problems at all – it makes you doubt your decisions and confidence that you are making the right choice. • Lack of formal training for most of us may make us less confident to refer in case we are wrong and wasting time • Knowledge of child development levels • I am also the parent of a special needs child and I feel this is a huge advantage <p>External factors</p> <ul style="list-style-type: none"> • Work overload or case overload on the part of EI teacher • Am aware that in areas of speech, there are big waits for families • I have had good experiences with support services so far; however I often need to follow up with persistence in order to ensure a quick and smooth service. • Government funding for each child • We are happy with the support we receive from SES • Because the services are so full and busy you sometimes wonder if it’s worth it • Once again children are missing out because of a government policy • The quality of assistance would be quicker and of a higher quality if there were more people available to help – I know they are critically understaffed and resourced. • Since meetings held at the centre, I feel and so do staff, that we are more aware of the important role GSE provides; I feel confident in their ability and guidance techniques; I think one of the most important aspects when dealing with referrals is talking to parents first, and GSE was very helpful in this area
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Factors that discourage referral

Participants were asked to identify if there were any factors that discouraged them from making a referral when a concern had been identified. Of the 50 respondents, only 16 indicated that nothing influenced their decision making. Nearly 50% of respondents acknowledged that potential parent reaction would discourage them from making a referral. Only one participant believed that it was better to hold a referral until a child had reached school age.

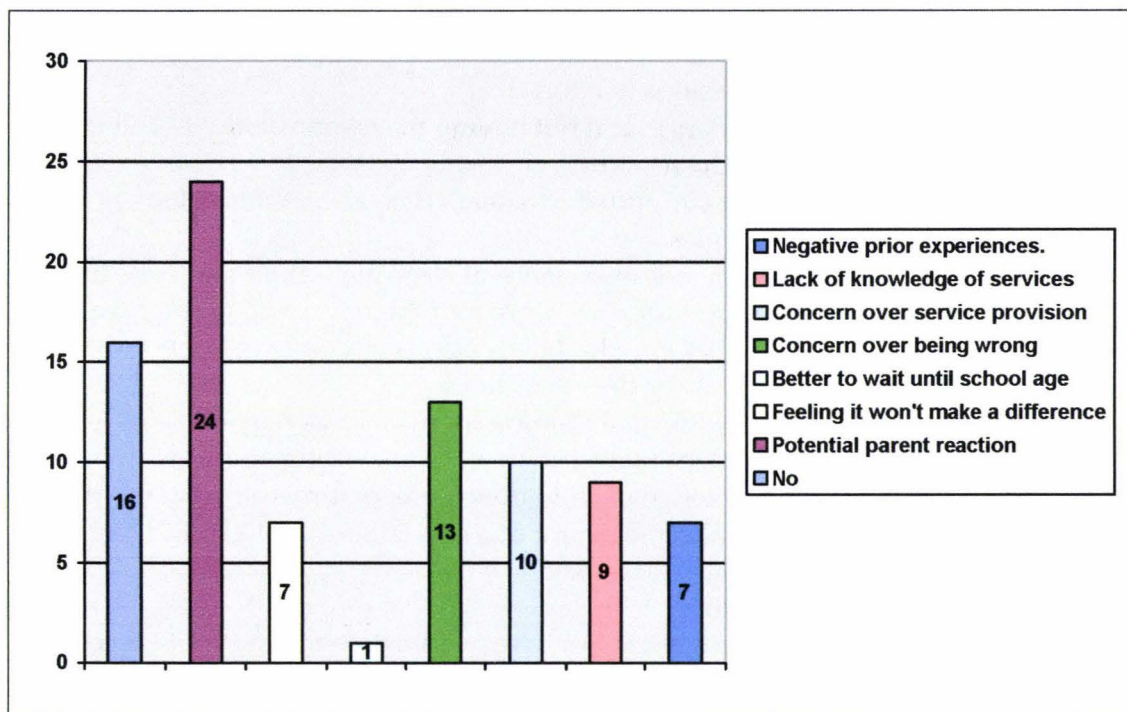


Figure 4.8: Factors influencing referral decisions (n=50)

Teachers were then asked to comment on the effect of differing factors and their significance on their referral practice. Their reflections were analysed to determine key trends and patterns, and to determine if responses differed from the categories that had been identified in the previous question. Five areas emerged as significant, showing very little variance from the original categories identified from the literature; potential parent reaction, negative prior experiences, lack of knowledge of services or guidelines, concern over service provision, and concern over being wrong. Table 4.6 presents a summary of participants' quotes addressing each of these areas.

Table 4.6 Factors influencing referral decisions

<p>Factors influencing referral decisions:</p> <p>Quotes from teachers</p>	<p>Potential Parent reaction</p> <ul style="list-style-type: none"> • parental reactions are difficult but not a reason for not making a referral • always it is nerve wracking to refer a child, but if you approach the topic on how the parents are and either be casual or straight up to get initial permission to refer • Sometimes parents may get upset or disagree, so we have to be careful • It is often difficult for parents to admit that their child does have a learning or behavioural disability <p>Negative prior experiences</p> <ul style="list-style-type: none"> • We have an instance where we felt a child had severe social problems and needed assessment, but Dad is a doctor and said that she was normal in every way and didn't need any referral <p>Lack of knowledge of services or guidelines</p> <ul style="list-style-type: none"> • More knowledge needed in who provides what service and what help is available in the early childhood sector • Factors to look for in each area would be helpful if we saw a genuine concern with a child, something to back up what we would need to talk to parents about concerning their child <p>Concern over service provision</p> <ul style="list-style-type: none"> • The fact that the whole process takes so long for the families, but also the fact that a lot of families won't accept the fact that they have a child with special needs • Delay in addressing referrals makes me feel less than positive about making a referral • There is a feeling that SES will take too long to respond and this prevents referrals being made • Feeling that it won't make a difference due to the ability of the interventionists • I have found that SES have been singularly unhelpful in many cases. Their strategy seems to be that children with special needs should not be in full day care and so they often advise parents of these children to remove them from care, either to a smaller centre or to a home based programme. Some of the SES staff seem to be unprepared and not suitably qualified or experienced in dealing with the children referred to them for help <p>Concern over being wrong</p> <ul style="list-style-type: none"> • each case is so different, and in my case I sometimes fear seeing things that are not there and in one case waited too long and have felt guilty ever since • I believe it is better to refer and be wrong than not refer and find out your thoughts were right and you could have helped earlier, which is often better • I am only in my first year of study so lack of knowledge is very relevant <p>No concerns</p> <ul style="list-style-type: none"> • It is best to acknowledge the concern as the sooner it can be addressed the better it will be for the child.
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Formal referral procedures

Fifty four percent (27) of teachers indicated that their centre had no formal guideline or procedure for referring children to early intervention services. However, when describing their actual practice, there were many similarities between participants’ responses, whether or not they identified that a formal procedure was in place. Observation emerged as a key factor in almost every description, as did team discussion. The following dialogue box reflects the range of responses received from participants, in justifying their answer.

Table 4.7 Referral procedures

<p>Do centres have formal referral procedures?</p>	<p>Formal procedure</p> <ul style="list-style-type: none"> • Yes, through policy/DOP’s of identifying childrens’ needs through observation. Discuss at staff meetings, then work with child to further observe. Supervisor to discuss with parents. • Consult with other staff including management, then make observations on child, and then whoever has close relationship with the parents will approach them; then contact appropriate services. • Yes; observe, record, and communicate. • Children are observed so teachers gain knowledge of child’s developmental stages. Areas of concern are identified in individual planner. If goals/learning outcomes cannot be met throughout programme activities, then teachers discuss with parents ways to work together to help children achieve them. This may require additional outside help. • Yes, observation, team discussion, discussion with parents and service providers. • Discussion with all three teachers • As a team we discuss any concerns about the children at our regular staff meetings. We document incidences which are cause for concern and discuss what we can do to help the child – this may lead to a referral to SES. • Observing the child, speaking to staff to identify the problem, then having an interview with the parents, getting their permission to be able to do the referral <p>No formal procedure</p> <ul style="list-style-type: none"> • Use observation and discussion as a guide to decisions about referral. • Not that I am aware of, but we are able to discuss concerns with management and it will be looked at on an individual basis • We don’t have a specific policy on referral to early intervention; however our procedure seems to follow the same pattern • Usually it is very obvious and a formal procedure is not required • I’m not sure – I’ve been here for one year and I haven’t been told yet. • Nothing formal, just notifying the supervisor, who will refer to E.I. services
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Involvement of parents

Educators were asked to identify the significance of parent involvement in the referral process. Answers typically focus on two dimensions; the timing of when parents would become involved in the referral process, and a description of the role they would play in decision making, as reflected in the following two dialogue boxes. Each contains a selection of quotes from teachers – only when an answer was very similar to another was it not recorded here.

Table 4.8 Timing of parent involvement

When are parents involved in the process?	<p>From the beginning</p> <ul style="list-style-type: none">• Parents are asked if they have any concerns about any areas of development in a questionnaire when their child starts and this sometimes is a starting point for the discussion.• As early as possible so that help may be used ASAP• I feel that the whanau must be involved in the process the whole way – it is their child, not ours.• I involve parents as soon as I notice a problem, through low key, general questions. If they say they are concerned I take written observations and talk it over with other staff. If there is indeed a problem I discuss my observations over with parents/caregivers and give them the opportunity to contact SES. If parents aren't concerned I observe and ask other staff. If a problem is apparent I discuss it further with parents. If they are willing we contact SES, otherwise we contact ECDU for direction or to act as an intermediary.• Consultation with parents is very early on• Parents are involved from the beginning as we share all our assessments and observations with parents and welcome their input• Through daily communication with parents communication is ongoing• At the parent interview we would talk about the child's strengths, interests and needs (SIN) and ask the parent to write out a SIN report. From this we would then come to a decision to have SES intervene.• Right at the beginning• Parents are involved through the entire process.• Whanau are involved as part of the info gathering and again at the end of the evaluation by providing the Individual Assessment. <p>After observation</p> <ul style="list-style-type: none">• When we have enough observations and records• After observations we would talk to parents.• When the observations give some evidence• After a number of observations were there as evidence to back up what I was saying• As soon as it is established that there is a problem. Parents are asked if they approve of the referral and it is explained to them what it would mean if no intervention took place.• talk to parents once staff are confident in their observations and concerns. <p style="text-align: right;">Cont...</p>
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Table 4.8 cont...	After decision has been made <ul style="list-style-type: none"> • Once we as a team feel the child needs some formal identification we discuss it with the parent, often it strikes a chord with them • After the centre has decided that there should be outside help • After it is established that the child will need the services of an early intervention provider, the parent would be notified.
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Participants were asked to describe the involvement of parents in referral. Table 4.9 presents an analysis of teachers' responses around the role of parents. Not all participants addressed the specific role of parents; some focused more on the timing dimension. Responses tended to fall into three broad categories; parents were seen as a source of information, as owners of the referral process, or as partners in the referral process.

Table 4.9 Parents' role in referral process

How do teachers see the parents' role in the referral process?	<p>Source of information</p> <ul style="list-style-type: none"> • Their input is sought into any plans developed for the child and evaluation of the problem and plan. • The parent's role is very important – without their support, teaching staff are less effective in meeting their child's needs. • We hope that they will have similar experiences and observations to contribute to any decision making. <p>Ownership of process</p> <ul style="list-style-type: none"> • The ultimate responsibility and rights in decision making regarding children with special needs rests with parents/whanau • It is their decision to refer for help • After the observations and assessments they have the final decision • Parents have more role to play than us. It comes down to them in the end • Ultimately it is their decision. We have wanted to refer a child and their parents just removed the child from the centre – what do you do!! • Permission must be gained before taking any further • Parents have final decision making in the process <p>Partnership</p> <ul style="list-style-type: none"> • Total input in decision making • A shared role of equal responsibility • Parental involvement in decisions made regarding their child is essential to developing consistency of strategies between home and centre life. • Teachers work in partnership with parents in identifying goals <p>Undefined</p> <ul style="list-style-type: none"> • A major role • A large role. • Parents are paramount in the decision making for their child
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Cultural considerations

Given the literature surrounding issues of cultural bias in referral decisions, it appeared important to ask practitioners how they addressed cultural considerations within their decision making process. A wide range of answers was received, reflecting different definitions of the concept of culture. Some practitioners focused solely on ethnicity, while others employed an extended definition of culture, to encompass family lifestyle and beliefs. To present the complex results from this component, a continuum was developed, reflecting high, moderate and low levels of cultural consideration. A selection of quotes are shown in table 4.10 - because of the great diversity of answers almost all practitioner responses are presented here, unless they were very similar to an already given response.

Table 4.10 Consideration given to cultural factors in referral

The role of culture	<p>High</p> <ul style="list-style-type: none">• Very important – staff are as aware as possible of different cultural needs and differences• Very important – this is where parent partnership is vital. It is not our position to identify the problem – parents needs to know our concerns and trust us.• A lot – their culture determines their behaviour. What is a problem for us, isn't for them• Children's culture and home environment is given full consideration as it can be the root of the problem. [We] consider first language, socio-economic group, expectations, needs and practices of family, and also health and habits of main caregivers• Whanau are involved in consultation/communication of concerns where appropriate. All efforts are made to assist families to feel comfortable with the procedure and to support them• Every consideration• Everything is taken into account• Our policy in our centre is to be very sensitive noting any issues with a families cultural background <p>Moderate</p> <ul style="list-style-type: none">• Sensitivity• We look at the children as a whole• Parents have opportunities to write about cultural beliefs etc... in the questionnaire and can talk about their background with teachers at any time• Teachers take into account home environment, how long a child has been in NZ and the child's background and history• Once concern is identified and discussed with the parent the supervisor would ask for any 'cultural knowledge' from the parent that would influence the process from then on in
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Table 4.10
cont...

- Can ascertain this when speaking with parents – whether behaviour has a cultural influence
- Need to be familiar with cultural expectations and differences
- Some cultures are very different from the European New Zealand culture and we need to be aware of our families' culture and practices and be supportive of decisions that they want to make.
- Some instances however during the observation stage and when discussing with parents, consideration of cultural background is an important factor.
- Extended family and personal circumstances are all considered individually
- Some behaviours which we may interpret as unusual or 'of concern' may be quite acceptable within that child's own culture. Therefore open discussions with the parents are essential.
- Cultural background is taken into consideration by being careful to respect what child and parents believe in
- Parents may wish to consult extended family, so time factor is important
- Needs to consider cultural considerations – learn about the child's culture/background/home setting. What language is used at home
- Any considerations that we are aware of
- Cultural backgrounds determine mainly how the parents are approached
- Teachers will always include culture/background while discussing anyone
- Staff are always cognisant of cultural issues for children in their care. The issue is addressed through discussion with the child's parents and discovering from them what is culturally appropriate
- The child is considered in a holistic manner, being that cultural, religious and other background information will be taken into account
- Language delay can often be the norm for non-english speaking people but we take this into consideration
- A child's cultural background must be taken into consideration, because it can affect the context of information gathered in observations. The way the family is consulted may also be affected by the child's cultural background
- Understand different cultural beliefs and values and (try) to incorporate these into decision making
- Be aware of cultural differences and take these into consideration when speaking to the child's family. Also for language delays, it could be due to speaking another language in the home, [with] English being their second language
- Because the parents know one another the discussion is very informal and they have a lot of information about the child's home life
- Culture influences learning and development therefore this has a big impact but the overall well being of the child is the primary concern
- E.C. teachers can identify a problem with a child but on reflection and discussion with staff and family, you can discover that their 'problem' is not such at home. Children's home environment isn't necessarily similar to the centre's – E.C. teachers must consider children's own culture and environment before concluding there is a problem
- We would approach the same, but with more respect and awareness for cultural concerns

<p>Table 4.10 cont...</p>	<p>Low</p> <ul style="list-style-type: none"> • Culture does not come into it • If a child needs referring then cultural background is not a major concern – the child’s needs are. • None – if the child has a problem, discussion with parents nearly always results in their agreeing with our findings • This plays a small part in making a decision about seeking help from education groups, but we always talk this through with the parent/caregiver • Child is valued and seen as whole, regardless of the culture • Cultural background is taken into account but there are ages and stages for development of children no matter where they come from • I don’t feel this is an issue. If the child has a problem no matter what background, they need help
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National screening programme

Participants were asked if they thought there should be an official screening process for all children aged under five, to identify potential areas of need. Fifty eight percent (29) of the teachers did not believe this would be a valuable exercise. Many felt that resources simply would not be in place for such an exercise, and that money could perhaps be better spent strengthening existing services. Table 4.11 presents a range of quotes reflecting both positions.

Table 4.11 Beliefs around a national screening programme

<p>National screening programme</p>	<p>For</p> <ul style="list-style-type: none"> • It would be useful to avoid children falling through the net • This would be a good safety net to pick up children who would otherwise slip through the system, e.g. children who don’t spend long in ECE • Maybe it will lead to more consistency and clarity of the process when making a referral • This hopefully will pick up any problems early and help to resolve the ‘what if I was wrong’ factor <p>Against</p> <ul style="list-style-type: none"> • May cause more harm than good. Drawing the line between special needs children and families that need some basic guidance and support • It would be almost impossible to have a skills based assessment system that allowed for individual differences • If they are wrong, then it causes more stress • I guess it would be helpful, but it would be near impossible • It is not necessary if training provided for all early childhood education so they are more competent • Send panic into the heart of every parent – don’t think so! • The developmental levels of each child are so different • This is like looking for trouble! More educators should be trained in recognising special needs and developing appropriate programmes within the centre. Resources (and good interventionists) are too limited to be able to deal with a national screening programme • Funding would be better spent on intervention programmes
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Professional development

The final component of the questionnaire asked teachers to identify whether they felt that they wanted further professional development in the area of referral, and to describe what form they wanted this to take. Seventy percent (35) of teachers indicated that they did want further support or development in this area.

It must be acknowledged that the results in this area may have been obfuscated somewhat due to the design of the study. At the bottom of the questionnaire participants were offered the opportunity to attend a workshop with an early intervention teacher from Group Special Education, and a few comments suggested that participants were responding (negatively) to this specific invitation, rather than their general need for professional development. However, this appeared to be only a very small proportion.

Comments were then analysed to determine specific requirements and means of development. Some teachers identified only one format, while others thought that multiple sources would be good, often workshops and written material.

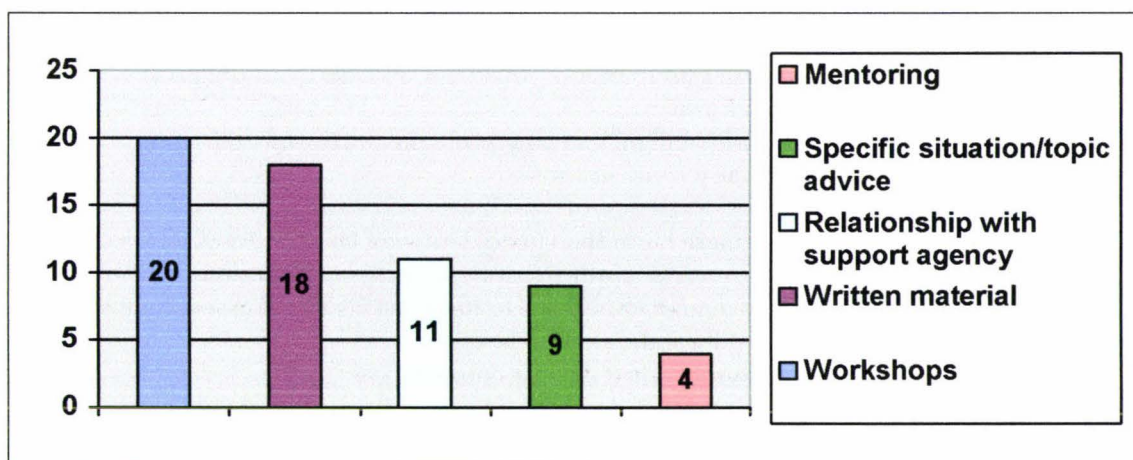


Figure 4.9: Professional development suggestions from teachers

Table 4.12 presents a snapshot of the comments offered by teachers around their desire for professional development, and the way in which they would like to see it presented.

Table 4.12 Teachers' identified professional development needs.

<p>Professional development needs</p>	<p>Content</p> <ul style="list-style-type: none"> • Supporting children with behaviour disabilities and learning special needs • Workshops from agencies discussing what they do, what we can do, what signs to look for and symptoms that occur – also where to go once we have our suspicions • What are the initial sign – when should we be concerned • Offer ways in which we can help these children and also what we can look for • How to communicate with parents who are anti-help • Firm guidelines on teachers rights • Behaviour management strategies for violent/aggressive behaviour • Latest research/ findings/ ideas • I feel we need more specific guidelines to follow – about who to involve, after what time, and how long • Mainly to be kept up to date with procedures would be the biggest advantage • Signs to look out for, developmental norms for each area of special needs • Information we could distribute to the parents <p>Format</p> <ul style="list-style-type: none"> • As we do a lot of professional development as a matter of course, written material with some personal mentoring would be advantageous • Workshops from agencies discussing what they do, what we can do, what signs to look for and symptoms that occur – also where to go once we have our suspicions • Workshops in an interactive, informal way with some written material and speakers who have had experience and qualifications in this area • An unstressed system that allowed for a phone-in system where concerns no matter how minor or insignificant could be discussed and direction gained • Closer relationships with support agencies – written material to keep us informed • Visits from services providers, explaining what they offer • Closer relationships with agencies where they come into the centre and spend some time talking to teachers about what to look for in children • I also feel that repeated training to revise and also include new staff, possibly once a year will be a good help • It is often very difficult to get to workshops, so written material, updated newsletters from support agencies, and maybe a yearly visit from someone who could link between services and centres. <p>One participant also commented that she felt the focus should be on pre-service teacher training, rather than later professional development and that <i>'providers need to be more accountable for this area of education.'</i></p>
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Phase Two: Interview Transcript Information

Description

The second phase of the research involved an interview/workshop style setting in which teachers were invited to come and talk to an early intervention teacher, and other teachers, about their questions or concerns around referral. As the researcher, I had a limited role to play, except for encouraging teachers to ask the questions they had brought. At the end of the evening I asked some brief questions, based on areas requiring clarification from the original questionnaire data. Most of the evening became based around collegial dialogue, as the teachers shared their thoughts and experiences with each other, and shared advice for situations they were facing. The purpose was to discover what teachers themselves wanted to talk about, and considered important in the area of referral. Excerpts from the transcript have been coded and outlined according to their predominant theme. A copy of the transcript in its entirety is attached as Appendix (C). Readers are encouraged to read the entire transcript if they wish to gain an understanding of the conversational nature of the meeting, as only brief excerpts can be included here in the body of the results.

Four teachers participated in this phase of the research, with one from a full day childcare centre, one from a Playcentre, and two from a private sessional kindergarten. This brought a wealth of different experiences to the discussion, as all had been teaching in early childhood for at least five years or more.

It had been originally intended to only include the question data from the teacher participants, but ultimately it became obvious that it was necessary to record the replies from the early intervention teacher also, as she not only offered an early intervention perspective, but also her own experiences as a teacher in the early childhood sector¹. This led to a very collegial discussion, without a sense of expert versus uninformed, where all participants shared

¹ NOTE: The early intervention teacher's responses are indicated by using italicized font throughout the transcript, to differentiate it from the participants' comments.

their fears, beliefs, experiences and strategies. For this reason, large portions of dialogue have been included within the results, to capture the essence of what was shared, so that others may be informed also.

During the course of the evening teachers explored the following areas;

- *Concern over parent response*
- *Inexperience and lack of confidence*
- *Lack of knowledge of available services*
- *Children's attendance*
- *Lack of team agreement in decision making*
- *A Playcentre perspective*
- *Children for whom English is not their first language*
- *Tools for referral*
- *Policy development*
- *Parent involvement*
- *If a parent refuses a referral*
- *Differences in referral*
- *Teachers feelings*
- *Service provision*

Factors influencing decision making: what makes it a difficult process?

One of the first areas that teachers began to address was their concerns over factors that affected their referral decision making. As can be seen in the following dialogue boxes, there was a great deal of similarity between the areas brought up by teachers in the interview, and the original factors identified in the questionnaire. By far the most significant factor was concern over parents' potential responses.

**Concern
over
parent
response**

So now we've got to approach Mum and we're on tenterhooks because we had an experience where a child was withdrawn from the centre when Mum took umbrage about us approaching them. So we're not sure what to do next. We're a bit reluctant to approach her, but we feel for the child's sake we need to do something.

The main concern we have is a child whose mother we have spoken to because we feel he is developmentally delayed in our experience. So we raised the issue of language, we thought this was the easiest way to come into it. But she took umbrage at that even and wouldn't go to the speech therapist, and said no, he was fine at home and was speaking OK and it would improve. But he's now turned four and I would say his speech is like a just turned three year old.

I think sometimes that even happens with us (SES). The parents do let us get involved but they still don't really believe there's too much wrong with their children. I'm working with a little boy at the moment, he's just about to turn 5 and I've only just got occupational therapy and physiotherapy as I've only just got her to agree to get that done on him. I finally got them to have a paediatric assessment at the beginning of this year and I've been working with him since he was 3. What's happening with this mum is that the younger boy has actually passed the older boy in development and suddenly she is seeing. And that's really sometimes the only realisation, is when younger children start to do better than the older ones.

I did bring it up with mum and mum was in complete denial. And you'd kind of say something and she'd say yeah but he's dadadadadada and we were thinking, well yeah, he should have been doing that a year ago. I didn't want to take it any further with the mother. She was in denial. I didn't want to upset her.. yeah, so.

My regret is the mother we approached and then she withdrew him from the centre...

...Don't feel bad, I don't think you should feel bad about that. I think it's really important that you did bring it to her attention. So next time someone brings it to her attention, she might actually do something about it.

Quite often it's the first time these parents are hearing, for the first time, that their darling child isn't perfect. And it's very emotional for them and they will quite often just deny it.

If you had real concerns about a child... if the mother did accept the speech language referral...ring up the speech language therapist and say, look, this child is coming along to the referral and we actually have other concerns as well, can you just watch out... in which case they would tackle the mother fairly well straight away and suggest some other type of help.

Other issues

Parent response was not the only factor acknowledged by teachers however. Throughout the interview, teachers also recognised the significance of their level of confidence, issues around service provision, attendance difficulties and disagreement between team members. This alerts us to the fact that referral is a complex, multi-faceted issue, that does challenge teachers.

Inexperience/ Confidence	<p>There was a child, and I had just taken over the position of head teacher, so inexperience was a big part of it; inexperience and a lack of confidence.</p> <p>I suppose it is inexperience, because now I would just walk in and say, oh no, that's not right. And it's confidence.</p> <p>You asked the question have there been children that we should've referred but didn't? A lot of people have probably said that it's due to inexperience at the time, or something like that... that's why I think a book [of guidelines], it would give you a bit more confidence, it would be a tool.</p>
Lack of knowledge of available services	<p>What about this child development centre at Wilson Home? I didn't even know that you could send children to therapy for language under two. I thought that by the time they get to two that's when they are saying a few words, and then they should go to Plunket.</p>
Child's attendance	<p><i>I can think of two examples, and for both of them I think that the problem was that the children were bad attender's, and they were very protected by their caregivers... we could never really build up a good relationship.</i></p>
Lack of team agreement	<p><i>I started saying to the other two teachers, have you noticed her speech, it's not clear, and they kept saying, no we haven't, we haven't noticed, we think she's OK. So in the end it became a dispute between me and the other staff, and without the agreement of the other staff I didn't really want to go ahead. But in the end I sort of had a feeling that I was the only one noticing and that the other's weren't interacting with her, for whatever reason. So in the end I said, well, regardless of what you think, I am going to refer. She was probably 4 years 8months by this stage, and she actually had quite a severe hearing loss.</i></p>

Different perspectives: What are the challenges of a parent led service?

One of the strengths of the interview phase was that although only four teachers eventually participated, they were from a variety of different early childhood settings, including kindergarten, childcare, and Playcentre. The Playcentre movement is a unique service, with an emphasis on parent leadership, training and participation. Some Playcentres have a qualified supervisor, while others are operated entirely by parents. The dynamic is somewhat different then to other centres, particularly in the parent/teacher relationship. The teacher from Playcentre was asked to comment on whether this altered the concerns around parent reaction to referral.

Playcentre perspective	<p>We're all parents, so it's that much harder to say to someone else "Oh, have you noticed your child is doing...?" because we're friends and we know the children well. But I suppose that I can say that because I'm a teacher as well and so I sort of have that ... that other people may think that I may be more experienced in that kind of thing. They ask me things, oh is that normal? Whereas, you know, they are doing their training as well. But it is very difficult - yeah. I'm just thinking there is a child who is four - who tends to shake a lot when she's doing fine motor skills and things. And someone else has mentioned to me, oh, have you noticed that so-and-so does that. And I suppose for me as one of the parents, well, we don't know.</p> <p>There was a child at play centre who turned 5 in March of this year and he had a language speech problem, but he'd sort of come to Playcentre recently and his mother had been there for years and years and years and was very sort of up in education and things. I never said anything to her, because ... it was very difficult, because she was my friend. You know, I think maybe if someone from outside had come in and said, then it would have been much better.</p> <p><i>Maybe the Playcentre association needs to set up a special needs co-ordinator that just moves around centres and can casually pick up something... ...rather than making a big issue of coming in to look at one child.</i></p>
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Concerns over cultural factors: What if a child doesn't speak English?

In light of the increasingly multi-cultural nature of New Zealand, the teachers asked several questions around the issue of support for children for whom English is not their primary language, and the difficulties arising in determining the extent to which cultural issues colour decision making.

**Children
with
English
as their
other
language**

We have had heaps of ESOL children and we've never had any help with them, but you don't get it automatically just for someone with ESOL do you?...

...No, we're not allowed to work with children just because of ESOL reasons. They've got to have something more than that. It's very difficult to decide if it is English as a second language or something else (causing the need). On the whole we have to be able to prove fairly conclusively that there's something other than and different to the language....

...It was different with this child, it was actually affecting her behaviour and it was affecting the session and the other children and the parents taking the session.

I was actually going to ask a question about that. Do you have any advice for children for whom English is not their first language, because there have been a few children where we have wondered where the issue lay - was it their language or an underlying need?

If the child has grown up in New Zealand, you know that their own native language is being spoken at home but they are at child care where they are having a big input of English and they get to four and they are hardly using any words, well then I'd be starting to question how much of it is ESOL and how much of it is something else. Because by the time they're 4 they should be starting [to speak], and certainly they should be understanding a lot of English instruction, particularly the repetitive stuff that you're using fairly well daily. They should be picking up some of those basic words to get their needs met within an environment. When you analyse, particularly childcare, some of those children spend more waking hours in the childcare than they do in the home. So, yeah, I would be starting to wonder... The other thing would be to ask the parent to come in one time and get them to sit down and read a book with the child, or something like that, and watch the amount of language that is used in the native language compared to the amount of language they've got somewhere else. That's the other thing, to check out how much they are speaking in their native language and how much they're understanding. Those types of things, yeah, usually by the time their 4 you'd like to think that they were able to use maybe only single words, but enough to have their needs met. It's difficult, it's a hard one. And if you really do have doubts, well then get a referral through to the (speech language therapist) and she'll have another assessment to make it a lot clearer. It's interesting, we just met a family on Friday and mum says oh no, he speaks a lot in Mandarin, he's very good with Mandarin but all I saw was this little boy going ohh aghh to mum, I never saw him use one bit of language in Mandarin or English and saw him not follow through with many instructions. On the third instruction he reluctantly drew something that his mum had asked. Looking at the interaction between the caregiver [and the child] ...can usually give you a little bit of information.

Tools for referral: What is used to help decision making?

In discussing their concerns the teachers began to ask for suggestions as to tools they could utilise to support them in their decision making. The early intervention teacher then spent a bit of time showing the book, "Much More Than Words." (SES, 2000) This was a tool developed by the (then) Specialist

Education Service, to help early childhood teachers assess children’s speech and language skills. This is one of the few developmental guidelines that are available in the New Zealand context, and it gives outlines for observations and speech samples, as well as practical suggestions for ways to extend and support language development. When this resource was produced there was a corresponding allocation of funding for early intervention teachers to equip teachers in centres as to its use, but this came to an end before a lot of centres could be reached. Only one of the teachers at the interview had used the book; the other three were not even sure that it was in their centre resources even though it was distributed free of charge to all licensed early childhood centres.

<p>Tools for referral:</p>	<p><i>Haven't you? [seen the book]. Well, that's why I brought them along, because there are a lot of centres that still haven't got them. What we were really trying to do was go out and talk to people [teachers] about it, because you get something like this in the mail and you say 'oh, I'll read that later.' It's such a useful document, and we were trying to get around [centres] but we ran out of time.</i></p>
<p>“Much More Than Words”</p>	<p><i>That's what I would suggest [using the book] because if you've got hard data and you give it to her, then you've done everything in the best interest. If she's not still willing to go to speech language therapist at least you can photocopy these things and give her a hand out and say, look this is what we're doing here, what say you try and do it at home. At least that way he's going to get the same message wherever.</i></p> <p>Something like [Much more...] that gives you really clear cut ideas of what to look for, and what fits within developmental rules and not, is excellent.</p> <p>I would like to think that most trained staff are fairly aware of development and what fits the norm and what doesn't. But when it comes to speech, it's a specialised field and certainly having something like [the book] is really good.</p>

Other tools: What else is there?

The participants then acknowledged the need for such resources to be developed for other developmental domains, and which reflected the holistic nature of development, which is central to Te Whaariki (Ministry of Education, 1996). There was a strong agreement between the participants that it was important to have a tool to help them make sound decisions; something to check their feelings against.

<p>Other referral tools</p>	<p>I think cataloguing some of your observations is the first step and then perhaps getting a checklist that shows what a normally developing child should be doing around that time would be the way to do it. Would you have some checklists like this?</p> <p>...Well, we've come up with one ourselves, based on Te Whaariki.</p> <p>I know you are going on your sixth sense, but they [younger teachers] haven't developed it yet, so I think some kind of referral guidelines might be helpful to all centres.</p> <p>It would be easier to refer children with behaviour problems if we had something that SES had put out, or the Ministry or whatever, and say "look, here's the guidelines we go by and from our running records we found that your child is doing this, which is a three year old behaviour, compared to someone who is nearly five. And I think then that the parent would perhaps receive it a bit better, seeing that that's black and white... ... and especially if it is coming from that level, and it's not just a policy from your centre.</p> <p>... it takes away the personal side of it</p> <p>... then if they're going to whip them out and put them somewhere else, then they'll have the same [response] wherever they may be.</p> <p>... then they won't think, oh that teacher just doesn't like my child, you know, she just thinks she's naughty.</p> <p>... You asked the question have there been children that we should've referred but didn't? A lot of people have probably said that it's due to inexperience at the time, or something like that... that's why I think a book [of guidelines], it would give you a bit more confidence, it would be a tool.</p>
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Policy development: Is there a need for a universal or centre based policy?

Towards the end of the interview teachers were asked if they thought it would be valuable for centres to have some form of formal policy to help them guide their decision making. There was a general consensus that this would be a valuable step, although there was some debate over whether centres should be left to write their own policy, or whether policy should come from Government or managing bodies, in order to ensure accountability.

<p>Policy development</p>	<p>I think the idea of using a policy would be good... because staff come and go, don't they. I might retire, and younger people come up - they're not sure what the centre policy might be. Little things to watch for, for less experienced people who might come onto the staff.</p> <p>I'd love to have something in writing to say, this is who deals with this and this is who works here and guidelines for what should be put in place.</p> <p>It would be very hard to have really strict guidelines, it could be really difficult. If that was the case... it would need to be agreed on by the parents when they enrolled in the centre. <i>Cont...</i></p>
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<p>Cont...</p>	<p>We probably do have a policy somewhere. I think it would be really helpful, but I'm just talking about our centre, to have something like that.</p> <p>People are coming and going all the time and there's nothing really written as far as I know, in our centre, which says to watch out for... behaviours. We do have training and it is ongoing, but I think it [written policy] will be very useful.</p> <p>Perhaps because we are not specialised in that area we wouldn't necessarily put forward policies that are going to be beneficial.</p> <p>The other benefit of having a policy is that we can show it to parents. Like I could show a policy on behavioural development to this parent after I had done a running record on the way he interacts with other children - that would be a big plus to show a parent.</p>
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Parent involvement: When and how?

As a corollary of the focus on parental concerns, the issue of how and when to involve parents also arose in the discussion. There appears to be some uncertainty in this area, and a tension between the principles of partnership that are a central to early childhood practice, and the need for children to receive effective support and services.

<p>Parent involvement</p>	<p><i>For me the issue is that sometimes because parents are where they are, how much do you tell them? Like a little boy that I've only just picked up and he's just about to start school. Now he's going to struggle in school. But the parents, where they're sitting at the moment, wouldn't accept too much. So we've had to give the school an assessment that says a lot, but you've covered words, trying to get the school to read between the lines because you just know the parents wouldn't cope. I struggle with that sometimes because I sit down and I think, well in this sort of situation, how much do you tell, because I can stay involved with that child for up to six months but if I had turned around and said what I really thought, probably I would have been asked to stop straight away. So, you know, sometimes it does become a dilemma as to how much you do tell and I don't think I've come up with a really strong answer to that one. I guess my answer is I go with how much I feel the parents can cope with and then I would develop more of the needs as you move on and as you know they can cope with a little bit more. When it comes to starting school, it puts the haste more into it and maybe it might ... backfire. What happens when they ask the child to stay back at the end of this year and the parent comes and says, why didn't you tell me? Cos I didn't think you'd cope with it! It's a hard dilemma to be in. I haven't really come up with which I think is right. I think I do it the right way, but sometimes I wonder.</i></p>
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What do I do?

Participants also questioned the early intervention teachers as to her advice for what to do if a parent refused permission for a referral to external services. Her response is presented below.

If a parent refuses a referral	<i>It's a difficult one and I guess the only other thing is to talk about it and just plan for him, you know, do an individual plan for him regardless, so that at least in the centre you are working towards meeting his needs. And, if one of us [early intervention teacher] is coming in; you know you're not allowed to use any names and things, but sometimes we can give you ideas and things. If you can give us some observations, or if you can explain things, we can sort of give you our idea of different ways you could support that child. It's a hard one.</i>
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Referral practice: Are there differences in referral?

In the interview teachers acknowledged that there were differences in their referral practices, particularly in considering the domains of development. There was a consistent agreement that language is the most common reason given for referral, as it is seen as the easiest way of opening the door to the idea that a child may have a special need. It is seen as the least threatening area, and the area where teachers feel most confident in their identification and referral skills. One participant also raised the question of whether there were differences in referral from different types of early childhood services.

Differences in referral	<p>Language: I'm afraid to say, I always kind of feel that if a parent isn't accepting something, I've... thought, right let's cover the speech language first because that's the least threatening to them. (general murmurs of agreement) And once they start to realise that then you usually have moved a step forward and then can move onto the development in other areas.</p> <p>It's easier to refer language first, it always has been. Behaviour's probably the hardest at times. Physical abilities probably next easiest, isn't it, but behaviour's definitely the one that's facing us now.</p> <p>Developmental [delay], that's another tricky one... ... especially if it is the first child.</p> <p>Centre Type I was thinking with childcare centres you tend to have children for a lot longer hours, so do you find you get more referrals from them, rather than say, sessional kindergarten? ...No, no. I've never really analysed it but I would say it was much of a muchness.</p>
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A hard decision: Any regrets?

From the questionnaire results, the researcher had felt there was a discrepancy between teachers' identified level of confidence, and their actual referral practice. To draw this out, participants were asked if there were any children that they had regrets over not referring, and to explain why. Every teacher had a least one child they felt regret over, but frustration was also a common counterpart to this. This provided a fascinating insight into the feelings of teachers around the complex, and emotional issue of referral. There was little acknowledgement of positive feelings.

<p>Teachers feelings</p>	<p>Frustration: It just concerns us that he's only got one year to go now [before school], he's been with us a year, and where do we go from here? He could reach school and the older he gets, the bigger the gap will be, and it might be too late to get some help.</p> <p>Guilt/Regret: There was a child and I had just taken over the position of head teacher so... inexperience... was a big part of it. Secondly, I did bring it up with mum and mum was in complete denial. And you'd kind of say something and she'd say yeah but he's dadadadadada and we were... thinking, well yeah, he should have been doing that a year ago. So I guess I do regret that I didn't get SES and I don't think he got it at kindergarten either - so yeah. It wasn't just me [regretful]. But I feel terrible... he was a child [with problems] and I know that he's 6 now and they're having terrible problems with him at school so I just kind of regret that I didn't get in there and rip it out when he was 2. For me it was inexperience and just lack of confidence really. I didn't want to take it any further with the mother. She was in denial. I didn't want to upset her.. Yeah, so.</p> <p>We had another teacher come in who said to me straight away, that boy has got Aspergers and I said, do you think so? And sometimes you can be so familiar with the child you take his little habits for granted and this very experienced teacher came in and straight away she said, that child has got Aspergers. Looking back, he was just about due to leave, so it was too late. We could have got help for him. So, once again, it was probably sometimes just taking little things for granted. Maybe I got too close to it, I don't know. Looking back at him I think it was probably affecting his development.</p> <p>My regret is the mother we approached and then she withdrew him from the centre.</p>
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Tell me about your service: How does early intervention work?

Teachers also took the opportunity to clarify some of their questions around the services offered by Group Special Education. These questions were generally positive and focused on areas of support available, rather than reflecting the frustration evident in some of the questionnaire responses.

Addressing service provision	<p>Do you find for the referrals from centres... how many would you actually take on?...</p> <p><i>... Most of them actually.</i></p> <p><i>We do offer [professional development], with that Te Reo Tataki thing that we [SES] did last year. But very few centres took us up on it, which is interesting</i></p> <p>Is it true that you still have to have issues in two or three developmental domains before you get support? It used to be that you had to show that it was affecting development in more than one area...</p> <p><i>... well not for behavioural and not for speech language, but certainly if you are wanting to apply for education support work hours that you have to prove that they have needs that do fit into more than one area.</i></p> <p><i>There's big long waiting lists on all the speech language therapists, so I guess one thing is that the sooner you put the children's name down the better.</i></p>
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Phase 3: Results from Centre Staff meeting

Description

For the final stage of the research, the researcher joined with a group of teachers at their weekly staff meeting, as they discussed the development of a centre policy to guide them in referral decision making. It had been the intention to look for themes and categories to emerge, but after viewing the transcription of the dialogue, it appeared more valuable to present the results around the questions that the teachers asked to guide their policy development. A full copy of the transcript is presented in Appendix (D) and readers are encouraged to view this if they wish to gain an overall understanding of the process that was undertaken, and the flow of dialogue that occurred. The final policy that was developed as a result of this dialogue is also included as Appendix (E).

Large portions of the dialogue have been maintained in the results summary, as it was felt that to cull it back any further, would be to lose the richness of the collaboration and negotiation between teachers as they worked out the specifics of their policy. It is not anticipated that the decisions presented here will reflect the decisions of all centres – it is one centre's unique responses; however, the discussion is presented as a catalyst for thought and initiating a process.

Coding

As demographic details of the teachers involved were considered to be too identifying for the centre, such details have not been provided in the results section, and codes have been used throughout as follows;

R = Researcher

SP= Supervisor (Dip Primary, Dip ECE)

T1= Teacher one (120pt equivalency)

T2= Teacher two (120 pts equivalency)

T3= Teacher three (untrained – 3 years experience in the centre)

T4= Teacher four (untrained – 3 years experience in the centre)

The meeting

The staff meeting began with a welcome, and a description of the structure and purpose of the meeting. Consent was sought (and was granted) from all participants to record the meeting on audio. The researcher then provided a brief outline of the research to date, and established the guidelines for the meeting, which included; staff could ask the researcher questions stemming from the previously gained research information to help them in their dialogue, and the researcher would be able to pose questions that might extend the staff's thinking around a particular issue.

Prompts

The policy discussion then began with an examination of the factors and indicators that might initially prompt a decision to refer. The team began to brainstorm ideas of developmental concerns they may have, and shared some memories of children in the past that they either had concerns about, or had actually referred. These have not been included for the sake of privacy of the children and families concerned.

What will prompt us to refer?	SP: Just a thought here. Before we actually observe the child, what would we notice that would make us feel that these observations are necessary in the first place, to decide if the child needs help outside of our centre? What kind of things would you notice in a child before you decided that we need to make written observations?... T1 We call on our experience don't we, as early childhood educators. Through our experience we have a rough idea where any given child should be at any given time. For our observations to be worth anything we need to have some sort of checklist or guidelines to line them up with, and say, so and so's not making the mark in this area or that area and that forms the basis of coming to conclusions from the observations.
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Development domains

The staff then explored issues around holistic development, and the specific domains that might be considered in determining whether there are concerns warranting a referral. They felt this was necessary in light of research findings

showing that there were discrepancies in referrals across different domains, and the researchers own findings that the language domain may be used as a route in early intervention services.

<p>What areas of development will we consider?</p>	<p>SP: So what areas should we looking at, perhaps in a child's behaviour or otherwise, where we are comparing them to other children. For example is it language we are looking at? What areas of a child's development are we looking at that they might need special help in?...</p> <p>T3: Well it is probably all areas, isn't it?...</p> <p>SP: Therefore we need a checklist for different areas, so what areas would you suggest?</p> <p><i>(group discussion here provided these points)</i></p> <ul style="list-style-type: none"> • Physical development/problems - fine & gross motor skills. • Social interaction • Cognitive skills • Speech/Language <p>SP: Those are the four areas that perhaps we need a checklist. If we feel there is an area for concern...</p> <p>T1: Yes obviously with some children they are going to overlap aren't they? I mean we have some children where they have got a problem with their language but we know it runs deeper than that. So I guess you would have to look at different areas wouldn't you?...</p> <p>T2: And, often language relates to social interaction too.</p> <p><i>Agreement from the group.</i></p> <p>T4: Yes they often overlap each other don't they?</p> <p>T3: Also the health of the child at the time. If we know the child has had been born a prem baby or something like that and is struggling to deal with that as well as what else is expected of his supposed age that we get him at.</p> <p style="text-align: center;">~</p> <p>R: Is that why then... would it reflect my results where most people said language is the easiest area to refer for? Is it because you are able to clearly say, well look your child is not speaking to this level. You seem to be saying that language seems to have the most clear cut guidelines, is that then why language is the easiest area to refer?</p> <p>T1: Well language is a fairly easy indicator. It tends to be sort of the fore. I don't know if it is just for those reasons, that there are already guidelines there or if it's because it is something that is at the fore. Yes, thinking about it, it probably is the easiest way in.</p> <p>SP: The other thing is language development is probably the least threatening for a parent to be approached regarding. Whereas behaviour, that is not suitable for their age is a more of a threatening subject to raise with a parent.</p>
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Tools for referral

After acknowledging the importance of assessing children in a holistic manner, and recognising all of the developmental domains, teachers then began to consider whether they have appropriate tools to help them make effective and accurate decisions in each of the areas, and concluded that there were few tools available, and that their policy would reflect the need for the centre to source or develop their own tools, as a framework for both staff and parents. Observation would form the basis of the assessment tools, but teachers identified the need for some form of guideline to measure these observations against.

<p>What tools will we use for decision making?</p>	<p>T1: Before we make a referral we need to look at the child and observe the child, then going on what we have observed and written down then we have a much better picture of where the child is at and if a referral is actually needed.</p> <p>SP: What kind of observations do you think are necessary?</p> <p>T2: They have to be written. We have to have some sort of documentation to show.</p> <p>T3: I think from possibly 2-3 staff members if that is possible as well, so you get a better cross section of observation.</p> <p>T1: Well your running records and anecdotal will probably give you the best information for this type of situation. Your learning story observation recordings are probably not going to truly reflect what you are seeking in doing the observations.</p> <p style="text-align: center;">~</p>
<p>Will we look to outside sources or develop our own?</p>	<p>T1: We have talked about our observations needing some sort of guidelines to check against. Do we have those? And if we don't where do we get them from? There is that very excellent one on language we have just seen this week [Much More than Words]. Do we have other things on hand that we can use? Because if we are going to get this into action we need them if this is the way we are going to do it.</p> <p>SP: Well, we can put a big tick by language checklist, but to my knowledge, I can't think of anything that I can go to right now for a child to check their cognitive skills for their age.</p> <p>T1: Does the Ministry have anything available?</p> <p>SP: That's up to me as Supervisor, I should be ringing and checking with SES to see if they have got anything and if they haven't then we ...</p> <p>T1: Well, what do we do if there is nothing available, what do we do as our measure? Because it all falls over if we haven't got a standard to work from or a starting point it all falls over, so what can we do about that?</p> <p>SP: Has anyone else got any ideas what we can do about that?</p> <p>T2: Well I guess at the end of day it all goes back to us being professionals and us having to have an idea of child development</p>

<p>Cont...</p>	<p>and the ages for it. There are textbooks that give all those sorts of things, that is part of our training and we know by looking at the children in our centre whether or not they're... you can tell, I know we don't compare them with other children but you do, you just get an overall picture that if a child is not quite right, it is obvious because it shows up and that's really where we watch out.</p> <p>T1: So if we don't need a yardstick, I am just thinking in terms of talking to parents, is that sufficient for them?</p> <p>T2: Well no, because they like to have something in writing. So in our policy we do need something.</p> <p>T1: Yes that was where I was coming from. What shall we do about that?</p> <p>SP: So we will all need to do a bit of reading here. Get the relevant development textbooks here and maybe as a staff spend a meeting on physical development and coming up with a checklist, a meeting on social interaction and emotional development of a child and form our own checklist on cognitive skills and maybe the health of a child. So a different meeting for each one and using textbooks that are relevant and up to date, come up with our own list. Does everyone agree or disagree?</p> <p>T1: So are you saying we as a centre develop our own lists and we use that? That seems a good way of doing it.</p> <p><i>Agreement from all team members</i></p> <p>T2: I am sure a parent would rather see something in writing that says this is where a child should be, rather than us teachers just saying "we've noticed your child is different from the other children in the centre." I mean, that could be quite threatening for a parent but if you have something that's concrete that you can present, and say well look this is...</p> <p>T1: Well that book on language was very good because it had by the age of 3 the child should be able to...by the age of 4 the child should be able to...so that seemed to be a fairly good approach.</p>
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Involvement in and responsibility for decision making

The teachers explored the issue of who should be involved in the decision making process. A variety of opinions emerged, as they debated how many staff members should be involved. Final consensus was that it should involve staff who know the child well, and who the child feels comfortable with. Much less debate was evident as the team explored who should make the final decision for referral, with a quick and unanimous vote for the Supervisor to bear the weight of this call.

<p>Who will be involved in the decision making process?</p>	<p>T3: I think from possibly 2-3 staff members if that is possible as well, so you get a better cross section of observation.</p> <p>SP: Does everyone agree... that it should be only 2-3 staff or should it be all staff?</p> <p>T4: I think it should be all staff.</p> <p><i>Group agreement</i></p> <p>SP: I mean from not just one perspective but from all perspectives. What I was meaning was we have got 3-4 teachers in the morning and we have 3 in the afternoon.</p> <p>T1: It is not entirely going to work is it because with part-time staff, some staff aren't going to know some children. So really it needs to be some staff who know the child and the child is comfortable with. And some staff it may not work for.</p>
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<p>Who will be responsible for making the final decision?</p>	<p>T1: As a staff I guess we need to read through and discuss the records that we've taken and come to some sort of conclusion as to whether the child is achieving at an acceptable level for their - taking into consideration their age and their general circumstances. Or whether they are not achieving and then, once we have those results we can decide whether to take further action or not.</p> <p>SP: OK, so we come together as a staff and discuss the observations and checklists... how the child compared regarding the checklist. And then as a staff we come to a decision, a group decision as to whether we go to the next step in the process. And that, I guess, would be talking to the parent first.</p>
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Timing

An important feature of the policy development was the determination of the timeframe that would be utilised at each stage of the process, including how long observations should be carried out for, and how long the wait should be before parents are contacted and early intervention services accessed. Initially, the response seemed quite straightforward, but as they came to tease out the specifics, they realised that many factors would contribute to their timing, and therefore the only sound decision that they felt could be written in the policy was that each case would have to be decided on an individual basis.

What time frame will be used?

SP: Over what period of time would you consider watching this child? How long do you think we should be making these observations for, before you come to a decision?

T4: I would say a week

SP: Do the rest of you agree?

T2: Well I would think a bit longer because the child might be just getting used to the kindergarten, if it is a new child to the kindergarten.

T1: If the child is new we probably haven't formed a view of whether they need a referral or not. Most of the children we have concerns about are children who have been here for at least a little while and we get a fair picture of where they are at. So in that situation when the child has been here, the child knows us, we know them, a week may be satisfactory to carry out the observations. You might want to go over a 2 week period maybe but it doesn't need to be a long drawn out process if we have already started to form some opinions and views about what is happening.

T4: If a child comes on a regular basis over the course of a week, a week is long enough.

SP: That is a good point because if some children only come maybe twice a week, we might need to go over a couple of weeks. But if they come every day we could possibly do it in a week. What do you think?



SP: So once we have noticed... and we have checked the child in that particular area, should we wait - should there be a period of waiting before we decide to go ahead and do these?... the observations. Should we wait a couple of months and check again or do we immediately get on to doing these observations. What do you think? What time frame would you say?

T2: It depends how long the child has been in the centre. You need to really get an overall picture. I mean some children tend to start off slow in their development and then pick up at a certain stage so I think you have to give it a fair amount of time. I don't know but I think it would be different for each child and again it goes back to how many days they come to the centre. You have to take other factors into consideration as well, outside influences and things.

SP: It depends on the child - how often they attend. Outside factors that might be influencing their behaviour.

T2: Obviously if we knew a child was not going on to any other centre, not going to public kindy and we knew they were going to be with us for a while we would have more time to watch and see how they are going. But there may be in some cases if a child is due to go to public [kindergarten] we don't want to leave them, to let them go from us without saying anything. So I think it depends on the situation.

SP: So each child will be taken (on an individual basis) on how often they attend, how long they have been with us and outside factors that may influence their behaviour and how soon before they leave us.

Working with families: Roles and responsibilities

In determining the roles and responsibilities of the different members of the team, there was again a very prompt and unanimous decision that the Supervisor would be responsible for approaching parents and whanau to discuss concerns, and this was considered appropriate by the Supervisor herself. The Supervisor has a child with special needs, and through many years working in this community holds a great deal of respect and mana with the families in the centre. These factors all seemed to be significant in leading to the decision to rest responsibility with her, although there was also some acknowledgement from other teachers that they would feel some apprehension, should the responsibility be given to them.

It was also important to the team that they establish a framework for how parents would be approached, as they acknowledged that the Supervisor may not always be in the centre, and that the policy should therefore document what is considered appropriate practice. The need to speak personally and privately to the parent/s was central, as was the need to make this relaxed, yet informative.

<p>Who will be responsible for approaching whanau?</p> <p>How will they be approached?</p>	<p>SP: And then as a staff we come to a decision, a group decision as to whether we go to the next step in the process. And that, I guess, would be talking to the parent first. Now who do you think should discuss this with the parent?</p> <p>T2: You.</p> <p>SP: You think the Supervisor should be responsible for discussing this with the parent?</p> <p>R: Can you clarify why you think the supervisor should do it?</p> <p>T2: I think because the parent is going to probably take a bit more notice. I think the parent would accept it more readily from the person in charge of the centre than just say a staff member.</p> <p>T4: The Supervisor is often the Head Teacher and that is who the parent often wants to talk to.</p> <p>T3: And I think that is a good way because then the Supervisor or whoever is in charge at the time will then say that they have discussed it with all the relevant staff members so that the parent doesn't think that its something coming just from the supervisor but that it has been thought through and discussed and then they're concerned enough then to want to approach the parent for something to be done.</p> <p>SP: So the parent should know that all the staff have had a part in making this decision through observations and a checklist.</p>
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Parent involvement

One of the central issues to emerge from this study surrounds the appropriate involvement of parents, and what this concept means to individual teachers. At this point in the discussion I, as the researcher, challenged the team's thinking around exactly when parents should become involved, and they began to explore the reality of parent involvement from the very initial stages of the process, including preliminary assessments. They began to reflect that this would be important to ensure the ecological soundness of their assessments and ultimate decision making.

<p>At what stage will parents/whanau be involved?</p> <p>How will they be involved?</p>	<p>R: Can I ask another question? You've indicated that... you will observe first, discuss as a staff and approach the parent - that is what you have agreed. Is there ever the situation where you would involve the parent in the observation prior to the referral? Would you ever approach a parent and say "Look, we're not sure; we want to do observations, would you be involved?"</p> <p>T1: Sometimes in the past we have done observations on a child that we have had concerns about and we have given the observations to the parent and then asked the parent later their response to it and how they felt about the observation and their contribution before we have actually talked about any real concerns we've had. We have done it that way. So in that sense we are involving the parents before we're talking about the possibility of a referral.</p> <p>R: I asked that question because contemporary theory shows that parents may become involved in the observation stage to give you a more ecological picture of the child. However, most of the responses that I got in my questionnaire indicate that like you have said, not that I am saying it is wrong, but like you said, most of them will not approach the parent until they think a referral should happen rather than involving a parent in the early stages of the thought processes.</p> <p>T2: Sometimes we will actually say to a parent, we notice so & so doesn't speak a lot at kindy or is there any trouble doing anything, do you have this problem at home? Are they different at their home environment perhaps to what they are at kindy? Just to get the other side of the picture and that can sometimes give us a foot in the door and it is quite interesting to get feedback to see what things are like at home, because some parents are quite good at offering information and agreeing with you by saying well yes I have noticed at home they do this. Whereas others say, oh no, no, they are quite different at home, so that starts to give you a different perspective of the picture as well. Which I think is a good idea because as least then you have broken the ice and you can leave it for a little while and then carry on a bit later.</p> <p>SP: OK then, can we agree as a staff, going back then before we attempt the written observations, when we first notice there is a concern ...cont</p>
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<p>Cont...</p>	<p>regarding a child, before we do anything, we include the parent, as you say like we have been doing already, in a brief discussion about things we have noticed about the child, maybe lack of language in the centre and could they let us know if it is the same at home before we attempt to do any observations or checklists. Should we as a staff agree on that then?</p> <p><i>Group agreement.</i></p> <p>SP: OK, so we will include the parents in discussion regarding concerns before we do any observations.</p> <p>T1: Attempt to, attempt to include parent might be better</p> <p>R: Does that need to be qualified – If appropriate?</p> <p>T1: Well it's just that some parents seem to..., on the odd occasion, have some difficulty in contributing something that is worthwhile, or useful in the picture, especially if they are sensitive to the idea that their child may have an area of weakness or an area of concern. Quite often they are not forthcoming with information that would help.</p> <p>SP: Will we all agree on that, that we will attempt to included the parent in discussion regarding concerns we have...</p> <p>R: ... if considered appropriate?</p>
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Information

The team then began to tease out their beliefs about just what information they felt should be given to parents/whanau, and whether it was appropriate to show parents all the accumulated written data. There was some discussion amongst staff regarding how appropriate that decision might be in some situations, with some staff feeling that initially only verbal information should be given, with others feeling that it was essential to share all written information as evidence that a rigorous and careful process was completed in reaching a decision to suggest referral. The needs for sensitivity and privacy are explored.

<p>What information will be given to parents?</p>	<p>SP: Are we going to show the parents at this stage the checklist to show them how their child compares to what's considered the norm for their age or just have a discussion that we have done these observations and we have done the checklist and we feel the child has got an area of concern about their language or behaviour or whatever.</p> <p>T3: I think first of all the verbal approach. I think parents being shown a checklist initially, for certain parents it could be threatening. So, try the verbal approach, then if they question you, about how you have done this, you can say, well we do have guidelines, this is what we have used and ask for their input.</p> <p>SP: How do the rest of the staff feel about that? Just a verbal discussion not showing them any checklist or observations?</p>
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Cont...

How will it be presented?

- T4: I think so, I agree. I don't think you want to threaten a parent. I think it needs to be verbal and relaxed.
- T3: I'm not suggesting it is threatening.
- T4: No but I think a parent would feel threatened and I think you need to take the verbal approach first.
- T1: When we used to do running records, we used to give them to the parents. When we do learning stories, we give them to the parents. Is there a problem with giving the parents the observations and discussing that? You have got to have a basis for what you are discussing, not giving the checklist idea until further down the track or if they ask. They have got to at least see the observations; otherwise they don't know if you are really drawing things out of the air or if you have got something concrete to go on.
- T2: Like "T3" said though we could just start off verbally just saying we have had some concerns, we have done some observations in the centre and if they want to ask for them that's fine, but I don't know if you would need to give them to them straight away.
- T1: I think we need to be willing too.
- T2: Oh definitely, but I think we should start off verbally first.
- SP: OK, so we have come to the conclusion, we will have a verbal discussion only but we will back it up with the written observations if the supervisor or Head Teacher feels it necessary.
- R: How will that conversation come about? When? Where? What would be your principles on having that conversation with the parent? Would you catch them as they walked in the door, would you ring them at home? Would you ask them to come in and meet? Those sorts of things - in your policy you might need to say "We would..."
- SP: Usually we would... What does everyone else think? Do they think it is better to catch them as they are coming and going or make a written ...phone call and make a time with them?
- T1: I think we need to keep it fairly low key and not too formal and not too threatening. Keep it low key, we chat to parents about their children as they come and go, regularly all the time, every day, so that kind of keeps it in perspective, but be willing to arrange a time to discuss it more fully if they need to do that.
- T4: Better than the coming and goings of arriving at kindy.
- R: The reason I suggested that here... is that all your parents arrive together and leave together. So often it is not private, so will you get a response out of parents because there are parents all milling around? Is that suitable?
- SP: No, I ask the parent when I have got a concern, whatever it is, if I could have a couple of minutes chat with them in my office. I would do the same again, I would ask them if they have a couple of minutes to spare, in my office, I would like to discuss something with them and I have done that on occasion before, so I can't see a problem with asking a parent that. Then if they haven't got the time, then I would say, fine maybe next time when you come I wonder if you could spare me a few minutes to have a little chat about your child. Does everyone else think that is fair enough?
- T3: I think that is the nicest way of doing it.
- T1: Sometimes it could be harder if you ring the parent at home. You don't know what the situation at the other end of the phone is like and it might be even harder for them to do that, so it is probably better to do it that way.

No parental consent

As the team discusses their feelings and plans for approaching parents and whanau, they realised that one significant issue that they would need to address was what they would do as a team if a parent did not consent to a referral to outside agencies, a very realistic scenario, as this has already been an experience that has occurred in the centre. Teachers' reflections around this issue reflected a strong sense of their own competence as teachers, as they indicated that they would continue to plan and implement support for the child and the family, within the centre itself, using the skills, abilities and resources available. They saw this scenario as a challenge rather than a frustration, but did acknowledge the need to document the process of whanau consultation, in case of dispute or questioning at a later date.

What will we do if parents do not consent to a referral?	<p>SP: If a parent doesn't consent, I think as a staff we would look at the information available regarding language like in that book that SES put out [Much More than Words]. It makes suggestions in there on how we can help children with their language so really as a staff, we have got a responsibility to help the child the best we can as professionals to extend their language skills in that case and if it is physical, fine motor skills, I think all of us in our training received enough help to know what to do to help that child to do the best we can as a staff. And I think we need to sit down as a staff and brainstorm regarding that child and how we can help this child with this particular need.</p> <p>T2: I would go as far as talking to a parent. When we have a parent that doesn't want to follow up, or was reluctant to admit there was a problem, I think that we need to document that somewhere, whether we have done observations of the child that we document somewhere that we have spoken to the parent and that they don't wish to follow up on it. Just in case they get further down the track at school or something and we get a call one day saying: Was there a problem, why wasn't this child picked up in your centre? Then we can at least say, we have done what we are meant to have done, we approached the parent and they weren't interested.</p>
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External support services

The team reflected on their beliefs around the role of external early intervention support, and whether as a team they believed such outside support was important. This belief would directly affect decision making regarding whether a child will receive external support. There was a wholehearted positive

response to this issue, with staff feeling that early intervention support was essential, and that it was important for parents to know that support and help was available beyond the centre. No hesitations emerged with regard to service provision or the suitability of support available.

<p>Will outside help be sought?</p>	<p>SP: Right, once the supervisor has had the chat with the parent and providing the parent is not in denial and they accept that perhaps there is an area for concern regarding the child. What do you think the next step should be in the process?</p> <p>T1: At some stage in the process, as professionals, we need to let the parent know that there are people outside of us who can help their child. I think it is quite important that the parent doesn't feel that they are on their own or that we are the only ones concerned about their child. That there are others that can become involved and offer help as well.</p>
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Being informed

As the team considered their beliefs around early intervention, they further decided that it was important to have resources on hand for parents, so that both staff and families could make informed decisions. It was decided that an information file would be developed with the contribution of all staff members, so that there was both general information accessible to interested parents and families, as well specific information when required in approaching a parent to discuss concerns.

<p>What sort of information will the centre hold?</p>	<p>T2: So I wonder if we have a policy if we should also have a list then of the different services available on hand.</p> <p>SP: Yes that should be included in the policy I think, although, let me see, lets go through them again:</p> <ul style="list-style-type: none"> - The Language Clinic - The Wilson Home regarding fine & gross motor skills. - Health Practitioners regarding the child's health first, before we decide that their behaviour is a result of a health problem. - Hearing Clinic at the North Shore Hospital - SES which also includes Psych services or developmental delays we are concerned about in the child. <p>R: Where will that information be kept?</p> <p>SP: In our parent box, where we have books and articles to help parents regarding the child's wellbeing.</p> <p>T1: There also needs to be a copy of it attached to the policy as well.</p> <p>SP: So keep copy in policy folder and parent education box.</p> <p style="text-align: center;">~</p>
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<i>Cont...</i>	<p>R: "T2" made a point about newsletters. Did you mean for every parent?</p> <p>T2: No I just meant for the centre we could put it on the Parent notice board or in the Parent Box and then we could always say to parents if there is a problem, well have a read through this or we could use it as a referral.</p> <p>R: So do you mean a pamphlet, I thought you meant you write a newsletter.</p> <p>T1: Well you could have it on the newsletter too, every so often too. I think it is just encouraging for parents to know there places there to help and support their children. Just general knowledge really.</p> <p>SP: Maybe once a year we could include it in our newsletters.</p> <p>R: So that would need to go into your policy too then; that once a year you will...</p> <p>T1: ...remind parents of what is available out there; a mailing list of services.</p> <p>R: Who will be responsible for gathering information and resources? <i>Discussion (with humour).</i></p> <p>T3. Maybe we could all be given an area to research?</p> <p>SP: We have a couple in the box already, a couple that we have received in the mail. I have just put them in box anyway. I just automatically put them in the parent box; it is the best place for them to be.</p> <p>T4: Generally all the staff could be involved.</p> <p>T2: I guess at the end of the day as long as all of the staff know that anything like that where it will be held, that it will held in the parent box and maybe that is what should be in our policy.</p>
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Professional relationships

As the team discussed their beliefs around referral to external agencies, and decided on the level of information to be held in a centre, they then began to consider the nature of the relationship they would have with external agencies. It was felt that a positive ongoing relationship with agencies such as GSE were very important to quality outcomes for the centre, the family/whanau and the child. They agreed that staff will make an effort to keep informed of the role and function of these agencies, and also to build personal contact with the agencies as the opportunity arises. They also documented in their policy their belief that they also must work to foster their role in these professional relationships, through attending meetings, and following through on the information and suggestions given by support staff, such as early intervention teachers. They went further to identify a plan to invite GSE to come to a meeting with parents, so that the relationship could be further developed and benefit gained for all families.

<p>What relationship will we have with outside services?</p>	<p>SP: The only thing we haven't covered is if a parent is happy for us to approach a Special Ed service - how we go about that. Now from my knowledge I think we ring SES and they send us out the appropriate form that you fill in regarding your concerns, then SES will make the appointment. So we as a staff then, what participation do we have with SES after this referral is made? How do you feel we could participate fully in this process once SES has been contacted and they come out?</p> <p>T1: We probably need to have something written down, in the policy that we will work closely with SES and follow through on their recommendations.</p> <p>SP: Including attending regular IDP meetings.</p> <p>T1: Yes, and encouraging the parent in their contact with SES as well.</p> <p style="text-align: center;">~</p> <p>T1: You don't develop a relationship with those services unless you actually use them and come to know the people involved. It is a starting point to have a contact number, contact name and that is just a starting point really and if we find we are using some services then obviously we will develop a relationship with the people involved.</p> <p>SP: I wonder for example if SES would attend a parent's morning tea and chat to our parents about what they offer and where they can receive help.</p> <p>T1: Excellent idea</p> <p>T4: Good community outreach.</p>
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Team unity

This teaching team had been together for three years or longer, and so have a high level of commitment to each other, and common grounds for many decisions, as shown by the few areas of significant difference or debate arising from the policy development. However, towards the end of the process, the researcher challenged the team, about whether they felt it was necessary to outline in their policy the steps that they would take in resolving a difference in opinion over a referral decision. The team did not see this being a significant issue, but did acknowledge the need to have a proviso in place, just in case. The need for ongoing dialogue and observation was central to their decision, but again the team reinforced their belief in the role of the Supervisor to make the final decision, if consensus could not be reached.

<p>What will we do if we are not in agreement as a staff around the referral decision?</p>	<p>SP: I think at the end of the day if you are not in agreement, the Supervisor makes the final call having the responsibility for running the centre.</p> <p><i>Group agreement.</i></p> <p>T2: I think we would have to be majority in agreement. I mean, if half the staff weren't, then we would have to relook at it.</p> <p>T1: Yes readdress the whole issue.</p> <p>SP: Yet I still feel at the end of the day, the supervisor is the one who has to make the call.</p>
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Pulling it all together

The transcript from the audio recording, along with notes taken on the day, were then utilised to form a final policy that would be submitted to centre management for approval for inclusion in the centre policy guide. When the policy had been cited by management, it would then be submitted to parents for further feedback. A copy of the draft is attached as Appendix (E).

Chapter 5: Discussion

What does it all mean?

“As early intervention continues to expand on an international basis, common issues are emerging that transcend national boundaries. These common issues are reflective of questions that need to be addressed... on what basis are children eligible for early intervention and how are they identified?...what is the role of families?... How is quality and equity of early intervention assured?”

These questions were raised by Simeonsson (2000, p6) in arguing the need for a universal manifesto that would be internationally valid. These are also the inherent questions explored within this research.

Demographic issues

This study was designed to yield a picture of the beliefs and practices of the body of teachers in early childhood around the issue of referral. The narrative responses reflect such a richness of data, and unique perspective from each participant, that it was decided to eliminate the comparative component, that was originally foreseen at the very outset of the study. For this reason, demographic characteristics such as age, gender and ethnicity were not considered, with differentiating variables focusing only on factors related to the early childhood role, namely teaching position, qualification held, years of experience, and special education experience.

Qualifications

It is interesting to note the high level of qualification recorded by the respondents, with 86% (43) holding a tertiary qualification. This would not be considered reflective of the overall early childhood teaching body in New Zealand at this point in time (Ministry of Education, 2003). There are perhaps two reasons for this; are issues of special education considered the responsibility of the qualified teacher/supervisor and therefore they were considered most appropriate to complete the questionnaire; or are they the mail openers, and therefore the questionnaire was not distributed more widely to

unqualified employees? For this reason, the discussion should be viewed generally to be speaking of qualified teachers. It should not be seen to limit the value of the study however, because a fair assumption could be that qualified teachers may indeed reflect a higher level of confidence, knowledge and experience as a result of their training, thereby setting the high benchmark, and should be well equipped to provide informative responses. As areas of concern are therefore raised, it may be considered that those less qualified may experience these issues to an even greater degree.

Experience in early childhood

A broad range of experience in early childhood was acknowledged by the participants. Fifty percent (24) of the teachers that answered this question had over ten years experience in early childhood education, while only four respondents had had less than five years. It must be acknowledged that participants were not asked to qualify their answers, and so it is unclear what dimensions were taken into account e.g. parenthood, nature of the role. However, such a depth of experience adds to the strength of the responses and the validity of the views expressed.

Professional development involvement

In relation to prior professional development in the area of early intervention or children with special needs, 22% (11) of participants had engaged in some form of intensive training in relation to children with special needs, typically the Diploma of Early Intervention, or the Certificate in Teaching People with Disabilities, both run by the Auckland College of Education. Forty two percent (21) however, considered themselves to have had very little or no professional development in the area of children with special needs. These results are reinforced by the subsequent data indicating a high percentage of practitioners wanting further professional development, but seem anomalous when considered against the high level of confidence expressed by teachers.

Referral practice

The review of literature that introduced this study established as a fundamental principle the importance of the early childhood educators role in the identification and referral of young children with special needs (Guralnick, 2001), because some needs may not be evident while the child is very young, and may only emerge as development progresses and deviations from expected norms arise (Nelson and Nelson, 2001; Wehmeyer, 2001). This was borne out in the findings that 92% (42) of the participants had been involved in at least one referral during the course of 2002. Wolery and Wibers (1995, p.7) state emphatically that early childhood educators are the "*key persons in identifying children who may have developmental delays and abilities.*" Of course what these statistics do not reveal is how many children remain, who could or should have been referred, which returns us to the underlying premise of this study.

Beliefs around early intervention

The literature review which laid the foundation of this study presented a strong argument in support of the need for effective early intervention, in order to achieve the best long term outcomes for children with special needs (Cullen, 2000; Guralnick, 2001b; Thomaidis, Kaderoglou, Stefou, Damianou and Bakoula, 2000). Blackman (2002) even suggests that asking if early intervention is important is like asking if food is good for you, and certainly research in the field of early intervention has moved away from asking *if* it is important, to instead focusing on the specific dimensions that determine effectiveness (Guralnick, 2001). However, in examining teachers experience and practice in referring children with special needs, it appeared important to determine first of all whether educators actually believed that early intervention services were important for children, or whether it was felt to be the responsibility of the centre to adapt its programme, without outside help. This belief of course would be extremely influential in determining the eventuality of a referral. Principle seven of the *Revised Statement of Desirable Objectives and Practices* (Ministry of Education, 1998, p.53), to which all licensed early childhood centres

are accountable states that *“educators should seek information and guidance from specialist services where appropriate, to enable them to work effectively with children and their parents/guardians and whanau.”*

The results showed that teachers did not necessarily hold an either/or belief in this area, but that their attitudes were more complex, in both dimensions working together. There was overwhelming support for the importance of early intervention services, with 98% (49) of respondents rating this as either essential or very essential. However results were more mixed when asked to rate the importance of making in-centre changes without outside help. Forty percent (20) of respondents were essentially unsure/uncommitted, while only 16% (8) were in agreement. Rather than minimising the need for external support services, it is hypothesised that this response was due to teachers' belief that they also have an important role to play; that total reliance shouldn't be placed on sources outside the centre. This must be viewed as a strength of the field at this time. Rather, both aspects should work together, reflecting the transdisciplinary nature of current early childhood/early intervention services in New Zealand (Twiss, Stewart & Corby, 1997). When competent, equipped and resourced teachers are teamed with providers who hold specific professional knowledge, then this should create a partnership whereby the individual needs of the child can be met in an effective and responsive manner. This would support a call for a reconceptualisation of the role of specialist early intervention services, from being hands-on within a centre environment, to instead being a source of support, advice and reflection for teachers, so they themselves could be equipped to be responsive to the individual needs of children and their families. If this change in perception were to occur, it could well be imagined that some of the sense of frustration around service provision evident in some responses, could be reduced, as teachers feel more empowered and autonomous.

The clear support for early intervention support indicated by the teachers, along with the high number of teachers involved in recent referral experiences is a strong foundation for this study, providing a platform from which to explore the issues and challenges that arise.

What factors influence teachers' decisions to refer/not refer?

The fundamental question of why teachers' do, or do not, refer was pivotal in the development of this study – as the researcher, it was the area I most wanted to understand. It was anticipated that there would be a complex response to this issue, but upon analysis it became clear that certain issues arose time and time again throughout every phase of the research. Essentially these responses fell into two categories; issues around parent response and partnership, and issues around service provision.

Parent response

By far the most significant issue faced by teachers that affected their decisions to refer, centred on potential parent/whanau reaction. Generally, comments would indicate that teachers were concerned about parents' acceptance of the possibility that their child may have a special need, with as reflected in one participant's response that her decision to refer was affected by "*the fact that a lot of families won't accept the fact that they have a child with special needs*"¹. This mirrors the findings of Dansinger (1998) who posited that parents' refusal to consider the 'problem' was the most significant factor that would inhibit a referral to special needs services.

The real concern to emerge when reflecting on this issue is that teachers' cannot truly predict how any one parent may react, even though they think a particular response may be a foregone conclusion. In this way teachers' responses appear to be somewhat reactive, with parental reaction from past experiences colouring future decisions. One of the interview participants stated that "...so now we've

¹ Please note that a different font is used throughout the discussion to indicate direct quotes from participants and to differentiate between those from general texts.

got to approach mum again and we're on tender hooks because we had an experience where a child was withdrawn from the centre once before when mum took umbrage about us approaching them. So we're not sure what to do next. We're a bit reluctant to approach her again, but we feel, for the child's sake, we need to do something." Although the staff were planning to go ahead with a referral, the significant impact that a past experience was having on a current decision is clearly evident. Teachers' level of concern and anticipation may be fair given past experiences, but it must raise some concerns, because in a manner teachers' are presuming what parents responses will be, before the situation even arises. It is true in life that people may not react in an expected way, and so teachers must be careful not to carry preconceived expectations that may prove to be unjustified. This is a crucial issue, and returns to the importance of teachers' being reflective, not only of their teaching practices, but also of the beliefs and assumptions which colour their decision making, as established in Te Whaariki (Ministry of Education, 1996).

Responses indicated an area of tension between the reactions of parents and the needs of children, which may indeed create a significant conflict for teachers. On one hand, they are obliged to do all they can to support the development of individual children, in line with the aspiration declared by Te Whaariki (Ministry of Education, 1996, p.9) for "*all children to grow up as competent and confident learners and communicators, healthy in mind, body and spirit, secure in their sense of belonging and in the knowledge that they make a valued contribution to society.*" On the other hand, positive and meaningful relationships with parents are a critical foundation to effective early childhood; "*Management and educators should implement policies, objectives and practices which...acknowledge parents/guardians and whānau needs and aspirations for their child*" (Revised Statement of Desirable Objectives and Practice, Ministry of Education, 1998), and teachers may well be reluctant to compromise this. It seems important that this very real tension be acknowledged. Whose needs and desires are paramount?

Brown (2003) acknowledges this tension as she explores the issue of advocacy for young children with special needs. Much attention has been given to the importance of parents and their voice, but Brown (2003, p.2) argues that teachers' voices should also be heard advocating for the child, in the situation where the 'best interests of the child' conflict with parental interests.

"In most cases the professionals and the parents are all advocates for the child and want the best for him or her... despite all the good intentions, however, the professional may be put in the uncomfortable position of choosing between what he or she believed is the appropriate intervention for a child and accepting a contrary choice voiced by the other professionals or the parents... the resolution of such a conflict raises a question... concerning whose interest should prevail."

This raises the question of whether teachers need more support in dealing with difficult situations involving children with special needs. Several teachers reported feelings of guilt and anxiety, which if not resolved, may well colour future situations. This would indicate a need for criteria within centres, so that teachers may have a frame of reference against which to weigh their decisions and actions, and thereby take some of the weight of responsibility off individual shoulders. Professional supervision and support must also be considered a critical dimension, and will be explored in more depth later in this chapter. One participant did identify that professional support lead to a change in her confidence and skill level, in regard to approaching and supporting parents. *"Since meetings held in the centre I feel... that we are more aware of the important role GSE provides... I think one of the most important aspects when dealing with referrals is talking to parents first, and GSE was very helpful in this area"*

It must also be acknowledged that a number of teachers did firmly state that although they might be concerned about parental reaction, this should not, and does not, stop them from responding; *"parental reactions are difficult but not a reason for not making a referral."* This reflects the tension that teachers experience in weighing up the relative importance of child and parent

dimensions. There was a sense throughout that teachers' wanted the best for the child, even if this meant facing some challenges.

Bruder (2000) suggests that the most critical value in supporting effective relationships with parents is empathy: the ability to put ourselves in another person's shoes and imagine what life may be like for them. She posits that if early childhood professionals can do this, then our interactions and support will be more humanly appropriate and sensitive to the realities of families.

"One prediction for the new millennium I am confident about: Most parents will not choose to have a child who needs early intervention. Yet, most professionals will still have a choice about participating in early childhood as a job, career or avocation. To me this means that it is the responsibility of those of us who work in this field to create systems of early intervention that reflect a family centred philosophy embedded within the implementation of validated early intervention practices. It is time to move beyond rhetoric and provide early intervention services that are respectful, evidence based and appropriate for each family's unique situation." (Bruder, 2000, p.112)

In examining the issue of parental reaction, it is important that teachers' look at their expectations of parents, and their response to the news that their child may have a special need. While it is not suggested that teachers expect parents to be delighted with the teacher identifying areas of concern, in some ways it appears that teachers do not want to be on the receiving end of a negative reaction. However, it must be asked, what sort of reaction should be expected? Surely a reaction that is 'negative' is more likely in this situation, and if teachers' expectations were focused accordingly, then perhaps they would be less concerned about approaching a parent. The focus would then be placed on teachers developing effective communication and support strategies, rather than holding back for fear of the reaction they will receive.

The work of Elizabeth Kubler-Ross, may help to conceptualise this. Kubler-Ross (1973) proposed a theory that when death occurs, those involved will experience a grief process, beginning with denial, and moving through stages of anger, depression, bargaining, towards eventual acceptance, as shown in figure 5.1. In the context of special needs, it may be acknowledged that grief does not

just occur when there is a physical death, but also at times of change, or perceived loss. When people face the loss (or change) of something which they hold to be dear they tend to react in a predictable series of ways. It has been acknowledged that in discovering that their child has a special need, many parents begin the grief cycle, where denial, anger and disbelief are common initial reactions (Lambert, 1994). Rather than being intimidated by the potential parent response, perhaps understanding reactions from this perspective would help teachers feel more equipped to deal with them. Denial would then not be presumed to be so negative, but rather the first step on a journey to acceptance.

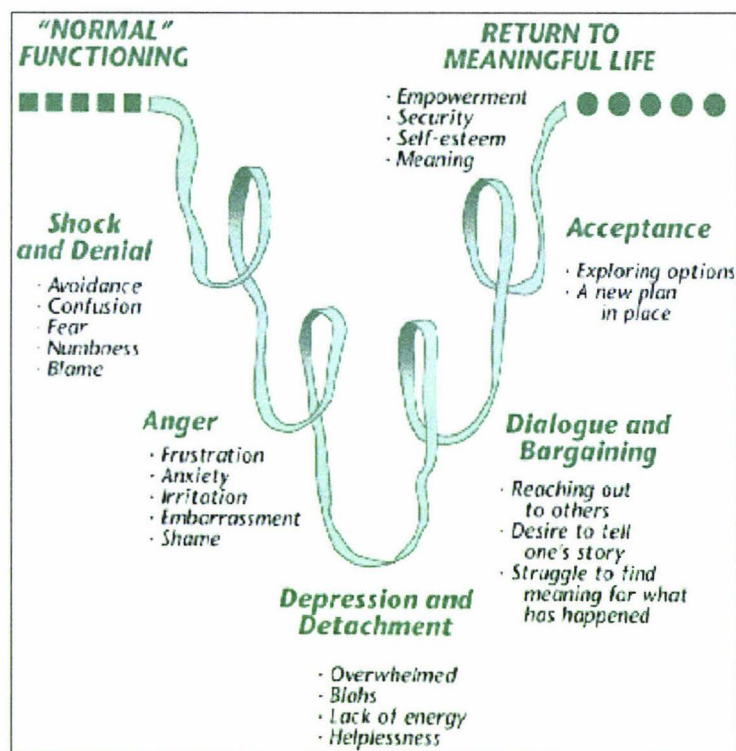


Figure 5.1 Kubler-Ross' Stages of grief (University of Minnesota, 2001)

Service provision

The other thread to emerge very strongly when teachers began to examine the factors that impacted on whether they decided to refer or not, was that of service provision – essentially concern over whether the child would ultimately get support “*there is a feeling that [services] will take too long to respond and this prevents referrals from being made*” and whether that support would be

effective, *"feeling that it won't make a difference due to the inability of the interventionists"*.

As established at the outset of this study, there was no desire to begin a political discourse around early intervention funding and provision, or to evaluate existing services or staff. However, the reality is that in allowing practitioners a voice, the concerns that are significant to them will emerge, and these may well be political. As readily established in Urie Bronfenbrenner's eco-system model (Simeonsson, 2000), while the child or teacher may be just one entity, they are in fact the centrepiece of ever-widening socio-cultural systems, being influenced by, and influencing, even the widest macro levels of government policy and social/cultural processes. In this respect, it was perhaps naïve to assume that a political voice would not begin to emerge. In keeping with narrative theory that respects the voice of the practitioner and does not seek to silence it (Schwartz, 2001), then some room must be given for the expression of more politicised concerns, as it is evident that they are having a bearing on the everyday reality of referral within early childhood centres.

Waiting lists and limited resources were a significant issue, with practitioners concerned about the length of time a child has to wait before receiving services, particularly speech/language. *"The quality of assistance would be quicker and of a higher quality if there were more people available to help - I know they are critically understaffed and resourced."* This issue was also acknowledged by the early intervention teacher, who reflected that concerns were arising from difficulties in retaining qualified speech/language therapists.

Participants expressed a range of opinions around the quality of early intervention provision, both favourable and critical. As some of these comments relate to specific centres or practitioners it is not felt appropriate to relate them here, but rather to reflect again that there appears to be a need to establish a clear understanding of the role and scope of early intervention services. New

Zealand is moving towards an increasingly transdisciplinary model of early intervention provision (Cullen, 2000; Twiss, Stewart & Corby, 1997), whereby professionals work together in a collaborative, supportive fashion, and the 'expert' role is minimised. Within this model the role of the early childhood teacher is very significant, as they may have the greatest face to face contact with the child. However, rather than seeing early intervention services as a source of support and guidance to equip and empower them as teachers, there appears to remain a belief that the early intervention provider should be more involved in providing face to face support for the child in the early childhood centre, and a frustration when this does not occur.

The issue of service provision is also somewhat tied to that of parent response, as there was an acknowledgement that if teachers believed that services would not be forthcoming, or would not be of value to the child, then they didn't want to get a parent's hopes up. In some ways it is not difficult to understand this feeling and the genuine care that it might stem from. However, again the question must be raised of whether teachers' are making a presumption as they really cannot know what will happen for an individual child once referred. Negative prior experiences may therefore be colouring present decision making – but at what cost to the child? This issue will be raised again later in arguing the need for clearer and less subjective guidelines for referral to be established within centres.

Do teachers feel confident in referring children?

What factors influence their identified level of confidence?

Developing an understanding of teachers' confidence around referral decisions was one of the critical facets of this study, and it must be said that results were somewhat ambiguous and contradictory. Confidence issues became most apparent in the interview phase of the research, particularly when teachers were asked to identify if they had any regrets. These interviews confirmed the researcher's original hypothesis that teachers are not necessarily confident in this area, even though they may claim to be. The opportunity to gather deeper

information from the interview participants revealed that there were situations in which confidence level indeed affected decision making. All of the teachers expressed regret over one or more children that they wish they had referred, and lack of confidence and experience was acknowledged as playing a significant part in that scenario. *"I sometimes fear seeing things that are not there and in one case waited too long and have felt guilty ever since."* This reality reinforces the need for professional support and supervision, whereby there is accountability and sharing of responsibility, so that one teacher does not bear the weight of a difficult referral decision.

Confidence rating

The findings of this study indicate that teachers generally rate themselves as quite confident in referring children to early intervention services, with 68% (34) of respondents rating their confidence as either high or very high. This bodes well for children receiving support if it is required. However, this finding must be considered in light of the overall responses elicited from the different phases of the research, and teachers' own comments, which bring into question whether confidence ratings can be justified in actual practice. While overall ratings remain high, this confidence may best be considered as situational, and may change according to the difficulty of factors present in a particular case. One of the interesting dimensions to arise was the differentiation that some teachers made between intrinsic and extrinsic variables that influenced their confidence rating.

Teacher efficacy

Podell and Soodak state that *"... particularly relevant to teachers' referral decisions is teachers' sense of their own effectiveness"* (1993, p.247). This was one of the most significant dimensions that this study sought to consider. While the level of confidence indicated by most teachers was quite high, in fact, higher than was anticipated at the outset of the study, there was certainly an acknowledgement by many teachers that their confidence was affected at times by a range of

different situational factors. Ortiz (1997) identified three broad areas of challenge which may affect teachers' sense of competency, which were reflected in the findings of this present study.

1. *Teachers may be reluctant because they doubt their own level of expertise, or do not have access to someone with the level of expertise that they feel is necessary to make an accurate referral decision.*

While there was certainly a body of teachers who had a strong sense of efficacy and confidence, a number of teachers did acknowledge that their lack of experience in the domain of special needs affected their decision making in referral, an understandable reality. One teacher commented that

"I feel terrible... he was a child [with problems] and I know that he's six now and they're having terrible trouble with him at school... for me it was inexperience and just lack of confidence really... I didn't want to take it any further with the mother... I didn't want to upset her"

This again reinforces the need for ongoing professional development and guidance to address these issues, to provide practical skills as well as ongoing support to deal with the more difficult situations that might arise. Within the context of early childhood education at the moment, the important dimensions of experience and confidence would appear to be an increasingly significant issue. The Labour Government of New Zealand at this time has indicated its' desire to have all early childhood teachers holding a minimum requirement of a Diploma of Teaching, and has initiated policy that will see a requirement that all '*persons responsible*' in early childhood centres hold this benchmark qualification by 2005. This has resulted in a significant shortage of qualified teachers as we move closer to this deadline, with the result being that more and more new graduates, possibly with little centre experience, are moving quickly into positions of responsibility within centres. What professional supervision will be in place to ensure these new graduates have the skill, confidence and support to be able to make effective decisions, particularly as they face some of the challenges that have been previously outlined in this discussion? Some

graduates may receive this professional support if they opt to participate in the teacher registration process, as outlined by the Teachers Council, but this is not yet a mandatory requirement for the early childhood sector.

Certainly, on the flip side to this, there was some acknowledgement from teachers who had been in the field for a while, that depth of experience had positively affected their confidence and efficacy in referral practices *"I suppose it is inexperience, because now I would just walk in and say, Oh no, that's not right."*

Osborne, Garland and Fisher (2002), reinforce the significance of confidence in their acknowledgement that apprehension often comes from lack of knowledge or self-confidence, and that this apprehension can prevent a teacher from feeling practically and emotionally ready to initiate referral in a difficult situation.

2. *Teachers may feel concern over the accuracy of their assessment practices and so do not refer over a fear of not being able to defend their referral decision.*

Thirteen (26%) respondents indicated that a fear of being wrong was a factor that discouraged them from making a referral. One participant stated that *"each case is so different, and in my case I sometimes fear seeing things that are not there..."*

While participants did not offer clarification of why they were afraid of being wrong, in the context of the previously established discussion, it would not seem to be unreasonable to suggest that this fear is tied to concerns over parent reaction. Teachers naturally don't want to hurt a child or their family by suggesting that the child has 'difficulties', if perhaps this later proves to be unfounded. It will be argued later that true parent involvement on an ongoing, everyday basis, as a foundation part of the early childhood culture, may go a long way to ameliorating some of these fears, and minimise teachers' need to defend their decision.

3. *Teachers may not refer because they do not believe that there will be the necessary support services available.*

The design of this study was intended to focus on teachers' own beliefs and efficacy in the area of referral of children with special needs. It was in no way intended to be an evaluation of available support services. It was interesting to note that when asked to comment on their confidence in referring, a number of teachers did not look to their own self-efficacy, but to external sources, such as their opinion/experiences with support services.

Ten of the respondents (20%) indicated that concern over whether the child would actually receive services once identified affected their referral decision making. This was supported in the 2002 *Review of Special Education 2000* (Massey University, 2002) where it was acknowledged that while referral procedures were appropriate overall, a tension was created by the reality that not all children identified would ultimately receive services. It is acknowledged that this creates an ethical issue, in that teachers may not want to speak to parents about concerns, if they feel they cannot offer them appropriate support services. Do teachers' risk upsetting parents, if in fact no help will ultimately be available to them?

Does the level of teachers training or experience affect referral decisions?

The parameters of the study did not ultimately offer the opportunity for in-depth analysis between participants. Most of the participants held similar qualifications, and for those that didn't, the size of the subpopulation was too small to allow valid comparisons to be drawn. Perhaps the most significant response that can be made to the initial research question is an understanding that multiple factors are brought to bear on the referral decisions made. Teachers cannot be separated from their history, experiences, or belief systems.

It is interesting to note that many teachers did not feel well equipped in this domain, despite the fact that the majority held at least the standard early childhood qualification. While professional development is addressed at a later

point in this discussion, consideration must turn to pre-service teacher education, and raise the question of whether more support and training needs to be implemented at that stage of a teacher's career. There are many competing demands on the pre-service curriculum, to present a wide spectrum of knowledge and skills to prospective teachers, but it seems important with the increasing call for inclusive education, that this dimension run concurrently as a component of all areas.

Although not examined specifically, there was a strong sense through some of the questionnaire responses in particular that some teachers do feel very confident in the domain of referral, usually because of the length of time in the field and experience, *"I base my confidence on the fact I am a mother and that I have worked in the early education sector for over 35 years and feel I have the experience to deal with these issues"*, *"I have been involved in education for over 25 years and have no hesitation in seeking assistance for any child"* as opposed to a specific early childhood qualification, although this was not so of participants who had completed the Diploma of Early Intervention, as this is an intensive, specialist course.

Which children are most/least likely to be referred?

Wehmeyer (2001) challenged the equity of referral decisions, identifying that significant discrepancies could be identified on the basis of gender, ethnicity and disability type. Teachers in each phase of this project confirmed this reality in their responses. While gender issues were not addressed as a component of this study, and certainly warrant ongoing research, issues around the nature of the child's need as well as their culture were articulated by teachers.

Development differences

The results of the study would tend to confirm the original hypothesis that there is a discrepancy between areas of referral across developmental domains. Beginning with the statistics given on referral, it can be seen that the greatest number were for speech language therapy (SLT). While the study did not ask teachers to identify whether this was the child's only need, or just the first step, interview data would appear to indicate that speech/language therapy can be seen to be a door to open into the wider special education arena.

"I'm afraid to say, I'm a little bit like you, I always kind of feel that if a parent isn't accepting something, I've always sort of thought right let's cover the speech language first because that's the least threatening to them. And once they start to realise that, then you usually have moved a step forward and then can move on to the development."

This is not to suggest that using a referral to SLT services as a means to approach the issue of special needs is a negative strategy to utilise. In fact, it may reflect sound practice in some circumstances. The concern may arise if parents later feel that a teacher has not been honest and open with them, if they have followed an agenda that the parent is not aware of. As openness and trust are central to effective communication and partnership (Bruder, 2000), this is a dilemma that teachers will need to wrestle with, in determining the most appropriate course of action.

The pattern of actual referral was also replicated when teachers were asked to rate their level of confidence across different developmental domains, as shown in Figure 4.7. The trend clearly showed that teachers gave themselves very high ratings of confidence in areas of language delay and physical needs, with social/emotional and behavioural domains significantly higher in the uncertain/unconfident end of the confidence rating scale. Such a result is not surprising, given that emotional and behavioural domains are often complex situations needing careful analysis (Feil & Baker, 1993), and may be considered to be more difficult to assess accurately (Gredler, 1997). However, this is significant in considering that perhaps children with difficulties in these domains may have greater needs, and significantly benefit from the positive

outcomes associated with early identification and intervention (Thomaidis et.al, 2000).

It had been anticipated that teachers would also indicate a high level of confidence in referring children with physical needs, and this conclusion was borne out in the final results. Interestingly, levels of actual referral (as shown in Figure 4.5) did not reflect this same pattern, with very few referrals being for difficulties in the behavioural domain. It is likely that this is because physical needs may well be picked up earlier in a child's life through health services such as the GP and Plunket, or perhaps parents may have felt more confident seeking help in this area, meaning that the majority of children with physical needs will have been picked up prior to attending an early childhood service.

Cultural issues

This study did not attempt in any way to examine in-depth issues surrounding cultural bias in referral practice, as this is a huge issue all on its own. However, it was interesting to note that teachers themselves did see cultural considerations as a potential issue, supporting the claims established in the original literature review that a child's culture may impact on the referral process (Hosp & Reschly, 2003). Rather than being over-represented in the special education population, it is reasonably suggested that children from minority cultures, particularly those for whom English is not their first language, may well be under referred, as language and cultural differences compound already existing challenges, such as concern over approaching parents. Simeonsson (2000, p. 6) acknowledges the challenges in this area in stating *"in practice, defining and measuring delay has often been fraught with problems... of significance in an international context are linguistic and cultural aspects... particularly in a young child."*

It is interesting to note that when questioned on the consideration that they gave to a child's culture, responses to this category fell into two distinct

categories. For the majority of teachers, culture was identified as a significant consideration, stemming from their beliefs around holistic development and family partnership; *"Some cultures are very different from the European New Zealand culture and we need to be aware of our families' culture and practices and be supportive of decisions that they want to make."* For others, the dimension of culture was removed from the equation, with the area of need being seen as more important; *"I don't feel this [cultural considerations] is an issue. If the child has a problem no matter what background, they need help."* The ten year strategic plan for early childhood education, Pathways to the Future recently released (Ministry of Education, 2002), acknowledged that there was a need for greater recognition of cultural issues within assessment and provision of services for children, and concluded with the firm statement of belief that *"Children's learning and development are fostered if the well-being of their family and community is supported; if their family, culture, knowledge and community are respected; and if there is a strong connection and consistency among all aspects of the child's world."* (page?) In line with the idea presented in the strategic plan that teachers are on a journey, a pathway to the future, the results from this study would indicate that the journey has begun for many teachers, but there is still a way to go before the destination is reached, as shown by the responses focusing on philosophical aspects, rather than actual implementation. Rous (1999, p. 486) provides a telling statement of this reality in stating;

"As a field our understanding of the importance of considering the cultural and ethnic diversity of our children and families has improved... yet in practice, I have doubts that we have fully realised the implications and application of family culture in child development, much less how family culture affects child behaviour... this lack of understanding can lead to over- or under- identification of problem behaviours in young children."

Although there is no intent within this study to judge teacher practice, some of the responses received must cause us to question whether the needs of all children are truly being served. Te Whaariki, the New Zealand Early Childhood Curriculum (Ministry of Education, 1996) establishes the importance of a holistic perspective and effective partnership with families, as being

foundational to quality early childhood practice. Within this paradigm, the child can not be considered separately from their context, nor should the contribution of parents be minimised. However, comments such as “No [cultural considerations] – if the child has a problem, discussion with parents nearly always results in their agreeing with our findings.” and “Children’s culture and home environment is given full consideration as it can be the root of the problem” do not reflect these foundational principles. It seems that teachers may indeed need more training in the domain of working with diverse family groups, as strongly argued by Hanson and Bruder (2001), to include knowledge of working with families from a wide range of backgrounds and perspectives, especially as New Zealand becomes increasingly multi-cultural. A full representation of teachers’ reflections on this issue is presented in Table 4.10.

Responses to the question of cultural considerations must also be viewed in light of the definition of culture that participants hold. Some participants isolated their response to ethnicity, whereas others clearly articulated their definition as including broader factors such as family values, socio-economic status, family structure and background. Future research may be able to isolate these different dimensions to discover which aspects are significant.

Do teachers have a protocol for referral?

Fifty four percent of the respondents who completed the questionnaire indicated that their centre did not have a formal protocol for supporting their decisions to refer children with suspected special needs; “not that I’m aware of... but we are able to discuss concerns with management and it will be looked at on an individual basis.” What arises as a concern here, is the high level of subjectivity that may then be brought to the decision making process. Without a frame of reference teachers are relying on their instinct or intuition in making a decision, and while the importance of this is not negated it is suggested that the reliance placed on intuition be revisited in light of the findings around teacher’s own ratings of their level of confidence, as well as their expressed need for more professional development support in this area. One practitioner noted

that “*usually it is obvious and a formal procedure is not required.*” However both the established literature and the findings of this study bring this view into question, for the children this research focuses on are those for whom identification has not occurred prior to an early childhood education experience, and thus it is likely that their needs are less obvious. These are the children identified in my very first discussion around this topic with an early intervention teacher, whose needs are more hidden, eg developmental delays, pervasive disorders and emotional/behavioural difficulties, who may be surviving in centres, but not thriving, because they are not receiving the support they require to succeed within the curriculum or environment as it is currently provided (Ministry of Education, 1996). The reality is that some children are not being identified, and so it is important to consider whether a more formalised policy would help to put some stopgaps in place, and see the level of support for these children rise. This is not to suggest that the procedure needs to be highly regimented; as will be clearly established later in the study what seems to be of most value is for teachers to engage in a reflection process around the issue of referral in which all team members can bring their contribution, and a policy is developed that is appropriate to, and supportive of the unique flavour and identity of centres, a process established in the government guidelines Quality in Action (Ministry of Education, 1998).

Even within the remaining 46% of respondents who indicated that they did have a protocol, it did not appear that this was necessarily formalised or written down. This then creates a situation where there is no standardisation between services, ultimately leading to a lack of accountability in determining if correct decisions are being made. Standardisation will always be a difficult and contentious issue, as you cannot legislate fixed responses to often complex and unique situations. However, we return to the original crux of this discussion – how do we make sure that the children who need help are in fact receiving it, if there are no guidelines or parameters?

The need for policy

Discussions with practitioners throughout the study indicated that there is a need for centres to have a policy and protocol around the identification, referral and provision for, children with special needs in early childhood centres. Without such a policy, concerns over equity and identification bias may be well founded (Fantuzzo et.al, 1999). Many centres currently have a policy statement around inclusive practice as a part of their official charter, but no formal statement specifically addressing the initial referral process. It is argued from the results of this study that this is an area that centres should consider, so that the referral decision making process may be established with greater clarity and transparency.

The legal requirement for New Zealand early childhood centres is the *Statement of Desirable Objective and Practices* (Ministry of Education, 1998) providing guidelines for practitioners and managers to which they must be accountable. DOP 10 (p.63) states that;

“Management and educators should implement policies, objectives and practices which:

- a) Reflect the services philosophy, quality curriculum, current theories of learning and development, the requirements of the DOPs and legislation.*
- b) Acknowledge parents and guardians and whanau needs and aspirations for their child*
- c) Reflect the unique place of Maori as tangata whenua*
- d) Are inclusive, equitable and culturally appropriate*
- e) Are regularly evaluated and modified by an on-going recorded process of internal review.*

Within this, the need for effective policy development and review is evident, and this research challenges practitioners that a policy around inclusion is not necessarily sufficient – identification and referral dimensions must also be considered if the field is to meet the mandate of equitable provision.

Policy is also important when there is turnover of staff, to maintain continuity of practice; as one practitioner acknowledged *“I think the idea of using a policy*

would be good... because staff come and go. I might retire and younger people come up - they're not sure what the centre policy might be, little things to watch for, for less experienced people who might come onto the staff."

National screening for special needs?

Much of the research information available around the topic of referral at this time stems from the United States, which again reinforces the need for New Zealand grass roots research to emerge. In studying this literature, one of the issues being addressed in the USA is the validity of their compulsory screening process (Ysseldyke, Thurlow & O'Sullivan, 1987). No such screening programme exists in New Zealand at this time, and so this study asked teachers if they thought it would be valuable. Their responses, both for and against are presented in Table 4.11. The majority consensus was that existing services should be strengthened to ensure more positive outcomes, rather than spending money to initiate new schemes that may not be comprehensive enough. *"It is not necessary if training is provided for all early childhood education so that they are more competent"* and *"funding would be better spent on intervention programmes."* This reinforces the importance of the early childhood educator, as indeed they may be the primary contact outside the home, with the developmental knowledge to identify areas of potential concern. *"The teacher's role in referral making is central"* (Meijer & Foster, 1998, p.378).

This again must cause us to consider the importance of equipping those in the field to be more skilled and confident, rather than looking to external sources for all the answers. However, responsibility should not only rest with early childhood practitioners; although little positive support for a screening programme was acknowledged, it would still seem important to develop a greater unity and consistency between different agencies, particularly between health and education providers, so that there are multiple gatekeepers, who hold an understanding of developmental milestones, and key identifiers for concern (Guralnick, 2001).

What process do teachers follow in considering referral?

As an extension of their discussion around whether their centre had a formal referral process, teachers were then asked to articulate the specific process that they followed in determining if a referral was necessary. Whilst acknowledging that questionnaires may not encourage the most full of responses (Burns, 1994), as a general comment, the brief nature of responses to this question was surprising, given the complexity of referral decision making. For the majority of respondents the process was very much the same, encompassing observation, team analysis and discussion, parent consultation and ultimately, contact with early intervention services if parental consent has been given. While this is certainly appropriate and relatively straightforward, it does somewhat belie the complexity of the issues involved in this process; issues that were more clearly apparent in phase two and three of the research. These issues are now examined in more depth.

Involvement of parents

"Family centred principles and practices are not an optional component of early intervention; they comprise the necessary foundation for all we do." (Hanson & Bruder, 2001, p.51). An examination of referral practices would not be complete without acknowledging the way in which parents are involved in this process. An understanding of the importance of partnership with parents/whanau is a significant thread in contemporary early childhood practice (Bruder, 2000; Ministry of Education, 2002). There is an increasing call for early childhood educators to move away from a paradigm in which they are the presumed 'experts', to recognising that the most effective outcomes for children may be achieved when the role of parent and teacher is considered complementary. Such traditional models ultimately fostered inequitable power relationships, and segmented the child's world. There is now a strong empirical basis for the understanding that family centred practices are critical to effective long term outcomes for children – not to mention the positive outcomes for families (Behan, 2001; Bruder, 2000)

Such a paradigm shift however, is not easy, particularly in moving beyond surface level agreement, to reaching a point of true change. Partnership is now a politically correct buzzword, appearing in centre charters and philosophies, but is this leading to fundamental changes in the nature of relationships and interactions? The results from this study again raise the challenge that the early childhood field may still have a way to go in fulfilling its aspirations. Most respondents acknowledged that parents were only invited to become involved after the staff had effectively already made a decision, which ultimately serves to reinforce the role of the teacher as expert. Perhaps, this also contributes to parents' negative reactions, as they feel unprepared and uninvolved?

It is necessary to respond in more than a token manner to the philosophical belief that parents are in fact the experts where it concerns their child. Guralnick (2001) reinforces this belief in stating "*the value of parent concerns about their child's development and behaviour should not be underestimated... although parents may not be accurate in judging the specific form of their child's problems, a meaningful and accurate awareness of difficulties nevertheless exists.*" In a climate of true partnership and parent involvement, identification and referral may then be a joint effort between parents and teachers.

Parent involvement would also seem to be central to achieving functional assessment, which is a foundational principle of best early intervention practice at this time (Msall, Tremont, & Ottenbacher, 2001), whereby assessments are made in all of the environments that are significant to the child. Such assessments help to ensure the validity of assessment protocols, and minimise the risks of inappropriate or inequitable assessments (Rous, 1999) - which ultimately form the basis for decision making. It has already been acknowledged that parents are able to offer accurate assessment information, and thus can counter potentially inaccurate assessments by educators. The significance of this counter-check, was further outlined by Hester and Kaiser (1998), who found that there was only a weak to moderate correlation between

teacher and parents identification reports, meaning that parents and teachers are not always seeing the same things. Both perspectives together are therefore necessary to gain a true understanding of the child, and again mandate the need for true and effective partnerships to be established.

Fialka (1997) presents a challenge to practitioners to again rethink their understanding of partnership. She suggests that because partnership is now seen as 'correct' practice, it is still being driven by teachers, rather than flowing from parents needs. She poses the challenge that if partnership is a dance, then why do her feet hurt? In a humorous manner she draws teachers (and other professionals) attention to the reality of being a parent of a child with special needs, and through using the analogy of being at a dance asks some significant questions;

1. *Do you want to dance?* Parents may not want to dance this particular dance with teachers - they have not chosen to dance the dance of special needs.
2. *Are you requiring forced intimacy?* This may be a difficulty time for families, and professionals may want to dance a lot 'closer' than parents wish to. Who determines the level of closeness required for partnership?
3. *Will the real partners please come forward?* So many people come into the life of the child with special needs, and so parents may not know who to dance with at different times. Fialka (1997) also clearly states that as parents they want to dance with their child first and foremost, and so a professional should not cut in, but should support their unique dance.
4. *Who's leading the dance?* Fialka (1997, p.25) reflects that "*I prefer to move away from the role of expert, and in its place use contributor... each dancer, professional or parent, contributes to the understanding of the child.*"

5. *Do you hear what I hear?* This is perhaps the most poignant question, when Fialka as a mother asks if parents and professionals are hearing the same music for the child. It is critical that both hear the same music, and share dreams and aspirations for the child.

Timing

Del’Homme and Kasari (1996) argue that referral is generally made on a reactive rather than proactive basis – meaning that it may be that referral is delayed until a crisis point is reached, either by the family or the early childhood centre. Such a position was not strongly reflected in the descriptions that teachers provided in the initial questionnaire phase, although with hindsight, perhaps a question targeted more specifically at this issue would have yielded more revealing data around this issue. Again however, when the overall picture of the study is examined, it is likely that there is indeed a delay in referral, as teachers confront the roadblocks to decision making examined previously, such as parent reaction and fear.

The most revealing information around timing emerged during the interview phase of the research, and was most evident when teachers were questioned about whether they had any regrets. While some referrals may have occurred quite quickly, others were certainly delayed, some indefinitely, due to the challenges involved.

Rader (2002, p.10) challenges the issue of delaying referral in asking “*when does watchful wait, become doing nothing*” and this certainly stands a challenge to teachers.

The timing of referral was also one of the more debated issues amongst staff of Hope Centre as they decided how they were going to determine the timing of their decision making. The critical factor to ultimately emerge was that of knowledge of the child – that teachers needed to know the child well enough to

be able to make accurate and informed decisions, as reflected in the following dialogue.

- SP: So once we have noticed... and we have checked the child in that particular area, should we wait – should there be a period of waiting before we decide to go ahead and do these?... the observations. Should we wait a couple of months and check again or do we immediately get on to doing these observations. What do you think? What time frame would you say?
- T2: It depends how long the child has been in the centre. You need to really get an overall picture. I mean some children tend to start off slow in their development and then pick up at a certain stage so I think you have to give it a fair amount of time. I don't know but I think it would be different for each child and again it goes back to how many days they come to the centre. You have to take other factors into consideration as well, outside influences and things.
- SP: It depends on the child – how often they attend.
Outside factors that might be influencing their behaviour.
- T2: Obviously if we knew a child was not going on to any other centre, not going to public kindy and we knew they were going to be with us for a while we would have more time to watch and see how they are going. But there may be in some cases if a child is due to go to public [kindergarten] we don't want to leave them, to let them go from us without saying anything. So I think it depends on the situation.
- SP: So each child will be taken (on an individual basis) on how often they attend, how long they have been with us and outside factors that may influence their behaviour and how soon before they leave us.

Subjectivity of referral – does intuition play a part?

Rader (2002, p.10) poses the question

*“when growth deficits, developmental delays, sensory deficits or serious behavioural problems manifest themselves, they occur on a continuum... a child doesn't suddenly get diagnosed with failure to thrive, or fine motor impairment or autism... when is something that's noticed, noteworthy?... the answer of course, is based on perception, judgement, experience, school of thought and certainly comfort level... modulated by the insistence of the parent, their practice environment and their **instincts**”* (emphasis added).

“Intuition plays a major role” (questionnaire response). The issue of subjectivity is complex and challenging to address, as it is a difficult construct to conceptualise, and there exists strong opinion on both sides of the debate as to the merit or risks associated with subjective referral. Certainly, there is a strong argument that would deny that any observation or decision could be considered truly objective, and this has birthed a move towards increasingly narrative and cooperative assessment practices, for example, learning stories (Carr, 2001). It may best to imagine subjectivity as a continuum, and teachers

must decide for themselves where they will place themselves along that range, dependant upon how much subjectivity they feel comfortable in allowing in their decision making. The essential point here is that there is no such thing as objectivity, only managed subjectivity. We require and depend upon the subjective judgement of the staff member. The essential point is that they systematically gather information so that they can make well informed judgements that are evidence-based.

In addressing the issue of subjectivity, or intuition, the power and effectiveness of this dimension in teaching practice is not, and should not be, minimised; as Rader (2002) acknowledges.

“Early intervention begins with early assessment and early determination; and these assuredly begin with an early feeling, usually perceived somewhere in the centre of the lawless land we call the gut... and whether it is the gut of a surgeon, soldier, a salesman, or an exceptional parent, it’s something you can often rely on... it’s something that both parents and clinicians need to recognise, respect, consider and explore.” (Rader, 2002, p.10)

However, it cannot be the only answer – surely there must be some measure against which intuition may be judged, to ensure bias, whether conscious or unconscious, does not creep in.

As the Hope centre team began to discuss this issue it became apparent that they were uncomfortable with the degree of subjectivity that they had allowed in their decision making process and their policy reflected their desire to incorporate some informed tools that would help them be more objective in identifying atypical development.

“We have talked about our observations needing some sort of guidelines to check against... do we have those?... what do we do if there is nothing available, what do we do as our measure... because it all falls over if we haven’t got a standard to work from.”

To clearly understand the true role of subjectivity, it is necessary now to examine the tools that teachers identified as using to support them in their decision making, for it is in this contrast that the true reality of intuition, or subjectivity, may be seen.

Tools for referral

In categorising participants' responses to the process they followed, one of the dimensions analysed was any tools that were used to help teachers make decisions. Perhaps one of the most significant findings was that in almost all cases, teachers did not identify any specific source of information, or tool that helped them in their decision making, which serves only to reinforce that notion that intuition is still forming the basis for many referral decisions. Yet when asked specifically to address this issue, there was an acknowledgement from the participants, in all phases of the study, that there was a need for reference material and developmental guidelines that could be used as the reference point for decision making. As one participant noted "*I know you are going on your sixth sense, but they [younger teachers] haven't developed it yet, so I think some kind of referral guideline might be helpful to all centres.*"

Simeonsson (2000, p.6) states that "*the fundamental premise for early intervention is to reduce or ameliorate developmental lags... this eligibility for early intervention should be defined by a documented status of developmental delays or being at risk for such delays.*" This again reinforces the need for some developmental guides to support teachers in identifying when a child's development becomes atypical, and may require intervention. Perhaps a stronger link between the different education and health services, as indicated within *Pathways to the Future* (Ministry of Education, 2002) would help to bring about a sharing of knowledge around typical and atypical development, which would ensure that less children fall through the identification net.

Observation is undoubtedly the most significant tool utilised by teachers in the referral process. Many acknowledged that this was the foundation of their decision making. The issue in question therefore is, is the quality and validity of observations strong enough? The use of observations was taken as a given by many participants, but did not always qualify this with the type, duration and nature of the observations conducted.

There has often been a resistance in the early childhood sector against prescriptive formats such as checklists or inventories, in the belief that this is not reflective or flexible enough to meet the needs of diverse individual children (McConnell, 2000). However, it may well be argued that the cost of this belief is that without a basis for the determination of what is considered appropriate development, it becomes difficult to justify where the line should be drawn in deciding who needs extra intervention, and ultimately to justify referral decisions. The findings of this study would suggest that there still exists a need for some developmental guidelines to be utilised in early childhood centres. Perhaps it is necessary for teachers to consider that in moving away from formalised developmental checklists, maybe the baby has been thrown away with the bathwater? In recognising that the use of checklists had the potential of misidentifying children, and in seeking to protect children from being 'boxed' into unhelpful categories (Katz, 1997), it could be suggested that the pendulum has swung too greatly to the other end of the spectrum, and left teachers in a position where they do not have adequate tools to help them clearly identify whether a child has needs requiring further support, and to define the nature of these needs. There are a range of developmental guidelines available, but these seem to be considered the domain of specialists, rather than teachers. However, as established at the outset of this study, the early childhood teacher may in fact hold one of the most significant roles in identifying and referring children, which reinforces the need for teachers to have sound developmental knowledge, or alternatively, the tools to access this knowledge.

Contemporary assessment theory in the early childhood sector encourages focus to be placed on children's strengths and competencies (Ministry of Education, 1996), moving away from a deficit oriented model. This undoubtedly has positive outcomes for many children, but can cause pedagogical tension when brought into the context of referral of children with suspected special needs, by virtue of the fact that observations must to some degree acknowledge areas of need or concern. While not specifically examined within the course of this study, it could be hypothesised that a focus on competency could be one of the reasons that teachers feel so concerned about approaching parents, as perhaps teachers feel less confident in acknowledging areas of delayed development within this culture?

The shift away from checklists and other more formalised assessments, also took place alongside the move to minimise comparison between children (Bricker & Cripe, 1992). Both of these were significant and ground breaking pedagogical shifts in early childhood assessment, and helped to prevent some serious, inappropriate uses of assessment that penalised and hurt children (Carr, 2001). However the results of this study may indicate that the cost of these pedagogical shifts may perhaps most clearly be seen in the realm of early intervention. If teachers do not have formalised developmental guides, and are not able to compare children to a group of typically developing peers, then on what grounds can they make a decision that a child is having difficulty in development that needs to be addressed by some form of early intervention? Are they not left in a point of limbo, having to rely only on their own inner sense, which this study shows may be influenced by their own self efficacy as teachers, the parents and whanau involved, as well as the culture of the child? This appears to be a fundamental issue arising from this study, and one which teachers will need to give serious consideration to. McConnell (2000, p.45), summarises these dilemmas very effectively in the following quote.

"In some quarters within the broad early childhood education community, there is reluctance or active resistance to formal assessment practices for individual children... although I fully acknowledge the potential risk in assessment practices inappropriately applied and assessment information inappropriately used, I also believe that skilled and respectful practitioners can and must in many conditions, use a variety of assessment practices and the resulting information to produce the most positive possible outcomes for young children – particularly children with more pressing needs or greater challenges, like those served in early childhood special education."

There is certainly potential for formalised assessment to be used poorly and inappropriately, with risks for children (Dietel, Herman & Knuth, 1991). But the question remains, which risk is the most significant? This is an issue that will need to be pulled apart and debated by those wrestling over referral decisions.

Essentially, it is important to realise that multiple tools of assessment should be used within the decision making process, in line with current assessment theory which firmly asserts the need for multi-dimensional assessment (Nelson and Nelson, 2001). If a variety of tools are used, and by a range of people who know and care for the child, then some of the inherent risks will be minimised, and authentic assessment enhanced (Woods & McCormaick, 2002). In this way, it is not suggested that the formalised assessments that have become out of favour, should be reinstated to the cost of portfolios, learning stories, and other contemporary measures. Rather, it would seem profitable for teachers to see the way in which all of these tools can work together to provide a rich and detailed description of the child (Carr, 2001), which acknowledges the child's unique strengths, as well as identifying areas of needs where support is required. Teachers must realise that 'need' is not a dirty word. This of course, should take place in a culture of true and effective partnership, as has strongly been argued previously, where parents and whanau are continually involved in aspects of assessment. As Dansinger (1998, p.40) states *"parents have been found to be perceptive in identifying gifted traits in their child and are also likely to see problems and handicaps."*

Looking beyond the centre realm, many teachers acknowledged that a closer relationship with support services would also be a valuable tool in supporting their referral practices. Sometimes, they wished there was a professional they could just bounce ideas off, before proceeding any further. This of course immediately raises issues of privacy, and parent consent, but perhaps an anonymous phone line where teachers could call to chat to early intervention teachers, or other specialists for advice, could be a viable option. The dilemma of course, is much the same as if a doctor were to dispense advice over the phone – sometimes more information, and from multiple perspectives is necessary to make an accurate decision, and give suitable advice. It was interesting to note however, that the early intervention teacher involved in the workshop phase of the study did acknowledge that teachers could chat anonymously to the E.I. team as part of their ongoing relationship, perhaps when they were in the centre visiting another child, and that the E.I.T would be happy to offer some feedback.

“And, if one of us [early intervention teacher] is coming in; you know you’re not allowed to use any names and things, but sometimes we can, you know, give you ideas and things. Often, you know, a lot of the times I go into a centres and I see a child and I’ll got up to a teacher and say tell me about that child, have you noticed anything different about that child, because you do start to notice, so I mean, we’re not meant to, you know, know any names or anything like that, but if you can give us some observations, or if you can explain things, we can sort of give you our idea of different ways you could support that. It’s a hard one.”

Again, this reinforces the need for a close relationship between early childhood and early intervention services, so that appropriate collegial dialogue could be seen as a valuable tool. It is a simple strategy, but could in fact be quite an effective tool in providing both knowledge and confidence to proceed.

Who is making the referrals?

Teachers were asked to identify who had the primary responsibility for referral of children. In line with the nature of early childhood structure, most teachers reflected that a decision was the result of team consultation, with 68% of

participants stating that the team either had full responsibility, or had been involved, with the supervisor making the final decision. Such a finding is not surprising in the context of leadership in early childhood, which tends to be consultative and co-operative (Rodd, 1998). In fact, one of the strengths of the early childhood sector is that teachers do not work in isolation, but have the support of colleagues working alongside them in the classroom, unlike the compulsory sector. It could be anticipated that this team approach would work to counteract some of the barriers to referral acknowledged previously, such as fear and uncertainty, and yet such factors still have a significant bearing on the final referral decision. Summers, (et.al, 2001) question whether there may be a tendency for teachers to discount their own beliefs and expertise if another more qualified or experienced person is involved in the process. Certainly there was an acknowledgement from teachers that while team members may contribute to the dialogue around referral, the ultimate decision often rests with the supervisor/leader of a centre.

While the team approach would generally be considered to have favourable outcomes, on the flip side, a lack of agreement in decision making can also be a significant issue, bringing the referral process to a sharp halt. This was acknowledged in the interview phase, when one of the participants voiced her regret over the fact that she considerably delayed an (ultimately necessary) referral, because the teaching team were not in agreement.

"And I started saying to the other two teachers, have you noticed her language... have you noticed her speech, it's not clear blah, blah, blah and they kept saying, no we haven't, no we haven't noticed, we think she's okay. So then it became a dispute between me and the other staff and without the agreement of the other staff I didn't really want to go ahead. But in the end I sort of had a feeling that I was the only one noticing and that the others perhaps weren't interacting with her for whatever reason. So in the end I said, well regardless of what you think, I am going to refer. She was probably 4 years 8 months by this stage and she actually had quite a severe hearing loss and I really felt so bad that it had taken so long, but it was a series of circumstances that I'd tried to move through, that they had stopped it from happening."

Again, this scenario reinforces the need for teachers to have some guidelines in place to support their decision making, so that it does not become personality driven, or affected by the power relationships between members of staff within a centre. The value of having an already agreed upon procedure for this scenario is evident, which lead to this question being included as one of the core questions for teachers to discuss in developing their centre philosophy.

How is information presented?

“Information for families – all families – needs to be delivered in a format that is understood by that family. A family can only feel empowered and in control of a situation if they understand what is happening. We all know that people learn in different formats – visually, orally or through a combination of methods. These different learning styles need to be addressed in a positive and non-intimidating manner in order for parents to feel that they understand the information that is being presented and that they are a part of the process.”
(Behan, 2001, p.vii)

Very few participants in the initial questionnaire phase of the research addressed the issue of how information would be presented to parents to facilitate partnership and involvement, but as the Hope Centre team sat down to write their policy it became a significant point of discussion.

- T4: I think so, I agree. I don't think you want to threaten a parent. I think it needs to be verbal and relaxed.
- T3: I'm not suggesting it is threatening.
- T4: No but I think a parent would feel threatened and I think you need to take the verbal approach first.
- T1: When we used to do running records, we used to give them to the parents. When we do learning stories, we give them to the parents. Is there a problem with giving the parents the observations and discussing that? You have got to have a basis for what you are discussing, not giving the checklist idea until further down the track or if they ask. They have got to at least see the observations; otherwise they don't know if you are really drawing things out of the air or if you have got something concrete to go on.
- T2: Like "T3" said though we could just start off verbally just saying we have had some concerns, we have done some observations in the centre and if they want to ask for them that's fine, but I don't know if you would need to give them to them straight away.
- T1: I think we need to be willing too.
- T2: Oh definitely, but I think we should start off verbally first.
- SP: OK, so we have come to the conclusion, we will have a verbal discussion only but we will back it up with the written observations if the supervisor or Head Teacher feels it necessary.

They discussed the issues around when parents would be told, and what information would be presented. One of the most difficult issues that they addressed was whether parents would be given written information, and when and whether they would be given the original observations. In the end, it was decided that no one answer could be applied to all families, and that as a team they would have to discuss this issue on a case by case basis. The qualifying phrase of 'if appropriate' was included in their statement around written information being presented to families. Again, this issue was included within the policy development framework, as with the increasing move to family centred and partnership based intervention models (Woods & McCormick, 2002) there seems a need for centres to be proactive in developing specific strategies that will ensure success.

**Do teachers believe that further support, training and resources
are necessary - if so, of what nature?**

As the intent of this study was to allow practitioners' voices to be heard, and to develop a resource that could support effective practice in the area of referral, it seemed important to ask teachers themselves what they would consider to be valuable. Seventy percent of participants in this study indicated that they would like further resources and support in the area of special education referral. This was supported by the initial stage of the *Special Education 2000 Review* (Massey University, 2000), which found that two thirds of educators interviewed referred to a need for professional development or training in the area of children with special needs. While this did not focus specifically on referral, it is fair that similar conclusions could be drawn, as referral is the starting point of special education practice. Ludlow (2002) argues that staff development is especially critical for professionals who work with infants, toddlers and preschoolers with developmental disabilities, delays and at-risk conditions and their families, because practice in this area is changing rapidly.

During the course of the study, my beliefs around professional development also underwent considerable change. Robinson (2003, p.28) reflects the changes that I as a researcher experienced.

"there is an emerging research based consensus about the qualities of effective professional development... it is job embedded, rather than separated out from work contexts, colleagues and daily practice...it is evidence based, rather than opinion based... it is collegial, rather than individual..."

In the initial design phase of the study the researcher envisaged that a training workshop would be a valuable outcome. However, after an analysis of contemporary professional development literature, there emerged a growing understanding that measures such as one off workshops fail to bring about significant change in teaching practice, despite the best intention of all involved. The following quote from Malone, Straka and Logan (2000, p.54) challenged the my original conceptions of effective in-service training, as they argued that

"although there is a critical need for professional development opportunities, effective in-service training strategies are not well documented...not only are in-service training programmes not designed in accordance with purported best practices, personnel who would participate in in-service training activities may indicate a preference for formats other than those that can be considered innovative... one basic assumption grounding most in-service training experiences seems to be that the provision of information will translate directly into effective outcomes; that the one-shot workshop format will meet the implementation needs of the participants... this assumption prevails in spite of contradictory evidence."

This pattern was certainly reflected in the responses of the participants, who primarily identified workshops and written materials as their preferred format for in-service training. Certainly, this response was not unexpected, and shaped the second phase of the research, which was described to participants as a workshop. However, as my understanding of effective professional development grew, the content of this workshop changed, to be more participant driven, rather than focused on the distribution of information. Teachers/participants were able to ask questions directly related to their own work setting and personal experiences, thus increasing the likelihood that answers would be utilised when the teacher went back to their centre.

There are several reasons for the lack of effectiveness of workshop style in-service development. Often one off workshops do not involve the whole teaching team of a centre. For effective change to take place there needs to be a common sense of purpose, a unity, so that one teacher does not feel they are trying to impose their view. Ownership of change and professional growth is essential (Mepham, 2001). Also, workshops by nature of their structure must usually focus on the general as opposed to the specific. For effective change to occur there must be the opportunity for teachers to consider the specific issues that they face and to consider what the best response may be. Generalised knowledge is not sufficient, unless it can be translated into the specific context (Stott, 2003). Unless this occurs, responses such as 'it's all very well for you, but in my centre...' are all too valid.

Even though participants did identify workshops as a desired means of professional development, their suggestions as to why professional development was necessary would indicate the need for strategies that could address feelings and concerns - which is unlikely to occur in a workshop setting. For example, one supervisor in the questionnaire phase wrote "*for other staff in the centre, definitely it would be valuable, as one in particular, although a very competent teacher, has some fear of mentioning concerns in case they are wrong*". As the preceding discussion has shown, a one off workshop is unlikely to effect real and lasting change for this teacher, but instead team or mentor support on an ongoing basis, could well be utilised to bring about positive change based on reflective practice.

For this reason, the final outcome of this study did not turn out to be a workshop, or a prescriptive set of guidelines to be homogenously used in all early childhood centres. It was discovered that teachers wanted real, effective change, and so what emerged was a set of questions that can serve as a catalyst within centres, provoking thought, analysis and negotiation between team members. These questions can then provide a framework for the centre to build

a policy around the referral of children with special needs. This is in line with the argument posited by Levin and Rock (2003, p.136) that *“effective professional development is that which is grounded in inquiry, reflection, and participant driven experimentation.”*

Table 5.1: Questions to prompt policy development

- | |
|---|
| <ol style="list-style-type: none"> 1. <i>What will prompt us to refer?</i> 2. <i>Do we have enough knowledge of typical and atypical child development?</i> 3. <i>How will we define special needs?</i> 4. <i>What areas of development will we consider?</i> 5. <i>What tools will we use for decision making?</i>
<i>Will we look to outside sources? Or develop our own?</i> 6. <i>Who will be involved in the decision making process?</i> 7. <i>Who will be responsible for reaching a decision?</i> 8. <i>What will happen if staff are not in agreement over a referral decision?</i> 9. <i>Who will be responsible for approaching whanau?</i>
<i>How will they be approached?</i> 10. <i>At what stage of the process will parents be involved?</i> 11. <i>What information should be given to parents?</i>
<i>How will it be presented?</i> 12. <i>What consideration will be given to cultural factors?</i> 13. <i>Will outside help be sought?</i> 14. <i>What relationship will the centre have with early intervention providers?</i> 15. <i>What information will the centre hold?</i> 16. <i>What are our professional development needs in the area of referral?</i> |
|---|

When the staff of Hope Centre sat down to develop a policy, they expressed the desire to have a document that they could use as a basis for unity and which would give them a foundation from which to approach parents. The researcher had anticipated that a finite policy could be developed that could then be used as a template for other centres. However, rather than developing a one-for-all policy, what this discussion ultimately led to was a series of questions that would serve as a catalyst for individual centres to develop their own appropriate policy, reflective of the centre’s philosophy and structure. These questions were perhaps the most valuable outcome of the study, because they enabled the staff to explore their beliefs, debate their perspectives and challenge their thinking. So, rather than offering a template for centres to copy, what this study now offers is a set of questions to prompt team discussions within each centre, as outlined above in Table 5.1. They are not just questions for Hope

Centre, but for all centres, and it is hoped that at some point they may be disseminated to centres to provoke thought and discussion.

This appears significant in light of contemporary understanding around effective professional development. The traditional model of workshops and expert teaching is now being challenged as having limited ability to effect real change within centre teaching teams (Ludlow, 2002), as they are focused on passive learning of knowledge, rather than dynamic acquisition and application of skills. All too often only one teacher has the opportunity to be involved, and then holds the responsibility for disseminating the knowledge gained, and trying by themselves to effect change within a team. Current perspectives now place high value on professional development that focuses on unity and team development, moving away from providing surface level knowledge, to supporting teachers to appraise their practice and reflect on their belief system (MacNaughton & Smith, 2001). It is at this level that true and lasting change can be achieved. Malone, Straka and Logan (2000, p.58) argue that effective professional development should blend both the traditional views, and emerging perspectives such as the deliberative curriculum approach;

“the deliberative approach focuses on reflective inquiry by participants regarding the knowledge or skill that is being imparted within the in-service activity... deliberative curriculum theory suggests that professionals might not have problems with acquiring knowledge; rather problems are practical issues about how and when to apply the knowledge within a particular setting around a complex system.”

It is hoped that through this process, teachers will become more focused on intrinsic factors, and therefore develop a greater sense of control over the situations that they face, rather than increasing their dependency on externally imposed guidelines or ‘answers’. It is important that teachers develop a sense of empowerment, so that they can be effective decision-makers in unique situations, as in reality each case will have many complexities.

The review findings also supported the conclusions given by respondents in this study, regarding the need for multi-level professional development, for example, written material supported by workshops. *“You can put out all the*

books you like, but without people resources it is not possible to put into action". It must be acknowledged that there are no quick fixes, rather a range of approaches must be utilised to ensure that knowledge is translated into actual teaching practice within early childhood centres (MacNaughton & Smith, 2001).

Rethinking professional development – future possibilities

Issues such as the concern over parent reaction can also not be addressed just by extending knowledge (Stott, 2003). This extends much more broadly into areas of partnership with parents/whanau, and effective communication practices (and perhaps even counselling) as these are heart and relationship issues. The results of this study reinforce the need for professional development at a deeper level.

It is interesting to note that some of the most recent trends in professional development are now reinforcing the need for collegial dialogue as a means of development. Annan, Lai and Robinson (2003) present a strong argument for the importance of 'teacher talk' as a means of improving professional practice. There has come a recognition that teachers need access and opportunity to colleagues who can offer them honest, reflective feedback, to ensure that they are engaging in safe and ethical practice. There is a need for peer supervision that goes beyond superficial discussion, and is actually prepared to challenge existing practices, with a purpose to bring about change and improvement. Results indicate that decision making often rests with centre supervisors, who themselves may not feel confident in their decision making in this area. The team culture may be that the leader's decisions should not be challenged, so there may be no one willing or able to offer the critical feedback necessary to challenge practices that may not ultimately yield the best outcomes for children. Annan et.al (2003) suggest strongly that there is a level of professional dialogue that teachers do not often reach which is analytical, critical and challenging. It is hoped that the framework of questions that has been developed as an outworking of this study, will be seen by educators as a means of eliciting this

type of 'teacher talk', going beyond an automatic acceptance of the status quo, to debating and provoking change of practice if necessary.

In conclusion Annan, Lai and Robinson (2003) do acknowledge that teachers may not have yet reached a point where they can autonomously engage in this process in an effective way, and that an 'expert' in the specific dimension of teaching may help to prompt analysis, evaluation and eventually, change. Perhaps the role of the early intervention teacher needs to be reconceptualised. Rather than teachers looking to the early intervention teacher to support children and families within a centre (which workload effectively precludes), perhaps the emphasis should be placed on their ability to provoke and support teachers into more inclusive and effective practice, so that they themselves may feel more confident and equipped to address issues in this domain. Such a paradigm shift would certainly fit well within the transdisciplinary approach advocated for effective early intervention provision (Bricker and Cripe, 1992). Dimensions of the 'expert' role may well be encompassed within some teacher's request for mentoring, or someone to ask questions, without necessarily having to action an official referral.

Robinson (2003) discusses the significance of '*theories of practice*', the beliefs and assumptions held by teachers regarding their own practice. In many ways this study has given a snapshot illustration of the theories of a group of teachers. It must be acknowledged that as with any theory, these '*theories of practice*' may not reflect the truth of a situation, or may reflect partial or incomplete knowledge. For this reason, the opportunity for professional dialogue where assumptions and beliefs can be critically analysed can be seen as increasingly important. Such was the value of the final stage of this project, which came as a revelation to the researcher. The outcomes that were reached during the development of the policy were no longer seen as being as significant as the actual process engaged in by the teachers, whereby they articulated, critiqued and extended their own teaching practice. This supports the contention of

Darling-Hammond and McLaughlin (1995, p.597) who state that "*professional development today should provide occasions for teachers to reflect critically on their practice and to fashion new knowledge and beliefs around content, pedagogy and learners.*"

Ludlow (2002) presents a strong case for the use of technology in supporting teachers to extend their professional development in a manner that is flexible and accessible, and posits that on-line learning may be a significant tool for the future. Certainly this idea was reinforced by my own experience in gathering information for this study, as some of the key New Zealand education and government websites held a great deal of up-to-date and informative material around early intervention.

And finally, the big question.

Are children who need early intervention support getting it?

In conclusion, the results of this study indicate that there may well be a group of children missing out on early intervention provision for a variety of reasons. This study examined the gap between identification and referral, and it is interesting to note that the *Review of Special Education 2000* (Massey University, 2002) showed that there was a further gap between referral and actual service provision. That there exists two 'gaps' in the referral and provision of services to young children must concern us, especially as we continue to advocate for the significant difference that such early support can make to a child's life. As one of the teachers reflected, "*it just concerns us that he's only got 1 year to go now - he's been with us for a year and where do we go from here? He could reach school and the older he gets, the bigger the gap will be and it might be too late to get some help*". It is hoped that this study will serve to provoke further thought and debate around the issue of referral, as well as to provide one tool that might help to further equip teachers.

Chapter 6: Conclusion

Where do we go from here?

Summary

This research has highlighted many strengths in the practices of the early childhood field, especially concerning identification and referral of children who need access to early intervention services. In many respects participants' views around partnership and inclusion are at the forefront of quality practice for children with special needs. It is evident through the quotes provided that teachers have a great deal of compassion for children and their families, and generally desire to provide support that is effective and appropriate. However, in drawing final conclusions from this study, it must be acknowledged that there remain issues around referral of children with special needs. Returning to the initial question posed by the research, we have to say that all is not well in this area, as it cannot equivocally be stated that all children who need early intervention support are receiving it. This does not imply a judgement on the early childhood field, for the research reinforces just how much teachers do care for children and their families, and the frustrations that they may face on many levels. Rather, it is the hope of this study that by bringing such issues to light, that solutions may be found, and the early childhood sector better equipped to deal with the challenges that it faces.

The results provide much cause for optimism; the developing climate of partnership and inclusion are bringing valuable changes to the grass roots of early childhood in New Zealand. It could well be argued that as this continues, teachers' will have more positive experiences, and will thus develop a greater sense of their own competency, with concerns lessening, creating a positive spiral upwards, eventuating in an increasing identification of children who will benefit from early intervention.

The next ten years in New Zealand early childhood education also look to be exciting and progressive times, as the government initiates *Pathways to the Future, the Strategic Plan for Early Childhood* (Ministry of Education, 2002), and further implements the strategies from the *Special Education 2000* policy. Both of these initiatives contain profound statements as to the role of early intervention, and the effective provision of support services for children with special needs and their families. As (hopefully not, if) these policies are translated into practice, with accompanying levels of finance, the future looks good for early intervention in New Zealand. As these measures are put in place, it is hoped that there will be a reduction in the number of teachers choosing not to refer on the grounds of their beliefs of the service provision that children would (or would not) receive.

However, there is still some way to go, and some areas that need to be addressed before it can be said that all children who need early intervention support are receiving it. It would appear that teachers have taken on board the importance of inclusive practice and partnership, but still need to develop skills and confidence in identifying children with less profound or obvious needs, and dealing with challenges that may surround communication with parents.

Recommendations

In pursuing this study it was always my hope to reach some conclusions as to how early childhood educators could be supported and empowered to address issues around referral of children with special needs. This study was not designed to judge teachers; as a field practitioner as well as researcher, I acknowledge the challenges and difficulties faced by educators. It was for this reason that a professional development component was implemented as part of the research design. This fits within my personal belief that research should not just take from participants, but should 'add value' to their professional practice.

Concern over parent reaction

One of the significant factors to emerge from this study must be that so many educators' decisions were effected by their concern over parent reaction. Nearly 50% of all educators acknowledged this as a factor, which was further reinforced during the interview process, in comments such as *"I did bring it up with mum and mum was in complete denial. And you'd kind of say something and she'd say yeah but he's dadadadadada and we were thinking, well yeah, he should have been doing that a year ago. I didn't want to take it any further with the mother. She was in denial. I didn't want to upset her..."*

It seems imperative that some measure is developed to address this issue, as not only are children missing out on the support that they need, but also teachers are carrying feelings of guilt over children for whom they did not, or thought they could not, access services. Perhaps this could best be addressed as the early childhood field moves towards increasing use of multiple, functional assessments, and where parents are involved in this process on an ongoing, continual basis. Where assessment is seen as the domain of all the significant people in the child's life, then it is hoped that a more open dialogue will result, in which all parties may feel more open to expressing any concerns they have around a child's learning and development.

Advocacy for the child

There also appears to be a need for consideration of whose rights and choices are given the greatest consideration. Parents have fought a difficult and significant battle to ensure that their voices would be heard, and in no way does this study want to undermine this critical victory. However, as Brown (2003, p.2) argues *"the duty to advocate for young children with disabilities is the professional responsibility for early childhood educators."* If concern over parent reaction is prohibiting referrals, then the duty to advocate for the child needs to be reconsidered, and measures and strategies to address this conflict need to be put in place.

Professional development

Perhaps one of the strongest conclusions that can be drawn from this study is that there is a definite need for effective, ongoing professional development in the area of supporting children with special needs, and specifically referral. This need was identified by teachers' themselves "*for myself yes! as things change constantly... for other staff in the centre - definitely it would be valuable*", and is also supported by the nature of the challenges that they acknowledged in their discussions. Teachers did not necessarily have the skills or confidence needed to refer children when their needs were not high end, despite the level of experience and qualifications of participants involved. Prior to this study nearly half of all participants had had minimal or no professional development in this area. Two dimensions seemed most significant within this; the need for ongoing, positive, supportive contact between centres and early intervention providers, and official guidelines around identifying dimensions of typical and atypical development across a range of domains. Neither of these issues could effectively be addressed at a workshop level, and will require some fundamental changes of structure and policy around early intervention provision. It would seem valuable for the Government to invest in developing further resources such as the '*Much More than Words*' guide (SES, 2000), across other developmental domains, so that all centres would have access to common tools, removing some of the differentiation between children's experiences. Alongside this there would need to be a programme of familiarisation, so that the tools are not subject to the same fate as other Ministry documents, of being relegated to the back of a cupboard somewhere in the centre. Professional development would then need to focus on teachers feeling comfortable to use these resource guides as a component of their everyday practice with children.

This need for professional development is not unnoticed. One of the outcomes of the *Special Education 2000* policy was the development of a video resource entitled "*Including Everyone: Te Reo Taataki*". It is interesting to note that this was not mentioned by any practitioner during the course of the study. The *Special*

Education 2000 Review (Massey University, 2002) found that 28% of participants had not even viewed the video, despite its distribution to all early childhood centres. They comment that the “*reason where the resource is seen to be not relevant because no children with special needs attended the centre is a particular concern, as the resource is intended to assist educators to develop identification procedures.*” (p.287) This has significant implications for the issue of referral within centres.

The issue therefore is to determine the most effective means by which upskilling in this area can occur. There appears to be a need not just for knowledge, but rather for support for teachers to ‘unpack’ this knowledge into practical strategies and applications for centres (Risko, Vukelich, Roskos & Carpenter, 2002). In unpacking this knowledge, it is also hoped that teachers begin to take ownership around change, and that it will prompt reflective practice (Buysse, Sparkman, & Wesley, 2003).

Need for new assessment tools

The findings also suggest that there is a need for teachers to reconsider assessment tools within centres, to determine if the move away from developmental checklists and age and stage theories has in fact had a cost in identifying children with special needs. Certainly, this study proclaims the need for teachers to have a strong grounding in understanding the milestones and progression of development. If the Government does not move to provide such guidelines, then it appears necessary for centres to proactively develop their own guides, as was decided by Hope Centre in their policy development.

To do so would also work towards removing some of the level of subjectivity inherent within referral decision making. This is not to negate the power and effectiveness of teacher intuition, as Rader (2002) argues, this is a very significant tool. However intuition is a form of tool, and to consider the concept of tool in it’s most useful sense, we could acknowledge that most ‘tools’ need a safeguard or some form of protection to ensure their safe use!

Centre policy on identification and referral

The final recommendation to emerge from this study is that there is a need for centres to work collaboratively to develop a policy for their centre, that addresses some of the challenges faced in referral, and provides some guidelines for how these will be addressed. This study presents a series of sixteen questions that form the basis of a discussion in which staff can explore their beliefs and attitudes, and generate a policy which clearly outlines roles, responsibilities, relationships and resources. It is hoped that as a result of this study, that this framework of questions be disseminated to the field, so that it may be a catalyst for many centres to engage in developing a sound and effective policy. It is also believed that these questions should also be used in a consultative manner within centres, to see parents, whanau and community all involved in developing a policy reflective of their beliefs and hopes for all children.

Table 6.1: Policy prompts

1. What will prompt us to refer?
2. Do we have enough knowledge of typical and atypical child development?
3. How will we define special needs?
4. What areas of development will we consider?
5. What tools will we use for decision making?
Will we look to outside sources? Or develop our own?
6. Who will be involved in the decision making process?
7. Who will be responsible for reaching a decision?
8. What will happen if staff are not in agreement over a referral decision?
9. Who will be responsible for approaching whanau?
How will they be approached?
10. At what stage of the process will parents be involved?
11. What information should be given to parents?
How will it be presented?
12. What consideration will be given to cultural factors?
13. Will outside help be sought?
14. What relationship will the centre have with early intervention providers?
15. What information will the centre hold?
16. What are our professional development needs in the area of referral?

Limitations of the study

Sample size must always be acknowledged as a limitation when seeking to draw conclusions for a population as large as the New Zealand early childhood sector. Out of a potential participant pool of three hundred teachers, only 50 responses to the primary questionnaire were received. It would appear that generally, only one person from each centre responded to the questionnaire, so from 137 centres contacted, an approximate response rate of 36.5%. The researcher initially thought that this low response rate was due to teachers not considering the study important. However, in conducting a review of the Special Education 2000 policy, Massey University researchers only yielded a 36% response rate from early childhood educators. They hypothesised that this may have been due to teachers' acknowledged lack of understanding around special education policy. However, they also suggested that "*questionnaire overload was a factor in the low response rate - early childhood teachers report an avalanche of materials from other agencies and researchers.*" (Massey University, 2002, p.252) It is likely that similar factors affected the response rate for this study, although the researcher would suggest that work overload in general, rather than questionnaire overload specifically, may indeed be the most significant factor.

Final participation rates in the interview phase of the research were also disappointing. Initially 18 respondents had indicated that they would like to be involved. Several approaches were made to determine an appropriate time, but ultimately only four participants finally arrived for the interview. Despite this poor turnout, a positive outcome was achieved; as the small group size allowed each participant to become fully involved in the dialogue, with a depth of discussion being reached that may not have been possible had more teachers been present.

One other significant limitation of this study, is that it can really only be inferred from responses that there are children who need early intervention

services and are not receiving them. There is no way of measuring the level of unidentified/unreferred children, without undertaking a wide scale screening process, for which there is no funding.

The potential for regional differences must also be acknowledged. As the study was bound to the North Shore, Auckland area only, it may therefore not be fully representative of experiences in smaller towns and cities, as well as rural communities, who may well bring a unique perspective to the issues addressed in the study.

Areas for future research

This study only touched the tip of the iceberg in relation to early intervention provision in New Zealand, and more specifically to referral policies and practices. It would appear valuable to determine which specific factors of support achieve the greatest outcomes for teachers, whether face to face professional development, changes to pre-service training, increased written documentation and support, and so on. Research should consider ways in which teachers may be empowered to develop their skills and confidence in supporting children with special needs, from the initial referral process and beyond. This must be considered critical if the government wishes to achieve its' stated objective of inclusive and appropriate education for all students, as indicated in the recently released: *Pathways to the Future: Strategic Plan for Early Childhood* (Ministry of Education, 2002)

This research is focused entirely on the perspectives of educators. It is important that further research acknowledge that this is only one side of the picture, and that a clearer understanding of parents' views would be essential. One of the heart cries of early childhood education at this time is that new levels of partnership be established between centres and home, between educators and whanau. This is one of the areas of significance addressed in *Te Whaariki*, The New Zealand/Aotearoa Early Childhood Curriculum Framework

(Ministry of Education, 1996), as well as *Pathways to the Future* (Ministry of Education, 2002). Perhaps achieving a deeper sense of partnership between these groups will go a long way towards breaking down teachers' fear of approaching parents with their concerns. Although in some cases parents have no idea that their child potentially has a special needs, anecdotal reports suggest that parents often do have underlying concerns themselves, but may not have known how to talk about them. *L.*, a parent of a child who has autism, in a personal communication (anonymous, 2003) shared that she had had suspicions for a long time, but was very frightened to mention them in case she was right, and had gone as far as to put 'fake' information in her child's Plunket book. Future research could investigate parents' views of being involved in the identification and referral process, perhaps through retrospective case studies that outlined referral processes that went well and those that didn't.

In light of the range of responses received from teachers around cultural considerations, it would also appear of value for research to examine if there are patterns of over- or under-representation of certainly ethnic and social group in early intervention services in the New Zealand context, as well as to examine more closely some of the differing response patterns, especially those where culture was given little consideration, or where it was viewed as the root of the problem.

The conclusion's conclusion!

And finally – it seems evident from the study that there are many teachers who are confident and sure around their referral practice, most likely as a result of experience in the field. But equally, there are a group of teachers who approach this issue with trepidation and concern, and for whom it appears necessary that some support be put in place, both within centres, and from external sources, to ensure that they feel equipped and empowered to make effective referral decisions.

Epilogue: What I now know

It is not unusual to let a participant have the last words in piece of research, to encapsulate the importance and value of the study. At the end of this study, I have come to the conclusion that perhaps the participant most impacted by the study has been myself – the researcher. I am an early childhood teacher, an early intervention teacher, and a pre-service educator, responsible for the professional development of students, many of whom are working in the early childhood sector as they gain their qualification. This study reached its fingers into all these dimensions of my life, as well as to the core of my values and beliefs as a person. I do not think that I will view these issues in the same way again.

This study did not turn out as I had envisaged. I did not begin with any pretensions that I was going to change the world, or that I would be the expert – I just wanted something to show for my final product. As I progressed on this journey however, I discovered that my desire for a final product did not fit with my beliefs of the research being a vehicle for teacher development, where their voices could be heard and their questions answered. My revelation was that the importance of this study was not that I could provide answers to teachers' questions, but that the questions themselves were the significant outcome. In taking the time to stop and think, and then ask questions, the teachers were able to consider their own beliefs and issues around the topic, and this provided a platform for others in the field to begin to consider their own beliefs and experiences. I have discovered that it is in this realm that the most profound changes can occur – because it is attitude and belief that ultimately drives practice. We live in a time where knowledge can be found quite readily, but where what is really required is heart change. This is what happened for me in conducting this study – and I am very glad.

In my role as a pre-service and in-service educator I have now begun to speak to teachers about the issues that have arisen from this study, and have used the policy development questions as a catalyst for discussion. In almost all cases the findings have resonated with teachers, and they have acknowledged both their desire for effective practice, as well as the challenges that they face, and have indicated that they have found the questions helpful in helping them initiate reflective change, either individually or as a teaching team. In this way, I feel the research has fulfilled my personal mandate established in the initial development of the study; that my research would not just take, but would give back to the early childhood field and children with special needs – my areas of passion.

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Appendix A:

Questionnaire

Referral to Early Intervention Services

1. Please indicate your age group
 under 20 20-29 30-39 40-49 over 50

2. How many years experience do you have working in the early childhood field?

3. Please list your qualifications in the early childhood and special education fields

4. Is your current place of employment a...
 Public Kindergarten Private Kindergarten Childcare Centre
 Other, please specify

5. What is the position you hold there?
 Supervisor/Manager/Owner/Head Teacher Teacher in training
 Qualified teacher (DipTg, or 120pts)
 Other, please specify

6. Please indicate your response to the following statements by circling the number that best reflects your belief.

a) *"I believe that the need for specialist early intervention services for children is...."*

1	2	3	4	5
Very essential				Not at all essential

b) *"I believe that it is best to support the children through changes to our centre environment or programme, rather than seeking outside help"*

1	2	3	4	5
Strongly agree				Strongly disagree

7. Who is primarily responsible for the referral of children in your centre?
 (this question relates only to the role of the person, not their real name)
- Supervisor/Head Teacher Individual teachers Team decision
- Other, please specify.....

8. Since the beginning of January 2002, how many referrals have you made to an early intervention provider?

No. of referrals:

- Group Services Education (formerly SES)
- CCS NZ
- Speech/Language Therapy
- Other independent accredited early intervention provider,
 please specify.....

9. Of these referrals please indicate which type of special needs these included

- Children with language delay
- Children with general developmental delay
- Children with behavioural difficulties
- Children with emotional/social difficulties
- Children with physical disabilities

10a. Please rate your overall level of confidence in making referrals to these specialist early intervention services, with 1 being very confident, and 5 being very uncertain.

1.....2.....3.....4.....5 (please circle)
 (very confident) (less confident)

10b. Please rate your confidence in referring each of these groups for early intervention support

(Please circle one response for each group, with 1 being very confident, and 4 being uncertain)

- | | | | | | |
|--------------------------|--|---|---|---|---|
| <input type="checkbox"/> | Children with language delay | 1 | 2 | 3 | 4 |
| <input type="checkbox"/> | Children with general developmental delay | 1 | 2 | 3 | 4 |
| <input type="checkbox"/> | Children with behavioural difficulties | 1 | 2 | 3 | 4 |
| <input type="checkbox"/> | Children with emotional/social difficulties | 1 | 2 | 3 | 4 |
| <input type="checkbox"/> | Children with physical disabilities | 1 | 2 | 3 | 4 |

11. Are there particular factors that you feel influence the level of confidence that you indicated in question 10? For example, training, experiences, team support, relationship with support services?

12. Are there factors that discourage you from making a referral when a concern is identified?

(You may tick more than one box, if relevant)

- No
- Potential parent reaction
- Feeling that it won't make any difference
- Belief that it is better to wait until the child goes to school
- Concern over being wrong
- Concern that services will not be able to provide help or resources anyway
- Lack of knowledge of services available
- Other.....

Please discuss _____

13. Does your centre have a formal procedure for identifying children for referral to early intervention services? **YES/NO**

If yes, please give a brief outline

17. What consideration is made of a child's cultural background in the decision process? Please describe

18. Would you like more training or support in the area of referring children with special needs?

YES/NO (*please circle one*)

If yes, please discuss which specific form of training or support that you feel would be most valuable to you

Appendix B:

Letters to Participants and Consent Forms

Have you ever struggled over the decision of whether to refer a particular child to specialist early intervention support? I believe that this has been an area of challenge to teachers, and am hoping to gather information that would lead to the development of a support resource for early childhood centres.

My name is Karyn Aspden, and I am the supervisor of City Impact Childcare, in Browns Bay. I have been teaching in different sectors of the early childhood field for the past ten years, including public and private kindergarten, childcare and Playcentre. This year I am completing my Masters in Education at Massey University, with my thesis research focusing on referral of children to early intervention services.

Now I know that filling out questionnaires is not high on the priority list of busy teachers – trust me I do understand! However, I do appeal to you to invest a bit of time in answering these questions, as I genuinely hope that we will be able to develop a resource that would support teachers in the referral process. Please do not think that your answer would not be missed – each teacher has something valuable to contribute, and the more responses I receive, the stronger the result will be. I am trying to gather as broad a range of experiences as possible, so I have included two questionnaires in this pack. Respondents do not need to be qualified, just hold a teaching position and be interested in this area. If more than two people in your centre wish to complete the questionnaire, that would be great, and I would be happy to send out more copies. Please feel free to call me on 473 1043.

Please also feel free to call me with any questions you have regarding the research or the questionnaire, or you can call my thesis supervisor, Barbara Jordan on 443 9700 ext 8854.

All replies are confidential and anonymous. No identifying features will be used in the research. The information that I gain will be used to complete my thesis requirements, and possibly to develop professional articles for the wider early childhood field.

This project has two stages, and I am also looking for teachers who would like to be involved in a workshop with Group Services, Early Intervention (SES), where you would be able to have a question and answer time to address the issues you face in this area. If any teachers are interested, please can they note their details on the last page of the questionnaire, and I will contact them with further information. This will not be held until 2003, and will be at a time negotiated with participants.

I would appreciate all questionnaires being returned in the enclosed envelope by the **30th November 2002**, though if you should happen to find it lying on your desk or in tray sometime later – send it anyway!!

My thanks to you for your help.

Consent Form – Teacher

Research Topic:

Referral of Children with Special Needs to Early Intervention Support

Researcher:

Karyn Aspden

Contact Details:

Ph (09) 473-1043 (evenings)

E-mail: t_kaspden@xtra.co.nz

I

- Have read the material in the information sheet and have had any questions regarding the research answered to my satisfaction
- Understand that this project will involve attending a workshop which will include a group interview, as well as a professional development presentation
- Understand that this workshop will be recorded on audio tape
- Understand that the information will be used to complete a Thesis project, but may also be used for professional articles for the wider early childhood field.
- Have the permission of my managing body, if appropriate, to participate in this research.
- Agree to maintain the confidentiality of all participants.

I understand that:

- I can withdraw my participation from the research at any time until the final report is written, and request that my contribution be removed.
- I can ask for clarification at any time
- I can choose not to answer a question
- My name will not be used in any report
- The information I give will remain confidential and will only be used for the identified purposes of the study and any related professional articles or presentations.
- I may ask for a copy of the transcript before my contribution is included in the thesis.

I agree to participate in this research under the conditions set out above

Signature.....

Date

Appendix C:

Transcript of Workshop with
Early Intervention Teacher

26/5/03

Coding used

A= early intervention teacher

R= researcher

C = private kindergarten supervisor

D= private kindergarten supervisor

E= Playcentre supervisor

F= childcare centre supervisor

C: The main concern we have is a child whose parent mother we have spoken to because we know that, we feel that he is developmentally delayed, in our experience. So we raised the issue of language. We thought that was the easiest way to come in to it. But she took umbrage at that even – wouldn't go to B.K [speech language therapist] and said no, he was fine at home and he was speaking okay at home and it would improve. And I think she's put a lot of effort in because he is improved but he's now turned four but I would say his speech is like a just turned three year old, would you say that?

D: Yes

C: And other areas in his development we feel might even be younger than a three year old. So now we've got to approach mum again and we're on tender hooks because we had an experience where a child was withdrawn from the centre once before when mum took umbrage about us approaching them. So we're not sure what to do next. We're a bit reluctant to approach her again, but we feel, for the child's sake, we need to do something.

A: Okay, well I guess, you know, that the one thing about us is that we have to have the parent's permission for the start.

C: Mmm, that's right. That's fair enough.

A: There we are, I told you it might come in handy. Have you seen that book?

C: Mm yes I have, have you?

A: Probably what you might be, what might be worthwhile you doing, is to do some observations out of this book. It's mainly for speech language so it's not covering the developmental side of it. But in this book, not only does it have some good examples of how to observe, but it gives you developmental ages, where children should reach certain... So you've got, so this one you've got expressive and receptive language checklist. So if you take some good observations and then you refer back to here, well then you can actually go back to your mum and say, look these are our observations these are where we feel he fits; so that you've got some really good solid data.

C: So you're talking about running records then are you?

A: In this book it has lots of like speech samples at the back. It can all be photocopied. You can also, you know if she's, maybe... I mean, I don't know what his need is but, like with this one, you've got some ideas to help with listening, ideas to help with speech sounds, fun activities to improve sound production, language development. So you can actually give the hand-outs of how to work and say look, this is what we're doing here, you know, how about you try them at home. So you can do that. It also in the back, you've got, so there's a speech sample record, a communication observation sample and a language sample record. So there are three different types of observations you can do to gain different information. It pays you to check back and refer back to the observations here, because it tells you exactly, in the book, it tells you exactly how to take the speech sample request.

R: It's a brilliant book.

(discussion about whether they have book or not)

A: Haven't you? Well that's why I bought them along, because there are a lot of centres that still haven't got them. So what we were really trying to do was to go out and talk to people about it, because you get something like this in the mail and you say oh, I'll read that later, you know, and it's such a useful document that we were trying to get round, but we ran out of time. So I'm quite happy to leave one with you. But you see, you've also got all your sounds – when children should develop sounds as well. So there's some really good checklist data at the end of every section. You've got sort of a web to check so that you know that you're working through a process and when to worry and when to sort of refer back. So a nice little flow diagram. And it covers – hearing, listening, speech sounds, language, children from non-English speaking backgrounds, voice, stuttering and dis-fluency, monitoring and referring. So it sort of covers the whole lot. And that's what I would suggest because if you've got hard data and you give it to her, then you've done everything in the best interest. If she's not still willing to go to speech language therapist at least you can photocopy these things and give her a hand out and say, look this is what we're doing here, what say you try and do it at home. At least that way he's going to get the same message wherever.

C: What about the other areas of his development we're concerned about?

A: Well, again, probably doing observations or asking her to come in and watch him relating to the other children, would she be willing to do that? I'm afraid to say, I'm a little bit like you, I always kind of feel that a parent isn't accepting something, I've always sort of thought right let's cover the speech language first because that's the least threatening to them. (general murmurs of agreement) And once they start to realise that then you usually have moved a step forward and then can move onto the development. With your [parent] if she can't handle the speech, then it makes it a lot more difficult to handle the development and really again, I think cataloguing some of the observations is the first step and then perhaps again getting a checklist that shows what a normally developing child should be doing around that time would be the way to do it. Would you have some checklist like that?

C: Well, we've come up with one ourselves – based on Te Whaariki, isn't it. As you say, gear them to the speech means its one step isn't it, one step at a time. It just concerns us that he's only got one year to go now – he's been with us for a year and where do we go from here. He could reach school and the older he gets, the bigger the gap will be and it might be too late to get some help.

A: I think sometimes that even happens with us (SES). The parents do let us, you know, get involved but they still don't really believe there's too much wrong with their children. I'm working with a little boy at the moment, he's just about to turn five in July and I've only just got occupational therapy and physiotherapy it's only just got her to agree to get that done on him. I finally got them to have a paediatric assessment at the beginning of this year and I've been working with him since he was three and what's happening with this mum is that the younger boy has actually passed the older boy in development and suddenly she is seeing, you know, and that's really sometimes the only realisation is when younger children start to do better than the older ones.

C: And he has got a brother who she wants to start this year and so that will be very interesting. We don't really see him, she doesn't bring him in because she leaves him in the car, so we don't know what his development's like.

- A: Mmm, It's a difficult one and I guess the only other thing is to talk about it and just plan for him, you know, do an individual plan for him regardless, you know, so that at least in the centre you are sort of working towards meeting his needs. And, if one of us [early intervention teacher] is coming in; you know you're not allowed to use any names and things, but sometimes we can, you know, give you ideas and things. Often, you know, a lot of the times I go into a centres and I see a child and I'll go up to a teacher and say tell me about that child (haha), have you noticed anything different about that child, because you do start to notice, so I mean, we're not meant to, you know, know any names or anything like that, but if you can give us some observations, or if you can explain things, we can sort of give you our idea of different ways you could support that. It's a hard one.
- R: Is what L 's sharing an issue similarly in the play centre or is it easier or harder with having parents actually working together?
- E: Well, I think it's a bit different in that I don't know what the relationship between SES and play centre is because if we, I'm under Birkenhead play centre and we are under N.S.P.C.A so if we have a concern about a child and of course we are all the mums, we're not just a teacher. If a parent comes to me, I'm the four year old co-ordinator and a qualified teacher, so that's another thing. So usually they would maybe come to me and then I would ring our special needs play centre association person.
- C: Is that F?
- E: Yes. She's quite new - (discussion about F) it's one of those. There's no particular issue at the moment, but I know last year we had a child who is ESOL and she was actually able to have extra help on session. Paid support.
- C: Right, through play centre?
- E: I think all our funding goes straight to the association and then it is divided out depending on the need.
- A: I know P.D. has worked at Birkenhead P.C. with a child. It would have been, probably not last year but the year before.
- M: I've been there a couple of years. Yeah we do have people and we have special needs children. So I suppose it's different that we basically just go to the...
- A: ... your own special needs coordinator
- E: yeah, and then they...
- R: Do they come into the centre?
- E: Yes
- R: And observe?
- E: Yeah, I mean, they might speak on the phone if it's a minor issue. If it's something major they'll come and observe. Then they would approach SES would they? Or people to come in or...would they use their own?

- A: Well, I'm not sure of the whole system of play centre. I do know that we do support children in play centre. Probably not as much as other [centres] but that's perhaps because their not referred.
- E: yeah, maybe it is because they use people inside play centre to work with them.
- A: But certainly we have done it, you know, I've just been working a little bit up in Torbay play centre. But I was actually working with a little boy before he started, so I went up and supported him up at Torbay P.C. but this little one didn't need my support, he really just needed the parents to be aware of his needs, knowing that they actually had the support. In which case I went in to man a course for him.
- E: Oh, okay
- A: With meeting his needs and I still break down a key plan and then we haven't been involved since then because his needs weren't - they mainly in the home actually. So that way he was referred, you know, we got involved because of his home needs not the needs of the play centre. But I guess it's the parent's choice.
- E: It is and I think, when, you know, we're all parents, so it's that much harder to say to someone else, "Oh, have you noticed your child is doing...?" because we're friends and we know the children well. But I suppose that I can say that because I'm a teacher as well and so I sort of have that ... that other people may think that I may be more experienced in that kind of thing. They ask me things, oh is that normal. Whereas, you know, they are doing their training as well. But it is very difficult - yeah. I'm just thinking there is a child, it's not a major problem, I don't think, but who is, she's four - she'll be five in October, who tends to shake a lot when she's doing fine motor skills and things. And someone else has mentioned to me, oh, have you noticed that so-and-so does that. And I suppose for me as one of the parents, well, we don't know.
- A: There's child development service. They'd be the people to go through for that and you can refer to them, to child development down at the Wilson home. That's where they're based and they've apparently set up a new service where they do sort of short term screening. So if you do have concerns they've set up a new service. You know, and something like a tremor - often it's a nervous thing or something like that and they might say look there's not a lot we can do about it, but certainly it would be worth checking it out.
- E: Look into it, okay. There is a, I had a child in a class once, who had a hereditary problem with the father - the health meds came in and had a look and then spoke to the parents because I'd already mentioned it to the mother and then she hadn't said anything. The child had difficulty writing - holding a pencil and then later on it came out there was actually problems with the father. She hadn't sort of said anything and I think it's often the way, people don't tend to.
- A: It's an interesting thing the tremor. Like when I was teaching I had a little boy with a very severe [tremor] - severe enough that sometimes he couldn't do a jigsaw puzzle because his hand would bounce out as he was going to put it in and they sort of said oh, there wasn't really a lot they could do about it. That was really interesting because I bumped into the mother about four years later. He later got diagnosed with dyspraxia which I found interesting. So sometimes there can be a subtle thing. Do you how to contact child developments?
- E: No, but I'm actually thinking I should do it through our centre.

- C: What other kinds of problems would you refer to child development at the Wilson Home?
- A: Child development services – it's a health service but it covers occupational therapy, so fine motor movements, physiotherapy, eating disorders and speech language under two year olds. Once children turn two then the speech language is referred onto us. They also have a social worker and that's something I would love to have with us is a social worker.
- R: Would you refer children with toileting issues to them then?
- A: No, it probably depends on their age.
- R: Like a four or five, nearly five year old
- A: Well most of those would probably come to us (SES). But I guess the referral would probably come to us but if we thought it was something more behavioural we would probably refer more to a paediatrician first and check out the health side of things.
- R: We have a nearly five year old who is still soiling.
- A: What I would be suggesting is that the mum get the health side sorted out first and just check out that side of things
- R: That's what I've recommended.
- C: Well it's not very much with us.
- R: Well it's apparently every day now.
- A: But if it's not health then it's usually behavioural, so that's why it would normally come through us because it's normally behavioural.
- R: Well that's what I'm wondering because he's due to go to school and we've increased from him [soiling] maybe once or twice a week to now mum saying 4 or 5 times a day.
- E: We've actually been talking about another little boy that's with us at the moment with the same sort of problem. It's a real tricky one because school not going to doing anything about it.
- A: Everything else seems to be quite within?
- R: Yeah, yeah. There's been a few anger problems over the time but that's about it. But no, everything else is fine. Like we've consistently worked with the soiling but its got, mum's sort of saying it's now 4 or 5 times a day.
- A: Well that's what I'd be looking at is getting the health side checked out and then looking at the behavioural side.
- R: He often comes back from kindy soiled. Like he'd have done it at mat time.
- D: I was just thinking cos with childcare centres, with day care centres, you tend to have children for a lot longer hours and like full time. So do you find you get more referrals from them rather than say sessional kindergarten?

- A: No, no... well, I don't know, I've never really analysed it but I would say it was much of a muchness really.
- D: Oh really.
- A: Yeah, I wouldn't say there was any significant difference yeah.
- D: You'd think that the long hours you'd had them that you might.
- R: Well from my experience I haven't referred anyone since we opened the centre but we had a couple while I was as Kindergarten and I've had no-one that I've needed to refer.
- D: But then you have got some with needs, haven't they?
- R: Yeah, but they were already referred, but no-one [else] who I've even particularly thought needed to be referred really. Except for hearing, I've done a couple of speech referrals to get hearing checked but..
- A: Are you all aware that the test that are done in the centres for hearing - do you have those.
- R: No, haven't done.
- C: Yes, one tomorrow.
- A: But they only test children for glue ear, they don't test children for hearing.
- ALL (ooh ahh - didn't know that)
- A: So don't think that their hearing must be fine because they've had it checked out. It only tests for the fluid behind the eardrums.
- R: It puts a vibration in doesn't it? And measures how much the eardrum reacts which means if they've got glue ear it doesn't react.
- A: Yeah, and if a child had repetitive glue ear then there's a high possibility that their hearing maybe affected because of it.
- R: But they actually have to go and get that tested at the audiology.
- A: And there is, you can start by, there's an ear clinic at the Waitemata Health outpatients at North Shore on a Monday and Thursday morning. (gives out a handout with a list of health and support services)
- C: Maybe we should inform the parents of that. Tomorrow we've got the testing. Before the parents.... Maybe in the newsletter we should have done that, shouldn't we? That was only for glue ear and if they suspect anything they.. I heard about this clinic... we've told a couple of mothers about the clinic.
- A: So that would be something to be really aware of.
- C: Just referring back to what Meagan was saying about ESOL, and ESOL child. We've had heaps of ESOL children and we've never ever had any help with them but you don't get it automatically just for someone with ESOL do you?

ALL No, No.

A: No, we're (SES) not allowed to work with children just because of ESOL reasons

E: No, it was different with this one, it was actually affecting her behaviour.

(small discussion about same)

A: I'm guessing the support was through play centre, provided by play centre people.

E: Yes it might have been.

A: We don't work with children with English as a second language. They've got something more than that. And very occasionally, I guess, because of the behaviour and everything, very occasionally perhaps, you know, it's very difficult to try and decide if it is English as a second language or either something else. But on the whole we got to be able to prove fairly conclusively that there's something other than and different to the language.

M: And also it was different too because it was affecting the session and the other children and their parents taking the session so that's another reason why it was needed.

R: I was actually going to ask a question about that is do you have any advice for children for whom English is not their first language, because I think there have been a few children where we have wondered where the issue lay - was it their language or was it an underlying need.

A: If you felt, I guess sometimes the first question is, like if the child is four and has grown up in New Zealand, you know that their own native language is being spoken at home but they are at child care where they are having a big input of English and they get to 4 and they are hardly using any words, well then I'd be starting to question how much of it is ESOL and how much of it is something else. Because by the time they're four they should be starting, certainly they should be understanding a lot of English instruction, particularly the repetitive stuff that you're using fairly well daily and they should be picking up some of those basic words to get their needs met within an environment where they're probably.. You know like when you analyse, particularly childcare, some of those children spend more waking hours in this childcare than they do in the home. So, yeah, I would be starting to... I guess the other thing would be to ask the parent to come in one time and get them to sit down and read a book with the child, or something like that, and watch the amount of language that is used in the native language compared to the amount of language they've got somewhere else and you should perhaps pick up a little bit then whether in their own.. cos that's the other thing is to check out how much their speaking in their native language and how much they're understanding. Those types of things, yeah, usually by the time they're four you'd like to think that they were using, able to use; it may only be single words, but enough to have their needs met. It's difficult, it's a hard one. And if you really do have doubts, well then get a referral through to Barbara (speech language therapist) and she'll have another assessment to make it a lot clearer. It's interesting, we just met a family on Friday and mum says oh no, he speaks a lot in Mandarin, he's very good with Mandarin but all I saw was this little boy going ohh aghh to mum, I never saw him use one bit of language in Mandarin or English and saw him not follow through with many instructions. On the third instruction he reluctantly drew something that his mum had asked. So you do sometimes even question what's happening in those... and you know, and really it's just looking at the interaction between the caregiver [and the child] and that can usually give you a little bit of information.

- A: And your speech language therapist would be J.H.
- E: What about this child development centre at Wilson home. I didn't even know that you could send children to therapy for language under two. I sort of thought, by the time they get to two, that's sort of when they say are saying a few words and then they go to Plunket and...
- A: I guess, that's why they predominantly do feeding. There's usually some under lying issues as well as speech language. Like, one of my children has it because he's eighteen months and already diagnosed with autism. So with the speech language therapist, because we needed to get the communication. Okay, sure he wasn't going to be speaking but we needed to start to work on communication rather than just speech. Or children who have cerebral palsy, so that they know that the child is going to need support with speech language virtually as soon as they can because, as I say, sometimes it's not just work on the speech, but it's also working on communication aids and building up that wish to communicate. So she's kept very busy. There's only, I think, I'm pretty sure there's still only one of them, which is excellent.
- R: Any questions? Children you want to ask about or..
[no one responds]
- So I can ask a couple of questions? Okay, one of the, a lot of the results, there was quite a high level of confidence among teachers about referring children, which kind of surprised me, given a lot of the conversations I had with teachers prior to doing my research. So, one of my questions is: Are there children that you look back and wish that you had referred and why didn't you refer them. Shall we go round?
- F: I guess that there was a child and I had just taken over the position of head teacher so it was inexperience... was a big part of it. Secondly like I did bring it up with mum and mum was in complete denial. And you'd kind of say something and she'd say yeah but he's dadadadadada and we were kind of thinking, well yeah, he should have been doing that a year ago. So I guess I do regret that I didn't get SES and I don't think he got it at kindergarten either - so yeah. It wasn't just me [regretful]. But I feel terrible that I, you know, and he was a child [with problems] and I know that he's six now and they're having terrible problems with him at school so I just kind of regret that I didn't get in there and rip it out when he was two.
- R: Cos I suspect that this is quite common (agreeing murmurs). And yet it didn't come through on the answers almost at all, which is why I kind of wanted to ask this, but certainly from my experience
- F: For me it was inexperience and just lack of confidence really. I didn't want to take it any further with the mother. She was in denial. I didn't want to upset her.. yeah, so.
- C: I've got two situations. The first situation was my own son. And he was finally picked up when he was nearly six and thank goodness he was allowed into the Wilson home, even though you not supposed to take children over six. So I was really blessed there. But he has dyspraxia. And having such an early birth, I was maybe 25 weeks pregnant, I would of thought that someone would have helped me earlier on, but I think back 24 years ago, even the doctors and the paediatricians didn't really know what to do in a way. Looking back, I think people have moved on, even the experts have moved on since then. So I'm just grateful he got it when he did. I'm so disappointed looking back, now that I see what we do for other children, but he didn't get it and he was even four if in that year before he went to school it would have helped so much because he so struggled at school with fine motor skills and so on. Until he got to the Wilson home and they did wonders there. If he'd have just had it a little bit earlier I think he

wouldn't have found school such a struggle. He hated going that first couple... [of years] it was such an effort to do anything with fine motor skills. Even I'm a teacher and I did my best at home. And secondly it was T. Remember T. We had another teacher come in (J) who said to me straight away, that boy has got Aspergers and I said, do you think so? And sometimes you can be so familiar with the child you take his little habits for granted and being this very experienced teacher, came in and straight away she said, that child has got Aspergers. Looking back, he was just about due to leave, so it was too late. We could have got help for him. So, once again, it was probably sometimes just taking little things for granted. Maybe I got too close to it, I don't know.

A: I think there's been a big change in things now, because a lot of those children were just considered to be odd children.

C: This is going back 6 years ago now, wasn't it K? He was there that first year we were open.

R: Maybe four or five.

C: Five years ago. Now we'd spot it but back then we just thought he was a little bit odd, didn't we. So, as you say, inexperience perhaps

R: Quite a bit odd.

C: But we just thought. Personality, he was a personality. So you just thought oh, it's his personality.

A: But as long as it's not affecting their development as well. I mean, like I swear my nephew has Aspergers, I swear it. But I've never actually even told my sister because he hasn't been an easy child to bring up. His development and everything has moved along, so why put a label on somebody when actually it's not necessarily affecting their life to a huge degree.

R: But looking back at him (T), I think it probably was affecting his development because looking back, I don't think he was engaging in activities.

C: He had a cousin at the centre which threw us a bit, because he had the cousin he could relate to, to a certain degree, whereas, if he had nobody he knew there,

R: But I don't think he was relating to other children, and, but I don't think he was engaging in activities. He looked like he was very busy, but I don't actually think that maybe he was.

C: Like going round and round the shed in circuits and we didn't even realise.

R: Is there anyone else A. that you think you...

C: Apart from the mother we approached and then she withdrew him from the centre because of certain behaviour.

A: Don't feel bad, I don't think you should feel bad about that. I think that it's really important that you did bring it to her attention. So next time someone brings it to her attention, she might actually do something about it.

C: Unfortunately she's chosen to home school. So that's really tricky.

- A: But what would have happened anyway, regardless? A hard one. I mean for me the issue is that sometimes because parents are where they are, how much do you tell them? Like a little boy that I've only just picked up and he's just about to start school. Now he's going to struggle in school. But the parents, where they're sitting at the moment, wouldn't accept too much. So we've had to give, we've given the school an assessment that says a lot, but you've covered words, trying to get the school to read between the lines because you just know the parents wouldn't cope. I struggle with that sometimes because I sit down and I think, well in this sort of situation, how much do you tell, because I can stay involved with that child for up to six months but if I had turned around and said what I really thought, probably I would have been asked to stop straight away. So, you know, sometimes it does become a dilemma as to how much you do tell and I don't think I've come up with a really strong answer to that one. I guess my answer is I go with how much I feel the parents can cope with and then I would develop more of the needs as you move on and as you know they can cope with a little bit more. When it comes to starting school, you know, that makes it, puts the haste more into it and maybe it might ... backfire. What happens when they ask the child to stay back at the end of this year and the parent comes and says, why didn't you tell me? Cos I didn't think you'd cope with it! It's a hard dilemma to be in. I haven't really come up with which I think is right. I think I do it the right way, but sometimes I wonder.
- R: M, is there anyone that you...
- E: I think, well I think probably over the years there are children who are, sort of like, borderline. Who, I'm actually thinking more now school five year olds, that come and you don't, you're just not sure. I suppose it is inexperience because, yeah, like you say, now you just walk in and say oh no, that's not right. And it's confidence and because, I mean quite often it's the first time these parents are hearing maybe for the first time that their darling child isn't perfect. And so it's very emotional for them and they quite often just will deny it. Like this child who was shaking. I mean there was a child at play centre who turned five in March of this year and he had a language speech problem, but he'd sort of come to play centre recently and his mother had been there for years and years and years and was very sort of up in education and things. I never said anything to her, because, it ... it was very difficult, because she was my friend. You know, I think maybe if someone from outside had come in and said, then it would have been much better.
- A: But maybe that something you could work out with a special needs co-ordinator so that...
- E: Sort of say, yes, come in and maybe you could, rather than, because it usually is me who will say to the parents, well shall we get the speech, shall we ring up and see if someone can have a look at her or him. Maybe someone, I suppose I can do that.
- A: Yeah, maybe the play centre association needs to set up a special needs co-ordinator just move around the centres and can casually just pick up something, rather than..
- E: Yeah, rather than making a big issue of coming in to look at one child.
- A: I think it will come.
- A: I can give an example when I was still teaching. Actually two examples and both of them I think the problem was that the children were bad attenders and they were very protected by their caregiver. And one of them, it was a young girl, and she never spoke, never. Mum always had to stay. Mum didn't really speak to her while she was there either. She was a bad attender so she was lucky to attend probably once... we

were lucky for her to attend in the afternoon once a week and it could possibly be only once every two weeks sometimes, so we could never really build up a good relationship with her, but she could do wonderful drawing, fantastic drawings. She was very... her gross motor was fine. When she came up to the morning and she starting mixing, there was a little boy that she knew through parent friendships and things, she started to come a little bit more regularly, but still not everyday. But with this little boy, she would yell out instructions to the little boy and the play was very co-operative. And I started saying to the other two teachers, have you noticed her language... have you noticed her speech, it's not clear blah, blah, blah and they kept saying, no we haven't, no we haven't noticed, we think she's okay. So then it became a dispute between me and the other staff and without the agreement of the other staff I didn't really want to go ahead. But in the end I sort of had a feeling that I was the only one noticing and that the others perhaps weren't interacting with her for whatever reason. So in the end I said, well regardless of what you think, I am going to refer. She was probably four years eight months by this stage and she actually had quite a severe hearing loss and I really felt so bad that it had taken so long, but it was a series of circumstances that I'd tried to move through, that they had stopped it from happening. And the other one was another family that the little girl just wouldn't settle at all, at all. And I used to go and visit at home quite regularly to help her become familiar with us and so I did build up a bit of a relationship with mum. There were things like the fact that she said that they just didn't mix with other people because they didn't go out anywhere, that the only friends that they really had were with the father's brothers' family or whatever. And again, they hardly attended and it only was over a period of about two months and then they moved from the area. But in hindsight, the little girl often smelled of urine and there was also that, again, she would not separate from her mum and things like that. And six months later CYFS came and said that one of our teachers had been accused of molesting her and I thought well, you know, I should have known, I should have picked up. But again, when you're only seeing a child probably once every two weeks and she doesn't want to leave her mum and whatever, it's very hard to be able to make an accusation on that time frame. But on the last six months later when I thought of the conversations, I could even pinpoint probably who was perhaps doing it really. So they were two times for me. Oh and another one as an early intervention teacher, where really I should have probably referred the child to CYFS myself, but I knew that the family would just skip and move. And the parents actually respected me and so I just made sure that I actually visited very, very regularly. That way the mother kept the house tidy and kept sort of control over what was happening with the child, rather than [calling CYFS]. With that one it was an actual call and I don't really regret it, and yet I felt that I should have done it, but I felt that I was the only one who'd actually been allowed inside the house, I was the only one who allowed ... who had managed to get as far as inside. So while that was happening and the parent was really making that effort, knowing someone was watch dogging her, then it was better that I didn't refer to CYFS. And I didn't regret that one because it stayed out of CYFS arena for the whole time, until the little girl started school. So that was a bit of a call, that was a difficult one.

- C: This is the same with our Maori little boy. The one we've been talking about. We have to be very careful what we say and when we say it because we lost contact with them for a couple of years at one stage. The last two years have been the best they've ever had contact with them and they don't want to put the mother off. So it's very tricky. I mean little things come up, even non-payment of fees... that's awkward... But you've got to balance it out haven't you.
- A: I did keep, sort of, in contact with CYFS. Like I knew that they'd been in touch and things, but that was a call that I had to make that I felt was a safe call. Sometimes CYFS can make more of a muck-up....
- C: Depending on who the case worker is.

- R: Fine, following on from some of those questions, one question I did want to ask is, do you think it would be valuable then to have a standardised policy – either like within the associations, like maybe the kindergarten associations or the childcare put out a guideline to referral or maybe SES or something. Or do you think each centre should have a policy, or do you think its more intuition, you go case by case.
- C: I think the idea of using a policy would be good... because staff come and go. Don't they? I might retire soon. Younger people come up – they're not sure what the centre's policy might be. I know you are you going on your sixth sense? But, I mean, they haven't developed it yet, so I think perhaps some kind of referral guidelines might be helpful to all centres personally. What do you think A?
- D: No, I said that to K when we started, didn't I. I'd love to have something in writing to say, this is who deals with this and this is who works here and guidelines for what should be put in place.
- C: Little things to watch out for. For less experienced people who might come onto the staff.
- R: Cos that's kind of where (this isn't part of the record), but basically where we started with this issue, because when you showed me this book and I thought how it good it was to have something like that for language and how really good I thought it would be to have something like that that covered other developmental areas, because then you had a guideline. And I'd never seen that book and I thought how excellent it was and how (no, we haven't had it – I haven't seen it. It's very similar to one of the other ministry books, the behaviour.....
- A: That is really good but it would be very hard to have really strict guidelines. It could be really difficult. If that was the case, it would really need to be within the centre, it would need to be agreed upon by the parents when they enrolled at the centre, they would need to be party to that. Something like that (referring to the More than Words book) that gives you really clear-cut ideas of what to look for and what fits in within developmental rules and not, is excellent and certainly, you know, I think a lot of development, or I would like to think that most trained staff are fairly aware of development and what fits into the norm and what doesn't. But when it comes to speech, it's a specialised field and certainly having something like that [the book] is really good. You know, the other thing that I just believe is that there should be more on behaviour management within the training systems. Because I go out to centres a lot and they're really not understanding a lot about reinforcing inappropriate behaviour by giving too much attention for inappropriate behaviour. Those sorts of things you see all the time. I don't know what there is in the training package, but certainly what I see says to me that there isn't a lot in the training package on behaviour management. I think that's becoming a big issue in a lot of centres really.
- R: What do you think Meagan, do you think there should be a... has play centre got a policy?
- E: Well, they probably have got a policy somewhere. I think it would be really helpful but I'm just talking for our centre, to have something like that. We have got that book and a couple of people from our centre went to a talk a year or so ago.
- E: Yeah, so we do have things like that, but saying that, people are coming and going all the time and there's nothing really written, as far as I know in our centre, which says watch out for behaviours. We do have training and it is on-going, but I think it will be

very useful. Cos I, that time I was a librarian so I got the book to process it and I just used that with a friend of mine who wasn't a play centre person and he was another crèche and I was really concerned about his language and I just gave it to her and said, here, look do you want to read this before I took it back to Playcentre and she did and he ended up, his hearing was really bad. He had to have his adenoids out, he had to have grommets, he had to have his tonsils out – all, everything, but by this stage he was 4 and it should have been picked up earlier, but it wasn't in his centre.they were paying quite big money at this centre and I suppose she thought they should know what's normal and what's not. So I think it would be really useful.

R: So would be valuable to have some sort of accountability, perhaps, that was...what do you think?

F: Well, I think if it was left up to individual centres to kind of design their own, particularly I think child care because at least with kindergarten you have an AKA you're accountable to, but I think with independent childcare centres, in a lot of centres, it wouldn't happen at all. And perhaps even in the centres where it does happen, because we're not specialised in that area we wouldn't necessarily put forward policies that are going to be beneficial anyway. Do you know what I mean? So I think something that kind of comes in that sort of form would definitely be ...

A: It certainly gives people the tools if they didn't have them

F: Absolutely. Well like you've pointed out, I mean, that's you know, specialised. You people [SES] know what you're talking about, you know, with the whole speech and you know, and other areas of development, you people have got a lot more skill and

R: Okay, that's great. My last question is, I wanted to clarify because some of this wasn't clearly answered in the questionnaires was; do you think that there are some areas of special needs that are easier to deal with, or to refer, than others. There are some areas that are more difficult to refer? Would that be fair?

C: Yes, like I said before, it's easier to refer language first. It always has been. Behaviour's probably the hardest at times. [general agreement] Physical ability's probably next easiest isn't it, physical disabilities, but behaviour's definitely the one that's facing us now.

A: Or developmental!

C: Developmental, this is another tricky one that I feel mum is a bit blind to what's going on.

A: Especially if it's a first child.

C: Yes.

F: Depends on what the behaviour is. I mean if it's sitting in the sand-pit and tipping sand all over your face like this...ha ha.. It's a fairly easy one to kind of...

C: Doesn't matter when mum still doesn't feel it's inappropriate for the age. It's really tricky. And I guess this is a mother who hasn't, we get the impression, doesn't have a lot to do with other families or other children. We think they're very much a single cell family with perhaps grandparents and that's about it from what we can make out and that's therefore inexperience of what other children can or cannot do. I still think, with the last question K, the other thing is the parents, we didn't bring in about the other

benefit of having a policy is that we can show it to parents. Like I could show a policy about behavioural development to this parent after I'd done a running record on the way he interacts with other children and so on and that would be a big plus to show the parent.

- E: Yeah, I agree with that. The thing with all policies really is you could say, this is how we do it; this is what we do. So it's just normal. It's not like you're singling out - there are other people that, sort of, go through the same kind of process.
- C: And then it would be easier to refer people with behaviour problems. if we had, you know, something out that SES has put out, or the ministry or whatever, whoever's going to put it out and say, look this is the guidelines we go by and from our running records we've found that your child is doing this, this and this, which is a three year old behaviour, compared to somebody who is nearly five. And I think then that the parent would perhaps receive it a bit better, seeing that that's black and white.
- F: And especially if it's kind of coming from that level and it's not just a policy from your centre.
- C: No, that's right.
- F: You know, where they're going to whip them out and put somewhere else and then they're have the same thing wherever it may be.
- C: Yeah, that's right.
- E: It takes away that personal side of it.
- C: Yes, that's right.
- E: and then they think, oh that teacher just doesn't like my child, you know, she just thinks she's just naughty.
- R: Excellent, um, well I'm happy. I'm done. Does anyone else have any other questions that they wanted to... [ask] ... I think I've pretty much covered what I wanted to cover tonight.
- D: Just what you were saying about having a booklet like that, if some of your feed back was that.... You know you asked the question; have there been children that we probably should've referred that we didn't? A lot of people have probably said well it's due to inexperience at the time or something like that.
- R: Well you see I didn't ask that question and now I wish that I had, because what happened, how I - I didn't want to be kind of that blunt, I think, in my questionnaire, because I wasn't talking to teachers, I was sending out a questionnaire, so you couldn't kind of be that... How I approached it was, I said, rate your level of confidence in referring children; and what affects your level of confidence in referrals. And I put things like experience and da,da,da.da. A lot of people took to mean their confidence in using a service, rather than their personal confidence.
- Gen: ooohhh

So the results are really blurry. Because I don't know how people took the question and I thought it was quite clear in my head; and when I piloted it, it seemed clear but a lot of the responses came back saying, like, they didn't think they'd get help anyway, so they didn't refer cos they didn't think that the child maybe had enough to get help in or they didn't think, or their experiences hadn't been (no offence), but their experiences

with SES maybe hadn't been so positive so they hadn't bothered referring again and things like that. So it wasn't actually about their personal confidence they related. They related it to a service, so the results weren't clear. Which is why I asked it again, because I wanted to kind of clarify.

D: That's why I think that like a book like that, it would give you a bit more confidence. It would be a tool.

C: And do you find for the referrals from centres... how many would you actually take on. How many, what is the success...

A: Most of them actually.

C: So you do think. So you think most people that do refer, do it because there's several things that the child has got wrong and their not doing it.

A: Yeah. Occasionally, the hardest one is behaviour again, because – and I don't know how many times I've been in a centre to observe behaviour and they say, oh, he's being so good today, you know, he never does that. And you can go in three, four times and not see the behaviour. So in the end, all you can do is say, look, I'm sorry, we're not seeing the behaviour, you know, here are some ideas. And you know, it does get difficult, you know, because you know obviously the centre feels that the behaviour is severe enough to refer, but what can we do when the parent says they're not having problems with behaviour; you know, we're not seeing the behaviour happen; you know, all we can do is ask questions, give responses. The centre gets cynical about it, but we can't, you know, work on something that we're not seeing.

E: No, that's right.

A: You know, as I said; cos we were talking about that with the centre just the other day, where, you know, that we went out and did observations, didn't see anything and then they re-referred again. And one of my suggestions to that was to give them, you know, some forms to note down, you know, the antecedent behaviour... you know, so that you can see what happened before, what the behaviour was, and what happened afterward; to see if you can pick up some sort of a pattern to what's happening. I mean, some little things did come out of it. Whereas, the centre said, well we're not giving attention for that and the person who was out there sort of said, well tell me how you respond – "well we say this" and we say but that's giving him attention for it. So, sometimes, it can be a bit that their idea of attention and our idea of what should be happening are two different things. It does become very difficult.

C: So maybe some behaviour management courses for centres ha ha ha.

A: I mean, we do offer, with that Te Reo Te Take thing that we did last year, we offered that but very few centres took us up on it, which is interesting. It was different stages, so if you'd have been pinpointed at one stage, you may not have been pinpointed in another. There was different stages to try and reach out, you know, really what they trying to do, I think, was trying to find the ones that really, really needed it and things, yeah.

R: Is it true – do you still have to have issues in two or three developmental domains before you can get support? That used to be that you had to show that it was affecting development. Cos I remember when I did the early intervention training when you had meetings, it was like, was development... you had to write a report showing it was affecting development in more than just one area. Is that still...?

- A: Well not behavioural and not speech language, but certainly, if you're wanting to apply for education support work hours, then you have prove that they actually have needs that do fit into more than one area. Unless, some severe speech language, but usually if it's severe speech language, there's often a behavioural need and then can often be a social need. So even those, to get education support, do all intermingle in one area. But certainly education support work hours have been cut right back. I don't know if you know.. It's much harder to get the hours now, which is really hard because they changed the... which is good for education support work...but they've changed the contract. So, regardless of whether the child is there or not now, the education support worker gets paid. So it meant that it cut our hours by about 100 hours a week, which is a huge amount of hours.
- E: So does that mean that if the child was away sick..
- A: Well the education support worker still gets paid.
- E: Still has to come in.
- A: Well there's varying things. Sometimes they can come in and work in our office and make equipment; or they can, if a centre has other children that could do with a bit of one-on-one they could stay at the centre and support another child or the education support worker can choose not to be paid, they can choose that and just not go to work, but, as I say, effectively it cut our hours by 100 hours per week, which makes it much more difficult to get, which is really hard. You know, it was a dilemma for a long time but it was actually decided because they brought in behaviour support workers and communication support worker in the compulsory sector, so they wrote the contract for the minority instead of the majority, which is interesting. I guess, equity wise, is certainly was what should have been done a long time ago really, for education support workers. Except that they went into that job knowing that these were the conditions, so they were accepting what was happening.
- A: And speech language, do you know where we're sitting with speech language at the moment? Well it's just that there's big, long waiting lists on all the speech language therapists, so I guess one thing is that the sooner you put the children's name down, the better... in as much as there is going to be a wait and it can be sometimes up to five months. Yeah, it's a long time, but what they do do is they always do a screening, so when the referral comes in, then they will be invited along to a screening and that happens once a month, the screening and after that, if the speech language can offer them any ideas to work with in the meantime, they'll give them handouts and things. So I guess if you had real concerns about a child, like with your little one, if the mother did accept that the speech language referral, sometimes what I do is, I'll say to people, ring up the speech language therapist and say, look this child is coming along to the referral and we actually have other concerns as well, you know, can you just watch out. So you can do things like that, in which case then they would tackle the mother fairly well straight away and suggest some other type of help...
- C: Oh, so she would say there's other problems as well?
- A: Yeah, and it maybe, in the meantime while their waiting on the waiting list, that she could refer through to an early intervention teacher or something. So sometimes that can be a nice little way of handling something like that. But other than that, they sit on the waiting list until they get to be seen, which is very frustrating for all of us but I guess, you know, any government department is pushed to, stretched to the limits.
- D: So the speech therapists, do they come under early childhood or do they do school age as well.

- A: Our speech language therapists, like Barbara only works early intervention.
- D: So what happens if in that time if the child then goes to school?
- A: Um, sometimes they will fast forward children when they're older, sometimes they will move them ahead on the waiting list. Same with child development, if the child's older, they do try to push it forward just a fraction, you know, to try and make it work. In order that it would just then, the school would then need to refer and would go through the school system.
- C: To the speech therapist as school level
- A: But then when it goes into the school sector, then it's really the school that needs to refer, so if that happened before the child left kindergarten, it would mean you'd need to suggest to the parent that they need to talk to the school and ask them for a referral.
- D: It's just more delays then, isn't it?
- E: Yes, I remember having a five year old and referred her, or spoke to the principal something about having her referred. The principal said, no, you should advise them to go private because that was a year or something at that time.
- A: Well most, I don't know, I'm not sure about referrals in this school as far as new referrals, but I know, and it depends on the area, but yes, one little girl who, in the Glenfield area, who was referred, was actually, had been seen in the early childhood sector and then needed to be picked up and there was about a 3 month wait even for that, you know. I think that one of the problems in the compulsory sector is actually finding the speech language therapists, yet we've always got ads for speech language therapists and we bring them over from England, that's where we're getting them from a lot of the time. There's just not enough getting round.
- D: Where do you do the training?
- R: It's in Christchurch.
- E: Is that the only place you can train?
- A: I think that it's going to open up in the Auckland College of Education.
- R: I saw Massey had something on its web site.
- A: Okay, well maybe it might be here.
- R: I thought maybe it must be coming here, but I couldn't find any more details about it.
- A: Yeah, they are trying to bring some, you know, some... there's only 30 of them trained a year and then, I mean this is getting political, but the money that they pay speech language therapists is a pittance and to work in the public sector, you know, you're copping abuse a lot of the time and there's that real respect factor and overwork factor, so then they all end up leaving New Zealand. Some people come back, but some don't. So that's a problem, it's a real problem, but you know, it's something that....But I think we're lucky though. When I was working in West Auckland, one of the child development speech language therapists was an Argentinean born South African. Well she had an accent, the language she spoke was grammatically wasn't, you know, grammatically it wasn't correct. I sat down and thought, what... but thank goodness,

because she was child development, most of the children she worked with were in the under 2 year olds. I guess that was the one good thing. But you just, you know, you know that people are desperate when they have a speech language therapist with no... you know... but um...Interesting one.

R: Well thank you everybody, I'm so, so grateful that you came and helped.

(Mutual appreciation expressed)

Appendix D:
Transcript of Interview
with Hope Centre

20/06/03

- SP: Today we would like to look at forming a referral policy for our centre regarding children with special needs and I would love your input. We will start with a few questions to get the ball rolling. When we are thinking of referring a child, when we notice something that needs referring, what process do you as a staff feel we should go through? Where should we start when referring a child?
- T1: Before we make a referral we need to look at the child and observe the child, then going on what we have observed and written down then we have a much better picture of where the child is at and if a referral is actually needed.
- SP: What kind of observations do you think are necessary?
- T2: They have to be written. We have to have some sort of documentation to show.
- T3: I think from possibly two to three staff members if that is possible as well, so you get a better cross section of observation.
- T1: Well your running records and anecdotal will probably give you the best information for this type of situation. You're learning story observation recordings are probably not going to truly reflect what you are seeking in doing the observations.
- SP: Very good, any other ideas on what kind of records we should make while observing a child? Does anyone agree with L that it should be only 2-3 staff or should it be all staff?
- T4: I think it should be all staff.

Group agreement

- T3: I mean from not just one perspective but from all perspectives, what I was meaning was we have got 3-4 teachers in the morning and we have 3 in the afternoon.
- T1: It is not entirely going to work is it because with part-time staff, some staff aren't going to know some children. So really it needs to be some staff who know the child and the child is comfortable with. And some staff it may not work for.
- SP: Over what period of time would you consider watching this child? How long do you think we should be making these observations for, before you come to a decision?
- T4: I would say a week
- SP: Do the rest of you agree?
- T3: Well I would think a bit longer because the child might be just getting used to the kindergarten, if it is a new child to the kindergarten.
- T1: If the child is new we probably haven't formed a view of whether they need a referral or not. Most of the children we have concerns about are children who have been here for at least a little while and we get a fair picture of where they are at. So in that situation when the child has been here, the child knows us, we know them. A week may be satisfactory to carry out the observations. You might want to go over a 2 week period maybe but it doesn't need to be a long drawn out process if we have already started to form some opinions and views about what is happening.
- T4: If a child comes on a regular basis over the course of a week, a week is long enough.

SP: That is a good point because if some children only come maybe only twice a week, we might need to go over couple weeks. But if they come every day we could possible do it in a week. What do you think A?

T2: Yes, very true. I was going to go back to the other question. As long as the staff are aware of what we watching. I mean a lot of it just observing anyway so perhaps not every staff member has to do the documentation side of it.

SP: Just a thought here. Before we actually observe the child, what would we notice that would make us feel that these observations are necessary in the first place, to decide if the child needs help outside of our centre? What kind of things would you notice in a child before you decided that we need to make written observations?

T1: We call on our experience don't we, as early childhood educators. Through our experience we have a rough idea where any given child should be at any given time. For our observations to be worth anything we need to have some sort of checklist or guidelines to line them up with, and say, so and so's not making the mark in this area or that area and that forms the basis of coming to conclusions from the observations.

SP: OK - checklists. So what areas should we looking at, perhaps in a child's behaviour or otherwise, where we are comparing them to other children. For example is it language we are looking at? What areas of a child's development are we looking at that they might need special help in?

T2: Well it is probably all areas, isn't it?

SP: Therefore we need a checklist for different areas, so what areas would you suggest?
(group discussion here provided these points)

- Physical development/problems - fine & gross motor skills.
- Social interaction
- Cognitive skills
- Speech/Language

SP: Those are the fours areas that perhaps we need a checklist. If we feel there is an area for concern.

T2: Yes obviously with some children they are going to overlap aren't they? I mean we have some children where they have got a problem with their language but we know it runs deeper than that. So I guess you would have to look at different areas wouldn't you?

T1: And, often language relates to social interaction too.

Agreement from the group

SP: Yes they often overlap each other don't they?

T3: Also the health of the child at the time. If we know the child has had been born a prem baby or something like that and is struggling to deal with that as well as what else is expected of his supposed age that we get him at.

SP: Yes very good.

So once we have noticed, apart from calling on our experience and we have got a checklist and we have checked the child in that particular area. Should we wait - should there be a period of waiting before we decide to go ahead and do these?... the observations. Should we wait a couple of months and check again or do we immediately

get on to doing these observations. What do you think? What time frame would you say?

T2: It depends how long the child has been in the centre. You need to really get an overall picture. I mean some children tend to start off slow in their development and then pick up at a certain stage so I think you have to give it a fair amount of time. I don't know but I think it would be different for each child and again it goes back to how many days they come to the centre. You have to take other factors into consideration as well, outside influences and things.

SP: It depends on the child - how often they attend.
Outside factors that might be influencing their behaviour.

T2: Obviously if we knew a child was not going on to any other centre, not going to public kindy and we knew they were going to be with us for a while we would have more time to watch and see how they are going. But there may be in some cases if a child is due to go to public we don't want to leave them, to let them go from us without saying anything. So I think it depends on the situation.

SP: So each child will be taken (on an individual basis) on how often they attend, how long they have been with us and outside factors that may influence their behaviour and how soon before they leave us.

T1: Sometimes that is an unknown.

Agreement from the group

SP: OK, if we know.

T1: So all this what we have talked about and we have talked about our observations needing some sort of guidelines to check against. Do we have those? And if we don't where do we get them from. There is that very excellent one on language we have just seen this week. Do we have other things on hand that we can use? Because if we are going to get this into action we need them if this is the way we are going to do it.

SP: Well we can put a big tick by language checklist, but to my knowledge, I can't think of anything that I can go to right now for a child to check their cognitive skills for their age.

T1: Does the Ministry have anything available?

SP: That's up to me as Supervisor I should be ringing and checking with SES to see if they have got anything and if they haven't then we ...

T1: Well, what do we do if there is nothing available, what do we do as our measure? Because it all falls over if we haven't got a standard to work from or a starting point it all falls over, so what can we do about that?

SP: Has anyone else got any ideas what we can do about that?

T2: Well I guess at the end of day it all goes back to us being professionals and us having to have an idea of child development and the ages for it. There are textbooks that give all those sorts of things, that is part of our training and we know by looking at the children in our centre whether or not they're... you can tell, I know we don't compare them with other children but you do, you just get an overall picture that if a child is not quite right, it is obvious because it shows up and that's really where we watch out.

- T1: So if we don't need a yardstick, I am just thinking in terms of talking to parents, is that sufficient for them?
- T2: Well no, because they like to have something in writing. So in our policy we do need something.
- T1: Yes that was where I was coming from. What shall we do about that?
- SP: So we will all need to do a bit of reading here. Get the relevant development textbooks here and maybe as a staff spend a meeting on Physical Development and coming up with a checklist, a meeting on social interaction and emotional development of a child and form our own checklist and cognitive skills and maybe the health of a child. So a different meeting for each one and using textbooks that are relevant and up to date, come up with our own list. Does everyone agree or disagree?
- T1: So are you saying we as a centre develop our own lists and we use that? That seems a good way of doing it.

Agreement from all team members

- T2: I am sure a parent would rather see something in writing that says this is where a child should be, rather than us teachers just saying "we've noticed your child is different from the other children in the centre." I mean, that could be quite threatening for a parent, but if you have something that's concrete that you can present, and say well look this is....
- T1: Well that book on language was very good because it had by the age of three the child should be able to...by the age of four the child should be able to...so that seemed to be a fairly good approach.
- R: Is that why then... would it reflect my results where most people said language is the easiest area to refer for? Is it because you are able to clearly say, well look your child is not speaking to this level. You seem to be saying that language seems to have the most clear cut guidelines, is that then why language is the easiest area to refer?
- T1: Well language is a fairly easy indicator. It tends to be sort of the fore. I don't know if it is just for those reasons, that there are already guidelines there or if it's because it is something that is at the fore. Yes, thinking about it, it probably is the easiest way in.
- SP: The other thing is language development is probably the least threatening for a parent to be approached regarding. Whereas behaviour, that is not suitable for their age is a more of a threatening subject to raise with a parent.

So let's... moving on. Let's when we have come up with this checklist and we have done anecdotal and written observations, as many as possible, including as many staff as possible. What do you think should be the next step in this referral process?

- T1: As a staff I guess we need to read through and discuss the records that we've taken and come to some sort of conclusion as to whether the child is achieving at an acceptable level for their - taking into consideration their age and their general circumstances. Or whether they are not achieving and then, once we have those results we can decide whether to take further action or not.
- SP: OK, so we come together as a staff and discuss the observations and checklists... how the child compared regarding the checklist. And then as a staff we come to a decision, a group decision as to whether we go to the next step in the process. And that, I guess,

would be talking to the parent first. Now who do you think should discuss this with the parent?

T2: You.

SP: You think the Supervisor should be responsible for discussing this with the parent?

R: Can I ask why? Can you clarify why you think the supervisor should do it?

T2: I think because the parent is going to probably take a bit more notice. I think the parent would accept it more readily from the person in charge of the centre than just say a staff member.

T4: The Supervisor is often the Head Teacher and that is who the parent often wants to talk to.

T3: And I think that is a good way because then the Supervisor or whoever is in charge at the time will then say that they have discussed it with all the relevant staff members so that the parent doesn't think that it's something coming just from the supervisor but that it has been thought through and discussed and then they're concerned enough then to want to approach the parent for something to be done.

SP: So the parent should know that all the staff have had a part in making this decision through observations and a checklist.

R: Can I ask another question? You've indicated that observation will then... you will observe first, discuss as a staff and approach the parent - that is what you have agreed. Is there ever the situation where you would involve the parent in the observation prior to the referral? Would you ever approach a parent and say "Look, we're not sure; we want to do observations, would you be involved?" To change the order around or would it always follow that order?

T1: Sometimes in the past we have done observations on a child that we have had concerns about and we have given the observations to the parent and then asked the parent later their response to it and how they felt about the observation and their contribution before we have actually talked about any real concerns we've had. We have done it that way. So in that sense we are involving the parents before we're talking about the possibility of a referral.

R: I asked that question because contemporary theory shows that parents become involved in the observation stage to give you a more ecological picture of the child. However, most of the responses that I got in my questionnaire indicate that like you have said, not that I am saying it is wrong, but like you said, most of them will not approach the parent until they think a referral should happen rather than involving a parent in the early stages of the thought processes.

T2: Sometimes we will actually say to a parent, we notice so & so doesn't speak a lot at kindy or is there any trouble doing anything, do you have this problem at home? Are they different at their home environment perhaps to that they are at kindy? Just to get the other side of the picture and that can sometimes give us a foot in the door and it is quite interesting to get feedback to see what things are like at home, because some parents are quite good at offering information and agreeing with you by saying well yes I have noticed at home they do this. Whereas others say, oh no, no, they are quite different at home, so that starts to give you a different perspective of the picture as well. Which I think is a good idea because at least then you have broken the ice and you can leave it for a little while and then carry on a bit later.

SP: OK then, can we agree as a staff, going back then before we attempt the written observations, when we first notice there is a concern regarding a child, before we do anything, we include the parent, as you say like we have been doing already, in a brief discussion about things we have noticed about the child, maybe lack of language in the centre and could they let us know if it is the same at home before we attempt to do any observations or checklists. Should we as a staff agree on that then?

Group agreement

SP: OK, so we will include the parents in discussion regarding concerns before we do any observations.

T1: Attempt to, attempt to include parent might be better

R: Does that need to be qualified - If appropriate?

T1: Well its just that some parents seem to be, on the odd occasion, have some difficulty in contributing something that is worthwhile, or useful in the picture, especially if they are sensitive to the idea that their child may have an area of weakness or an area of concern. Quite often they are not forthcoming with information that would help.

SP: Will we all agree on that, that we will attempt to included the parent in discussion regarding concerns we have...

R: ... if considered appropriate.

SP: If considered appropriate.

R: Does that give you a more...

T4: Well that is both before observations and after. After observations as well, isn't it. You have got before observations...

SP: Well that's the first one and then the next step will be discussing with the parents our observations and the checklist and the parents should know that all staff have participated. Also, are we going to show the parents at this stage the checklist to show them how there child compares to what's considered the norm for their age or just have a discussion that we have done these observations and we have done the checklist and we feel the child has got an area of concern about their language or behaviour or whatever.

T3: I think first of all the verbal approach. I think parents being show a checklist initially, for certain parents it could be threatening. So, try the verbal approach, then if they question you, about how you have done this, you can say, well we do have guidelines, this is what we have used and ask for their input.

SP: How do the rest of the staff feel about that? Just a verbal discussion not showing them any checklist or observations?

T4: I think so, I agree. I don't think you want to threaten a parent. I think it needs to be verbal and relaxed.

T3: I'm not suggesting it is threatening.

T4: No but I think a parent would feel threatened and I think you need to take the verbal approach first.

- T1: When we used to do running records, we used to give them to the parents. When we do learning stories, we give them to the parents. Is there a problem with giving the parents the observations and discussing that? You have got to have a basis for what you are discussing but not giving the checklist idea until further down the track or if they ask. They have got to at least see the observations, otherwise they don't know if you are really drawing things out of the air or if you have got something concrete to go on.
- T2: Like "L" said though we could just start off verbally just saying we have had some concerns, we have done some observations in the centre and if they want to ask for them that's fine, but I don't know if you would need to give them to them straight away.
- T1: I think we need to be willing too.
- T2: Oh definitely, but I think we should start off verbally first.
- SP: OK, so we have come to the conclusion, we will have a verbal discussion only but we will back it up with the written observations if the supervisor or Head Teacher feels it necessary.
- R: How will that conversation come about? When? Where? What would be your principles on having that conversation with the parent? Would you catch them as they walked in the door, would you ring them at home? Would you ask them to come in and meet? Those sorts of things – in your policy you might need to say "We would..."
- SP: Usually we would... What does everyone else think? Do they think it is better to catch them as they are coming and going or make a written/phone call and make a time with them.
- T1: I think we need to keep it fairly low key and not too formal and not too threatening. Keep it low key, we chat to parents about their children as they come and go, regularly all the time, every day, so that kind of keeps it in perspective, but be willing to arrange a time to discuss it more fully if they need to do that.
- T4: Better than the coming and goings of arriving at kindy.
- R: The reason I suggested that here, I am obviously bringing myself into this, is that all your parents arrive together and leave together. So often it is not private, so will you will you get a response out of parents because there are parents all milling around? Is that suitable?
- SP: No, I ask the parent when I have got a concern, whatever it is, if I could have a couple of minutes chat with them in my office. I would do the same again, I would ask them if they have a couple of minutes to spare, in my office, I would like to discuss something with them and I have done that on occasion before, so I can't see a problem with asking a parent that. Then if they haven't got the time, then I would say, fine maybe next time when you come I wonder if you could spare me a few minutes to have a little chat about your child. Does everyone else think that is fair enough?
- T3: I think that is the nicest way of doing it.
- W Sometimes it could be harder if you ring the parent at home. You don't know what the situation at the other end of the phone is like and it might it be even harder for them to do that, so it is probably better to do it that way.

- SP: Right, once the supervisor has had the chat with the parent and providing the parent is not in denial and they accept that perhaps there is an area for concern regarding the child. What do you think the next step should be in the process?
- T1: At some stage in the process, as professionals, we need to let the parent know that there are people outside of us who can help their child. I think it is quite important that the parent doesn't feel that they are on their own or that we are the only ones concerned about their child, that there are others that can become involved and offer help as well.
- SP: Does everyone agree with that? Encourage the parent that there are other professionals that can come in and help with the situation or that the child could go and be checked regarding that particular need.
- T2: That would need to be the sort of information we need to have on hand if we need to be able to follow it up. If they ask, we need to be able to tell them don't we.
- T1: Well that happens quite regularly now, whether in terms of language or learning difficulties.
- SP: We have offered information regarding the language help to several parents already and a number of parents have taken it up and a couple haven't. But it need not necessarily be language it could possibly be a behaviour problem, we can tell them SES is available to come and check on a child to see our concern and they can back it up or if perhaps they feel the child is OK, it is still in the norm and just to be on the safe side, they can come in and check and see if there is a need there.
- T2: I know with the speech we can give them the number, that they can ring themselves. But in all cases though, is it up to the parent or is it more that we need to refer?
- SP: No, we do not refer without the parent's agreement.
- T2: No what I am saying is though just something like language, they can go off on their own but there are other cases where people may need to come into the centre isn't there, to actually see the child here.
- SP: I think SES sees the person in their home and in the centre, but in order to approach SES we have to have the parent's permission. Now if the parents give permission, then it is pretty straight forward, I can ring SES. Once again, should it be the Supervisor that rings the professionals?

Group agreement

- SP: With the parents backing of course.
- T4: I think it should be a follow through, that the supervisor that has spoken with the parents, should be followed through to the specialist of expertise.
- SP: If it is a language problem and the parents are happy to contact the local speech clinic themselves, that's fine too.
- R: You have mentioned the speech therapy clinic, SES – are there any other services that you think should be identified in your policy that you will make use of?
- T1: Wilson Home
- SP: Wilson Home, for fine and gross motor skill development.

R: Health practitioners? Do you suggest to a parent that they take a child to the GP as a step? Often I have told the parents that they should talk to their GP.

Group agreement

T4: If it was a problem with sight or hearing you would.

SP: That's right, or Glue Ear, we have had a case recently where I told a parent I thought they should visit the GP regarding Glue Ear. Also there is a hearing clinic at North Shore Hospital that I have told a couple of parents about, a free hearing clinic at North Shore Hospital. The one I am not sure about is any kind of psych services that may be available for early childhood children if there is a special...

T1: Wouldn't SES be able to put you onto the appropriate department?

R: SES has a Psychologist.
Then they can then refer on to places like the Marinoto Clinic

T4: So they are a bit like an umbrella for a number of services aren't they, so that would be the first point of contact.

T2: So I wonder if we have a policy if we should also have a list then of the different services available on hand.

SP: Yes that should be included in the policy I think, although, let me see, lets go through them again:

- The Language Clinic
- The Wilson Home regarding fine & gross motor skills.
- Health Practitioners regarding the child's health first, before we decide that their behaviour is a result of a health problem.
- Hearing Clinic at the North Hospital
- SES which also includes Psych services or developmental delays we are concerned about in the child.

R: So what I have had heard you say is as a centre you should also keep an up to date list of services.

(General agreement)

Do you think the centre should have relationship with those services? Is it just having a list or is it more than that?

T2: Even if it is in say a form of a newsletter, say once every six months or something, with the information. I don't know.

T1: You don't develop a relationship with those services unless you actually use them and come to know the people involved. It is a starting point to have a contact number, contact name and that is just a starting point really and if we find we are using some services then obviously we will develop a relationship with the people involved.

SP: I wonder for example if SES would attend a parent's morning tea and chat to our parents about what they offer and where they can receive help.

T1: Excellent Idea

T4: Good community outreach.

- R: Where will that information be kept?
- SP: In our parent box, where we have books and articles to help parents regarding the child's wellbeing.
- T1: There also needs to be a copy of it attached to the policy as well.
- SP: So keep copy in policy folder and parent education box.
- R: "A" made a point about newsletters. Did you mean for every parent?
- T2: No I just meant for the centre we could put it on the Parent notice board or in the Parent Box and then we could always say to parents if there is a problem, well have a read through this or we could use it as a referral.
- R: So do you mean a pamphlet, I thought you meant you write a newsletter.
- T1: Well you could have it on the newsletter too, every so often too. I think it is just encouraging for parents just to know there places there to help and support their children. Just general knowledge really.
- SP: Maybe once a year we could include it in our newsletters.
- R: So that would need to go into your policy too then; that once a year you will...
- T1: ...remind parents of what is available out there; a mailing list of services.
- R: Who will be responsible for gathering information and resources?

Discussion (with humour)

- T3: Maybe we could all be given an area to research?
- SP: We have a couple in the box already, a couple that we have received in the mail. I have just put them in box anyway. I just automatically put them in the parent box; it is the best place for them to be.
- R: In a policy you would normally say "so-so" is responsible for... so it is clearly laid out. That is my thought.
- T4: Generally all the staff could be involved.
- SP: Well "A" you open the mail, sometime when I open the mail if I find an SES pamphlet then I think, OK I shove that in the parent box and I so I guess between the 2 supervisors or the supervisor and assistant supervisor, but between us whoever receives the information should make the most of it.
- T2: I guess at the end of the day as long as all of the staff know that anything like that where it will be held, that it will held in the parent box and maybe that is what should be in our policy.
- SP: Yes all staff should be aware because all staff often have the opportunity to speak the parents about the concern, it is not always the supervisor they speak to about a concern. Sometimes the parents bring the concern to the centre themselves and then if all the staff are aware of where the information is then they can help that parent.

- T2: Maybe every so often in our Friday staff meeting, we could go through the Parent Box and have a look at what is in there, so we are all aware of it.
- SP: Good idea!
- T2: I have a question. In our enrolment form is there any question on there to the effect that "does your child have any type of disabilities or have they..."
- SP: It does say on the back NEEDS, it says likes, dislikes or strengths, I thought it said Needs?
- T2: I am just wondering if that could be worded different so if we found a child did have a problem, we could refer back to the enrolment form to see what the parent had written in the beginning. I wonder if it could be worded in such a way that it might give us some more information.
- T4: The only area for a parent to note down any concerns is under needs.
- SP: To me that's clear enough.
- T2: OK, well that's alright, but it might be interesting because we don't normally look back on those do we
- T3: So do we put that in our draft plan, to check the enrolment forms.
- T1: No it is perfectly adequate as it is.
- T3: No I mean in our policy, to check what the parent has written.
- T4: I was thinking from the parents point of view if they saw anymore than that they would think "they are being a bit probing," I think.
- R: OK so what happens next... you have two situations. Either
1. you make a referral or
 2. if a parent doesn't consent, what then? What is your policy going to say?
- SP: If a parent doesn't consent, I think we as a staff we would look at the information available regarding language like in that book that SES put out [Much More than Words]. It makes suggestions in there on how we can help children with their language so really as a staff, we have got a responsibility to help the child the best we can as professionals to extend their language skills in that case and if it is physical, fine motor skills, I think all of us in our training received enough help to know what to do to help that child to do the best we can as a staff. And I think we need to sit down as a staff and brainstorm regarding that child and how we can help this child with this particular need.
- T2: I would go as far as talking to a parent. When we have a parent that doesn't want to follow up, or was reluctant to admit there was a problem, I think that we need to document that somewhere, whether we have done observations of the child that we document somewhere that we have spoken to the parent and that they don't wish to follow up on it. Just in case they get further down the track at school or something and we get a call one day saying: Was there a problem, why wasn't this child picked up in your centre? Then we can at least say, we have done what we are meant to have done, we approached the parent and they weren't interested.
- SP: Where would we document that, in the staff meeting book?

T2: Yes or maybe since we are doing records on the child, maybe we can keep all the records together for that child along with their learning stories.

T1: So these observations go in with the learning stories folder, is that what you are saying? Now that we are not doing running records regularly, these have to go somewhere. Couldn't we just document on the back of that, that we have spoken to the parent. That would be the place to do it, wouldn't it.

T2: And that would go both ways, I think we should document when we speak to parents, regardless of whether there is follow up or not. Because if there is follow up we should document that as well and dates of what's happened.

T4: How long would we keep that information on that particular child/children?

T2: 7 years

T1: How long have we been open?

Group: 6.

SP: (Reading to clarify noted position) If a parent is reluctant to seek help then we need to document this fact by attaching to the learning stories file and all staff will discuss how we can meet this child's needs within the centre without professional help.

SP The only thing we haven't covered is if a parent is happy for us to approach a Special Ed service - how we go about that. Now from my knowledge I think we ring SES and they send us out the appropriate form that you fill in regarding your concerns, then SES will make the appointment. So we as a staff then, what participation do we have with SES after this referral is made? How do you feel we could participate fully in this process once SES has been contacted and they come out?

T1: We probably need to have something written down, in the policy that we will work closely with SES and follow through on their recommendations.

SP: Including attending regular IDP meetings.

T1: Yes, and encouraging the parent in their contact with SES as well.

SP: Well thank you everyone for your discussion, with these notes we will go over them next staff meeting and see if we can come out with a clearer, more succinct policy that we can have for the parent to follow.

R: I have got one question actually. What will you do if you are not in agreement as a staff?

SP: I think at the end of the day if you are not in agreement, the Supervisor makes the final call having the responsibility for running the centre.

Group agreement.

T2: I think we would have to be majority in agreement. I mean, if half the staff weren't, then we would have to relook at it.

T1: Yes readdress the whole issue.

SP: Yet I still feel at the end of the day, the supervisor is the one who has to make the call.

Appendix E:

Copy of Referral Policy developed by
Hope Centre
2003

Referral Policy (Special Needs)

for Hope Kindergarten and Childcare

1. What will prompt us to refer?

Staff may feel free to share concerns about a child's development or behaviour in any domain. Concerns will usually arise when it is observed that a child's development or behaviour is falling outside the parameters usual for the child's age and developmental level. Individual differences will always be acknowledged. Concerns about children's development may be raised during staff meeting, or informal discussion with the Supervisor. A referral may also come about as a result of concerns raised by parents/whanau, or other professionals.

2. Do we have enough knowledge of typical and atypical child development?

Teachers at the centre will make every effort to maintain and extend their knowledge of child development, recognising that this is essential to make effective decisions about children's needs. This will be a component of annual staff appraisals and professional development planning.

3. How will we define special needs?

Children with special needs will be defined as who cannot fully benefit from the programme, environment or curriculum, without support or alteration. This places the focus on our role in providing an inclusive and appropriate environment, rather than on the child's needs. The centre is committed to fully inclusive education and care for all children.

4. What areas of development will we consider?

All aspects of child development will be considered, including;

- a. *physical (fine and gross motor),*
- b. *language (expressive and receptive),*
- c. *social*
- d. *emotional*
- e. *behavioural*
- f. *cognitive*
- g. *spiritual*

This will be done in the context of the principle of holistic development expressed in Te Whaariki, which recognises that “cognitive, social, cultural, physical, emotional, and spiritual dimensions of human development are integrally interwoven” (Ministry of Education, 1996, p.41)

5. What tools will we use for decision making?

Will we look to outside sources? Or develop our own?

The centre will make use of all relevant tools available to inform our decisions. Contact will be made with appropriate agencies, such as GSE and the Ministry of Education, to source tools such as the “Much More than Words” guide to language delay. Where an external reference is not available the centre will develop our own tools, such checklists for development.

6. Who will be involved in the decision making process?

All staff will be involved in the decision making, if their employment status means that they have regular and significant contact with the child. This may include both full time and part-time staff members. Advice may also be sought from the appropriate management personnel.

7. Who will be responsible for reaching a decision?

After consultation, the final responsibility will lie with the centre Supervisor. Should any staff member not agree with the decision made, the opportunity will be available to review this with the Supervisor, and if necessary with the centre management.

8. Who will be responsible for approaching whanau?

How will they be approached?

In most situations it will be the responsibility of the centre Supervisor to approach the parents/whanau. Other staff may be present if considered appropriate, such as if there is a close relationship. The parent/whanau will be asked to come to a meeting at the centre at a suitable time for both parties, so that privacy may be maintained. The staff shall not express concerns to a parent as part of the daily drop-off/pick up process, as there are too many other parents around at this time, and so sensitivity will be shown.

9. At what stage of the process will parents be involved?

There is no definitive answer to this question and a decision will be made on a case by case basis. The centre acknowledges that partnership with parents/whanau is very essential. Whenever appropriate parents will be involved from the point of initial assessment/observations, as this is the culture we wish to encourage in the centre. However there may be times when the parent will not be approached until preliminary assessments/observations are complete, and staff have determined that a referral is necessary. No contact will be made with outside services until parents have given their free approval.

10. What information should be given to parents?

How will it be presented?

The Supervisor will initially share concerns verbally, and if appropriate show parents the written documentation that has been collected. The centre will have resources relating to child development in different domains, as well as information regarding appropriate support services, so that whanau may know there is support available to them.

11. Will outside help be sought? What relationship will the centre have with outside agencies?

The centre acknowledges the important role that outside services can play in supporting a child with special needs and their family, and will seek their support when necessary. The centre values the importance of early intervention services, as a source of support and advice. Generally, we believe that intervention should be offered as early as possible, to ensure the best outcomes for children and their families. The centre will maintain good relationships with services such as GSE, the VNT from Waitemata Health, Wilson Home, Sherwood Speech Clinic and CYFS, and will work together with these agencies to best support the child.

12. What information will the centre hold?

The centre will hold resources on child development across different developmental domains, for example documents from the Ministry of Education and GSE, such as 'More than Words' and 'Promoting Positive Behaviour.' Contact information will also be held on file for appropriate support services in the area. This information will be kept with the parent library, so that there is ready access for all families.

13. What consideration will be given to cultural factors?

All assessments and decisions will be made with an understanding that each child is part of a wider social ecology and that cultural factors will be significant in determining if a referral is an appropriate decision. To ensure that our practices are culturally sound, parents and extended family will be involved in the assessment and referral process to the greatest extent possible. If language barriers are evident, then the centre will also look to community agencies to find support for the family and the centre. All decisions will be made with a high standard of respect and sensitivity to the families' beliefs and culture.

14. What are our professional development needs?

The staff of Hope Centre acknowledges that the area of special needs referral is significant, and so have a commitment to ongoing development in this realm. We will engage in ongoing discussion and reflection as team, to ensure our practices continue to be effective and change if necessary. We will use our contact with local agencies as a means of upskilling our knowledge and confidence in this area, and will also consider attending relevant workshops and meetings so that we maybe informed. We will review this policy annually, and use these questions as a foundation for determining appropriate professional development for the coming year.