Identifying trauma, supporting well-being:

The experiences of seven early childhood teachers

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This thesis is dedicated to my mum,

Maureen

and to the memory of my dad,

Brian Fisk

who died in 2006.

Abstract

This qualitative thesis records the experiences of seven early childhood teachers in identifying trauma and supporting the well-being of children in their care. The teachers, all women, had taught in a range of services including community centres, daycares and kindergartens. They were interviewed separately and their narratives examined using Bronfenbrenner's ecological model, with special attention given to the major macrosystem influence of the principles of the early childhood curriculum, *Te Whāriki*. The teachers' own personal and professional experiences contributed to their acceptance and knowledge of trauma. Assessment of well-being included observation of children's behaviours, interactions with children and consultation with parents and others, team work, a variety of strategies and individual reflection on practice and personal experiences. The study concludes by debating the usefulness of the trauma label and recommending better promotion and access to information and support for teachers and families on the aetiology, symptoms and healing of trauma. Attention is also drawn to the complex task of balancing the requirements of children and their families, the difficulties of accessing personal support and the contribution of the ecological model.

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The participants

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Chapter One

Introduction

Trauma: A threat to well-being

This thesis explores the role of the early childhood teacher in supporting the well-being of children at risk of trauma. Disequilibrium and tense emotions characterise trauma. They can seriously affect the development of trust and security that are essential to well-being. Despite the best intentions of adults, unavoidable life experiences can put children at risk of trauma. They range from the horrendous, such as exposure to abuse and violence, to the less obvious, such as the family tension and high stress in circumstances like hospitalisation of a family member, discord between parents, and financial problems. Concern for children, their families and teachers whilst enduring and progressing through these times has been the imperative for this study.

Perry and Azad (1999) estimate that every year millions of children are exposed to traumatic experiences. Their examples includes natural disasters, motor vehicle accidents, life threatening illnesses such as cancer and burns, and the associated painful medical procedures, physical and sexual abuse, witnessing domestic and community violence and the sudden death of a parent. It is not known how many children in Aotearoa/New Zealand are exposed to trauma each year. Kayes and Mackay (2003), however, report that very young children are increasingly attending hospital. Between 1990 and 1998, more than 36,000 children aged between birth and four years attended hospital for unintentional injuries alone (Otago University, 2001) and approximately 500 children are seriously injured by physical abuse each year (New Zealand Medical Association, 2001). The

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maltreatment mortality rates for young children suggest the under fives are especially vulnerable (Ministry of Social Development, 2005). Witnessing violence, especially in the family can also be traumatic. In 1996/97 more than 28 thousand children under 10 were present during acts of family violence attended by the police (Preventing Violence Organisation, February 2, 2006). It must be stressed, though, that young children do not have to endure or even witness trauma to be at risk. Merely belonging to a family that is affected by traumatic circumstances and living with "chronic enduring stress" (*ZERO TO THREE*, 2005, p. 15) may be enough.

Young children, including infants and toddlers, are particularly vulnerable at times of traumatic events. They rely on adult care and attention for their basic needs and this can be compromised when adults are distracted or stressed. Crucially, their brains have not yet formed sufficiently to process these experiences in a useful way (van der Kolk, 1997). Children in highly stressful circumstances require a safe and supportive environment to accommodate such events (Greenwald, 2000). Unresolved trauma can cause lifelong psychiatric, health, social and cognitive problems (Perry & Azad, 1999).

The support of informed and compassionate adults is crucial. Early childhood teachers have an important role to play. Not only must they protect and nurture the children in their care but they must do so in partnership with their families (Ministry of Education [MOE], 1996, 1998b). In addition, the teachers must work co–operatively in centre or classroom teams and at times with other organisations and professionals in the community. There are great strengths for the teachers in working in this connected way but also challenges and issues.

Background to this research

Gradually psychiatrists, psychologists and therapists have begun to research the effects of trauma on children. In line with their particular discipline and based on their clinical experiences they have defined and listed possible causes and symptoms. Whilst some accept only the severest difficulties as relating to trauma and young children (American Psychiatric Association, 2000) others (Atwool, 2000; Greenwald, 2000) see trauma potential for children in many adverse situations. An overview of this topic reveals multiple definitions and a wide range of symptoms relating to this state.

Early childhood (EC) teachers' experiences in identifying children at risk of trauma have been barely researched. Two small qualitative studies have examined aspects of trauma identification. Palmer, McCorkle, Brooke and O'Neill (2002) used structured interviews to examine teachers' experiences in identifying abuse in American elementary school and, in Australia, Sims, Hayden, Palmer and Hutchins (2000) collected teacher responses to the coping behaviours of children who had experienced refugee or war-related trauma. In 2003, Aspden examined teachers' beliefs and experiences in referring young children for early intervention services. Early childhood teachers in Aotearoa/New Zealand are not required to specifically identify trauma although they must assess potential harm or threats to children's physical, spiritual and emotional well-being (MOE, 1996, 1998b) and their learning and developmental needs, including special needs (MOE, 2000).

In small, qualitative studies researchers have begun to critique various aspects of *Te Whāriki* (MOE, 1996), the early childhood curriculum of Aotearoa/ New Zealand. The

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curriculum strand of well–being has not yet been specifically addressed. Nuttall (2003) explored the way teachers in a daycare meet curriculum requirements, which includes well -being. McLeod (2003) studied leadership in early childhood and looked at communication within teams and with parents. This is relevant to the family and community principle and its contribution to the well-being strand. Other research on the family aspect of early childhood education is limited. Duncan, Bowden and Smith (2005) studied three early childhood centres and their contribution to family resilience, Mitchell studied respectful relationships between children, staff and parents in Australia and New Zealand (2003) and Guo (2005) examined teacher's views of Asian immigrant parent/teacher relationships.

Large scale and longitudinal studies of early childhood education are also scarce. The Competent Children Project (Meade & Wylie, 1994; Wylie & Else, 1998; Wylie, Thompson & Hendricks, 1996) is an exception. This research involves tracking the educational outcome, family and early childhood experiences of a core group of about 300 children from age five. A number of competencies and the factors that may have contributed to them were assessed. Of particular importance to this study were their findings regarding service quality, staff interactions with children, (Wylie & Else, 1998; Wylie et al., 1996) and relationships between families and the early childhood centre (Meade & Wylie, 1994; Wylie et al., 1996). The quality of the service is an important indicator of children's competencies in perseverance, communication and social skills (Wylie & Else, 1998); all of which help children at times of trauma. Another large project followed the implementation of Special Education 2000 (SE2000) policy from 1999 to 2002 in which Bourke et al. (2002) interviewed, surveyed or involved in case studies 8,000 educators, including school and early childhood teachers.

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The launch of *Kei tua o te pae/ Assessment for learning: Early childhood exemplars* (MOE, 2004a) in 2005 was the culmination of 10 years' collaborative research on narrative assessment between teachers from around 50 centres and early childhood leaders (MOE, 2006). The narrative assessment included "teacher observations, learning stories, transcripts, children's work, parent/whānau stories and children's comments", photographs and short video clips (MOE, 2004a, ¶ 1). The focus of these exemplars, however, is on the child's learning, which includes well-being, rather than on identifying special needs such as exposure to trauma.

In addition, strategies to promote well-being and to heal trauma have arisen from a range of psychiatric, psychological, therapeutic, and educational studies, and professional reflections. The focus and range of some research is not narrow. For example, Perry (2004b) and associates (Miranda, Arthur, Milan, Mahoney & Perry, 1998; Perry, Hogan & Marlin, 2000) have not only mapped the brain to discover areas of deprivation but have worked in clinical practice with children to overcome the deficits caused by trauma. This research, too, takes a broad perspective in relating the identification of children at risk of trauma to the assessment of young children and the experiences of their teachers.

The research aims

The original aim of this research was to study the experiences of early childhood educators in respect to their professional duty to support the well–being of children at risk of trauma, identifying potential problems, available resources and possible sources of support. As this study has shown that not everyone recognises the potential for young children to

experience trauma it is further hoped that it will provoke and promote professional discussion of trauma and the implications for practice and professional relationships.

Overview of the thesis

Two key concepts are explored in the review of the literature in chapter two. They are trauma and well-being. In the first section the definitions and characteristics of trauma and its relevance to and possible effects on the lives of young children and their families are identified. In the second section the role of the early childhood teacher in relation to the assessment of well-being is examined. This includes the identification of special needs and abuse, and the importance of team work and communication with families and others. Chapter three outlines the interpretivist methodology (Denzin & Lincoln, 2003), the interview (Cohen, Manion & Morrison, 2001), the participants, data collection and analysis procedures, ethical considerations and validity that are pertinent to this study. In this research an interpretivist approach was taken in order to gain an understanding of how trauma and its effects were viewed by the teachers, how it impacted on their duty to support well–being and what this work meant to the participants (Madjar & Walton, 2001). In chapter four the results are organized in two sections: Accepting the Potential for Trauma and Assessing Well–being. Bronfenbrenner's (1979) ecological model, with the addition of the chronosystem (1986, 1995) is used to interpret the results. In chapter five the research questions are addressed and the place of labelling and assessment of special needs, the healing of trauma, partnership with parents, and the contribution of the ecological model to this study are also considered. Lastly, the study concludes with the limitations of this study and suggestions for future research.

Chapter two

The Literature: Trauma and the Role of an Early Childhood Teacher

In order to understand the teacher's role in identifying and supporting children at risk of trauma, the state of trauma, its symptoms, diagnosis and the varied responses and impediments to its recognition, are described in the first section. In the second section examination of the role of the teacher includes descriptions of the curriculum, regulatory requirements, assessment and teaching practices that contribute to the promotion of children's well–being and the healing of trauma.

Section one: Trauma

At risk of trauma

Though trauma does not feature in the early childhood curriculum, teaching teams are directed to consider that a child may have trauma when planning an individual programme of positive guidance (MOE, 1998a) and the term "at risk children" is used in the support document for *Te Whāriki, Including everyone te reo tātaki* (MOE, 2000 p. 14). This study is concerned with environmental risk which Aubrey, David, Godfrey and Thompson (2000, p. 201) define "…as experiences or conditions which interfere with healthy physical, emotional or psychological development".

Traumatic experiences are sources of environmental risk and "affect us all in some ways" (Fornari, 2004 p. xii). The younger a child is, however, the more vulnerable is the child's

developing brain to the accompanying shock and interruption to development caused by these stresses in the environment (Perry, in press; 2004b; Perry et al., 2000). Exposure to trauma is reflected in children's behaviours, particularly social and emotional responses and children who are exposed to "extreme stress and trauma are at risk of developing emotional and developmental learning difficulties" (Miller, 1999, p. 9). Developmental delay, social and emotional difficulties and behavioural disorders are also listed as categories of special educational needs (MOE, 2000). Trauma can cause psychological and social problems if it is not resolved in a healthy manner (Greenwald, 2000; Klapper, Plummer & Harmon, 2004; Litz, 2004; Osofsky, 2004a; Perry & Azad, 1999; Van Horn & Lieberman, 2004). It is, therefore, vital that when trauma is suspected, adults are alert to the possibility and knowledgeable about helpful support.

Research and trauma

The word "trauma" originates from the Greek word "wound" and is associated with "emotional shock following a stressful event" (Metcalf & Thompson et al., 1998, p. 884). Much of the trauma literature is medical or psychiatric and based on clinical observations. Some empirical studies in psychotherapy and social work also feature trauma. There is scant literature connected with trauma and education, especially with young children. However, brain research has affirmed the importance of developing relationships and attachment in the early years and the potential threat of disruption to these processes posed by trauma (Gallagher, 2005; Perry, 2004b, in press). This is applicable to education and care in early childhood centres Van Horn and Lieberman (2004) emphasise the intricate connections between young children's cognitive development and their social and

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emotional functioning and note that a traumatic experience can affect the child's readiness to learn.

Trauma defined

Childhood psychic trauma is defined by Terr (1991, p. 11) and is cited by both Gootman, (1997) and Atwool (2000) as "...the mental result of one sudden external blow or a series of blows rendering the young person temporarily helpless and breaking past ordinary coping and defensive operations". Because very young children are "exquisitely sensitive to [their] caregiver's emotional states and behaviours" (Schwarz & Perry, 1994, p. 6), witnessing danger to their caregiver or observing the disturbed behaviours and emotions of their caregiver in life threatening or highly stressful situations are likely to be more traumatic than if they themselves are endangered. The more abnormal and life threatening the experience, the less likely it can be efficiently processed and mastered in the normal way (Perry, 1994). Trauma is characterised by responses of "intense fear, helplessness, or horror" and in the case of children "disorganized or agitated behaviours" (The American Psychiatric Association, 2000, p. 463). Feelings of shame, embarrassment, rage, anger and guilt are also associated with trauma (Herman, 2001; Joseph et al., 1997; Terr, 1983).

Individual responses to traumatic situations

Atwool (2000), Gootman (1997), Greenwald (2000), Miller (1999), Schwarz and Perry (1994) list many disruptions to family life that could be traumatic for children. They include abuse; foster care; divorce; parental separation; multiple changes of address, school or household structure; serious injury to, or illness in themselves, parents or

siblings; parental alcoholism, substance abuse or psychiatric disorder; serious accidents; a house fire, domestic violence; witnessing serious accidents, violence or bullying at home, in the community or on the media; and natural disasters.

The "type of event and manner in which trauma unfolds; its intensity, duration, and phase; the degree of threat or loss" all attribute to the traumatic impact (Nader, 2004a, p. 51). Children who have experienced "hidden trauma" or disruptions to their care are less able to accommodate new traumatic experiences (Perry & Schwarz, 2004; Schuder & Lyons-Ruth, 2004). Each child attributes his or her own meaning to events and this, along with those factors already listed, determines the child's physiological and psychological reactions (Nader, 2004a; Webb, 2004). The reactions of those around them are particularly meaningful to children. The cultural understanding of what is traumatic and the ways children and child rearing are seen in a particular culture also have an important effect in the identification and support of a child who has been exposed to trauma (Lewis & Ippen, 2004).

Clinicians and therapists list a variety of other factors such as previous experiences; attachment relationships; age; developmental maturity; cognitive level; personality; temperament; the individual's coping style; the status of the individual; the response of family, teachers, professionals, cultural and religious responses; and the availability of support which together combine to affect the individual's response to a potentially traumatic event (Atwool, 2000; Greenwald, 2000; Nader, 2004a; Osofsky, 2004a; Perry, 2004a; Schwarz and Perry, 1994; Van Horn & Lieberman, 2004). Although, many people "assume that very young children are not affected at all" (Osofsky, 2004a, p. 5) by trauma,

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research shows that the effect will depend on their developmental ability to understand and internalize the experience. Very young children's brains are more sensitive and malleable to experience. Experience does not merely alter a child's behaviour, it provides "the organizing framework" for thinking and organising information and sets in place neurological and physical reactions to stress (Schwarz & Perry, 1994, p. 12).

The child's brain develops sequentially in response to the environment and requires consistent and repetitive positive interactions with people to develop (Perry, in press). If a young child is constantly responding to real or imagined danger or neglect, brain development will be limited to the brainstem, midbrain and the diencephalon areas. Fight, flight or freeze responses will be common. Greenwald (2000, p. 11) explains that though these symptoms may "provide partial relief from the intolerable feelings" they inhibit the processing of the traumatic memory by preventing the child from facing and dealing with their memories. Adults need to keep all of this in mind if they are to support children with these behaviours. They also need to know what might be pre-empting these behaviours.

One of the problems that can be very destructive to young children in their processing of trauma is their assumption of guilt (Perry, 2004a). Klapper, et al. (2004) explain that young children often feel responsible for things that happen because, "It is both too painful and too cognitively sophisticated a task for young children to differentiate the actions of powerful adult figures from the way these actions make them feel" (p. 141). Elliott and Place (2004) agree that below the age of five, young children's inability to see situations in context makes them "likely to view any traumatic event as something they caused" (p. 98). It is important to note, however, that children are not passive victims of trauma but

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actively seek to make sense of the experience and to manage the impact (Atwool, 2000; Joseph et al., 1997; Klapper et al., 2004). Dwivedi (2004, p. 3) explains that children use the various strategies such as disassociation and violent or destructive behaviours to avoid experiencing the "dread emotion" associated with the traumatic experience. The notion of children as constructors of meaning is a guiding concept in *Te Whāriki* and is particularly relevant to the principle of holistic development (MOE, 1996). Greenwald (2000) points out that as long as the trauma is unprocessed, the trauma memory remains and can reappear when something "thematically similar arises" (p. 11). Adults, namely family members, teachers, doctors, psychologists and therapists, must understand the connections between these behaviours and the stressful events in children's lives.

Behavioural indicators

Most children who have been exposed to trauma will "have some change in their behaviours and their emotional functioning" (Perry, 2004a). Children's accounts of a traumatic situation, though, may change as they attempt to rework the trauma (*ZERO TO THREE*, 1994, 2005). Often remembering more than the adults; the mistakes children make in recalling events are more likely to be those of misinterpreting and mistiming rather than unclear recollections (Terr, 1991). Adults may need to look back at events through the eyes of the child to understand the children's recollections of the events. For example, what is described as big by a child may be recalled as merely normal sized by an adult.

An important indicator is the re–experiencing of the traumatic event (American Psychiatric Association, 2000; Perry, 1994, 2004a, 2004b; Schwarz & Perry, 1994; Terr, 1991; *ZERO TO THREE*, 1994, 2005). This can be seen in post–traumatic play which re-enacts "some aspects of the trauma". It is "compulsory driven, fails to relieve anxiety, and is literal …less elaborate and imaginative than usual" (*ZERO TO THREE*, 2005, p. 20). It may also be recognized in drawings (Gaensbauer, 2004b; Perry, 2004a). Adaptive play will change over time whereas with PTSD, the behaviour remains fixated. This might be further indicated in children's conversations that show a growing fascination or preoccupation with the event (Gaensbauer, 2004b; *ZERO TO THREE*, 1994, 2005). *ZERO TO THREE* (2005) notes that distress at these times is not necessarily apparent.

Distress at exposure to reminders of the traumas, repeated nightmares (not necessarily about the trauma) and flashbacks or dissociative behaviours are also symptoms (*ZERO TO THREE*, 1994, 2005). Terr (1991) found thoughts of the trauma coming back to children when they were relaxed and at rest rather than suddenly and abruptly as happened to the adults. Children, have been recorded, though, reacting to sensory stimulation such as a loud noise, or a positional clue such as the raising of an arm (Gaensbauer, 2004a; Van Horn & Lieberman, 2004). Evidence now suggests that infants as young as two months can retain internal representations of a trauma (Gaensbauer, 2004a).

A numbing of response might cause a child to withdraw socially, show a limited range of feelings and a decrease in, or withdrawal from, play, social reactions and routines possibly avoiding people, places and activities that remind the child of the trauma (American Psychiatric Association, 2000; Schwarz & Perry, 1994; *ZERO TO THREE*, 1994, 2005).

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Signs of increased arousal may be present in night terrors, repeated waking and difficulties in going to sleep; hyper-vigilance and significant difficulties in paying attention and concentrating, exaggerated startle response and increased irritability, temper tantrums or outbursts of anger or extreme fussiness (American Psychiatric Association, 2000; *ZERO TO THREE,* 1994, 2005). Some of these signs may be hard to discern from normal developmental trends, such as the increased temper tantrums and irritably associated with a toddler's struggle for independence. A thorough knowledge of the child and the child's relationships is needed for diagnosis (*ZERO TO THREE,* 2005).

Children suffering trauma may lose developmental skills temporarily; be more aggressive and develop new fears such as fear of the dark or of toileting alone, and separation anxiety (*ZERO TO THREE,* 1994, 2005). Aggressive and sexual behaviours that are inappropriate for the age may also be seen (*ZERO TO THREE,* 2005). This list is not definitive. Previously other physical symptoms such as stomach aches and headaches were also considered relevant to a trauma diagnosis (American Psychiatric Association, 2000; *ZERO TO THREE,* 1994). This illustrates the complexity of research and diagnosis in this field. Yet, Post Traumatic Stress Disorder requires "prompt, comprehensive intervention" and for this reason should be considered first in any diagnosis of mental illness (*ZERO TO THREE,* 2005, p. 11).

Impediments to the recognition of trauma

Historically, adults have found it difficult to acknowledge pain and suffering in young children (Bosquet, 2004; Joseph et al., 1997; Klapper et al., 2004; Terr, 1991; Van Horn &

Lieberman, 2004). Many believe children "will 'get over [the experience]', or 'grow out of it' with time" (Bosquet, 2004, p. 316). It is not always obvious to adults, including parents, that children have or continue to suffer from some sort of trauma. Adults may fail to recognize and genuinely believe that they are not affected by trauma, let alone their children (Webb, 2004). In addition, the parents may not know what has happened to the child or may deny the event or the effects, especially if there is a conflict of interest such as the child's stressed behaviours happening at the same time as the parents' separation; or if denial is used by the parent as a coping mechanism (Atwool, 2000; Van Horn & Lieberman, 2004). Furthermore, if young children perceive the "parents' anger, indifference or incompetence in keeping them safe" in the face of trauma, the damage to the parent/child relationship can be long–lasting (Van Horn & Lieberman 2004, p. 117).

Symptoms may appear many weeks, months or even years after the traumatic event (Greenwald, 2000; Osofsky, 2004a; Perry, 2004a, Joseph et al., 1997). Adults may be unaware of this. In fact, even when parents recognize that something is wrong, they may not be aware that the child is reacting to trauma (Atwool, 2000). Notwithstanding this, parents who are aware may fear that discussing the situation will re–traumatise the child (Osofsky, 2004a; Schwarz & Perry, 1994). The trauma can also be overwhelming to parents, especially if they have also experienced such things; for example, parents who have been abused as children may be very reluctant to acknowledge that this has happened to their children, too (Atwool, 2000; Schwarz & Perry, 1994; Van Horn & Lieberman, 2004). Parents' guilt at not being able to avoid the child's exposure to trauma can add to family conflict and change the roles, structure, processing and functioning of the family (Schwarz & Perry, 1994). Parents need to feel safe, supported and able to support the

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safety of the child if they are to engage in informative discussion of possible trauma (Gaensbauer, 2004b; Osofsky, 2004a; Van Horn & Lieberman, 2004). Early childhood teachers can have a role in this process.

Problems in diagnosing trauma

Teachers and families may well find the medical literature concerning assessment confusing especially as it seems even clinicians can misdiagnose the problem (Perry, in press) if the connection with trauma is not made (Schwarz & Perry, 1994). Perry (in press) advocates a multidisciplinary approach to assisting children with trauma. Researchers agree that accurately assessing children involves the use of multiple methods, measures, and sources of information (Eth, 2001; James, 1994; Klapper et al., 2004; Nader, 2004b). These may include separate and inclusive interviews with parents and children and observations of the child and parent–child interactions, both in the natural environment and in a clinical situation. Atwool (2000), though, warns of the complexity of trauma identification in children because trauma affects everything they experience, interweaving and underpinning "their self concepts, their world view, their feelings and their behaviour" (p. 63).

Summary of section one: Trauma

Trauma poses an environmental risk to children's well–being. Children in the early years who are exposed to events or circumstances that endanger them or their families, particularly those that limit a family's ability to support the child, are at risk of trauma. Traumatic feelings are overwhelming, fearful, and may provoke a range of contradictory

behaviours. These behaviours may be difficult to understand particularly as reactions to trauma are individual and dependent on the child's personal resources and interpretation of events. Seemingly, there is a natural reluctance to acknowledge that children can be harmed by exposure to traumatic experiences and this hinders general understanding of this condition. This has implications for teaching practice and assessment.

Section two: An Early Childhood Teacher's Role

Professional qualifications and expectations

The title 'teacher' not only defines the expected behaviour of the teachers but also affects the expectations of the children, their families and other professionals with whom they come in contact (Bronfenbrenner, 1979). National and international research has found qualifications improve the quality of teaching practice, affecting programming and teacher beliefs (Podmore & Meade, 2000; Wylie & Else, 1998). There is a range of qualifications in Aotearoa/New Zealand. The Diploma in Early Childhood Education. is the minimum teaching qualification .

Bronfenbrenner (1979) defines a role as a "set of activities and relations expected of a person occupying a particular position in society, and of others in relation to that person" (p. 85). The role and responsibilities of early childhood educators and teachers in Aotearoa/New Zealand are described in the Regulations (The New Zealand Government, 1998) the Desirable Objectives and Practices [DOPs] (MOE, 1998b), *Te Whāriki* and its support documents (MOE, 1996, 1998a, 2000, 2004a; 2005). All licensed centres must comply with the regulations and compliance with the DOPs are mandatory for the receipt

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of funding (The New Zealand Government, 1998; MOE, 1998b). In addition, national and international research literature is available to support the teachers in their role of working with children at risk of trauma. Nuttall (2003) notes that Aotearoa/New Zealand teachers construct their roles from a wide range of theories, ideological positions, curriculum models and everyday practices.

Te Whāriki

Te Whāriki is the Aotearoa/New Zealand curriculum designed for the care and education of children from the time of birth to school entry (MOE, 1996). This bicultural curriculum (MOE, 1996) acknowledges both the child as an exploring reflective individual and the critical role of social and cultural experiences in interpreting the world. In line with Vygotsky's (1960/1987) socio–cultural theory, which attributes children's acquisition of ways of thinking and behaving to their interactions with others (Siegler & Alibali, 2004) and to the community's culture (Berk, 2001), children's learning is seen as resulting from responsive reciprocal, observations of, and connections with, peers and adults (MOE, 1996). Specific reference is also made to Bronfenbrenner's (1979) ecological model. With his model learning is not seen as restricted to the early childhood centre. The home and community are also included and the links between these settings fostered (MOE, 1996). The model is also considered useful in illuminating "the conditions that influence the well-being and support" of significant adults in children's lives, including the stresses, and opportunities for their development (MOE, 1996, p. 19).

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The whāriki, or woven mat, which shapes this curriculum, consists of five strands and four principles. The other strands are Belonging (Mana Whenua), Contribution (Mana Tangata), Communication (Mana Reo) and Exploration (Mana Aotūroa). Each strand has goals and learning outcomes which individual early childhood services use in conjunction with the principles to plan their teaching. The four guiding principles of Empowerment (Whakamana), Holistic Development (Kotahitanga), Family and Community (Whānau Tangata) and Relationships (Ngā Hononga) are understood to connect with each strand. In *Te Whāriki* each of these principles is discussed in relation to practice and in relation to assessment (MOE, 1996).

Well-being: Mana Atua

Like trauma, the term well–being, is frequently used but inconsistently defined (Pollard & Lee, 2002). Well-being, Mana Atua, is the first strand of the early childhood curriculum and in common with other key concepts in the document is not specifically defined. The goals of the DOP (5a) relate to the strand of well–being. They are to provide an environment in which children's "health is promoted", their "emotional well-being nurtured: and they are kept safe from harm" (MOE, 1996, 1998b, p. 40). Each centre must provides evidence of programme planning, implementation and evaluation of DOP 5. To assist this process, but allow for individual emphases and philosophies, each DOP is accompanied by guidelines for practice, information about bicultural approaches, scenarios, signposts, reflective questions and recommended readings.

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The first guideline asks educators to ensure the promotion of "children's understanding of all aspects of health" (MOE, 1998, p. 41). Included in this are examples of physical health, such as hygienic practices and healthy eating, along with spiritual well–being. Cunningham (2004) describes spirituality as "a contemplative attitude, a commitment to living life fully and searching for meaning" (p. 337). She advises therapists to be mindful of their own spirituality and its place in healing. Bone's (2003) Aotearoa/New Zealand study has revealed many definitions of spirituality. It is of "prime importance" to the well–being of Māori and Tagata Pasefika families (MOE, 1996, p. 46). Māori concepts of health include the complex relationships of taha wairua, taha hinengaro, taha tinana and taha whānau; the spiritual, mental, physical and social aspects of well–being and the importance of the past, present and future for self esteem (MOE, 1996, 1998b). These have important implications for well–being and trauma but are not the focus of this small study. Comprehension of all that is evoked in DOP (5a) requires an understanding of one's own concepts of health and spirituality. How teachers attempt to incorporate these concepts in programme planning depends very much on their individual and centre philosophies.

Next, educators are advised to assist "children to identify and express their feelings", and to provide strategies and language to enable children "to understand and cope with their own and others' emotions", "become socially competent" and independent (MOE, 1998b, p. 41). Sorin (2005), who explored caregivers' responses to children's fears in Canada and Australia, reports an increasing trend for early childhood educators to support children's social and emotional development but suggests more can be done to help children deal with emotions such as fear. Daly (2004) values children's ability to recognize, regulate, name emotions and manage stress, but states that one of the most important factors in

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maintaining emotional equilibrium "is the presence of caring and supportive people in the child's life" (p. 103). Gallagher (2005) also advocates teaching the recognition and regulation of emotions along with the importance of building relationships with children. She promotes one-on-one interactions with infants, including responding quickly and appropriately to a child's distress.

However, only the sixth guideline asks educators to provide opportunities for the development of "stable relationships through low staff turnover, sensitive groupings of children and rostering staff with the needs of children in mind" (MOE, 1998b, p. 41). Burke and Kimes Myers (2002) in their analysis of the role of early childhood teachers in respect to children's mental health declare relationships to be the essence of classroom teaching. In Australia, Sims, Guilfoyle and Parry (2005) measured the cortisol levels from the saliva of children aged three to six years who attended childcare for three days a week. In their study of these 117 children they found that in centres where relationships were fostered, the children's cortisol levels were low, signifying that these children were less stressed. Care must be taken in interpreting these results, however, as children with disturbed attachment have been found to produce more increases in cortisol levels than children classified as securely attached or insecurely attached (Schuder & Lyons–Ruth, 2004). This does not seem to be accounted for by the study, however, it is also possible that the nurturing relationships in the centres ameliorated the effects of disturbed attachment.

Harvey and Evans (2002) used focus group interviews with teachers who were identified by their peers as having an emotionally sensitive style, and intermediate-school-age

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children who had made significant improvements in behaviour over the past year. They noted that both children and teachers considered emotional relationships to be an essential element of teaching. Teachers and parents in the Duncan et al. study (2005) highlighted the importance of teacher/child relationships in which the focus was on the child and his or her individual needs. Stable relationships are vital to the goal of well–being and this principle should be presented first in the DOPs before the practical details of assisting children with the expression of their emotions. The effectiveness of teaching such skills will be reliant, in part on the quality of the teacher/child relationships.

Educators are also asked to support the development of self–awareness, self–esteem, and trust (MOE, 1998b, p. 41). Wylie and Else (1998) rated at least half of their observations of early childhood services, including those relating to self-esteem, the physical environment, safety, and staff–child interactions, to be of average or above average quality. These interactions were found to be important for the development of social skills, individual responsibility and perseverance (Wylie & Else, 1998). "Strategies for self– protection, personal safety and risk management" are also promoted so that children can "attempt challenges without fear of harm", and develop "a sense of responsibility for the safety and feelings of others"(MOE, 1998b, p. 41). This aspect of well–being requires a careful approach if children are not to assume responsibilities beyond their capabilities (Kitizinger, 1990). The full implications of this suggestion are yet to be researched in the early childhood context.

Assessment

The cycle of observing, interpreting, analysing, planning, implementing, evaluating and reflecting described in DOPs (3) is promoted as a model to ensure educators facilitate "the learning and development of children in their care" (MOE, 1998b, p. 30). Using this assessment cycle, educators construct individual learning objectives that relate to the *Te Whāriki* goals and the learning environment (Hamer, 1999). In addition to forward planning, assessment takes place "minute by minute" (MOE, 1996, p. 29) as teachers interact and make decisions with the children in their care. At any given moment, teachers can be involved in more than one part of the cycle as relating to a child can encompass observing, interpreting and evaluating their own and the child's responses (MOE, 1998b). *Kei tua o te pai* highlights such cycles of teacher/child responses and notes that most assessment will not be documented (MOE, 2004a). It recommends that teachers strive to balance documented and undocumented assessments and that they are in tune with each other (MOE, 2004a). Reflection, both on the spot and later (Schőn, 1987) is a vital part of this process (MOE, 1996).

Casual, anecdotal and more deliberate observations, such as running records and narrative assessments or Learning Stories (Carr et al., 2003) are the tools of assessment. Traditionally, observations were aimed at meticulous and objective recording. In using running records, the educator attempted a video like recording of everything that was happening. The observer's impressions were recorded separately and she or he attempted to avoid assumptions (Penrose, 1998). In contrast, Learning Stories have been developed specifically as a tool to assess learning and development in relation to *Te Whāriki*, with

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attention to holistic development, communication with the family and the subjective voices

of the observer and the child, (Carr et al., 2003). *Kei tua o te pae* now provides many

examples of narrative assessment, including Learning Stories (MOE, 2004a) though it was

not published at the time of the interviews. Specific information is also available to help

teachers recognize special needs and abuse (Child Youth and Family [CYF], 2001; MOE,

2000).

Odom and Diamond (1998) used Bronfenbrenner's (1979) ecological model to review

practices of inclusion. They noted that at each setting or level there were important factors

that aided the process. The Special Education 2000 Policy Model (MOE, 2000) requires

early intervention practices to be "based on an ecological and inclusionary model of

special needs" (p. 38). Early intervention providers have their own methods of assessment,

including observations, narrative, learning stories and criterion referenced tests (MOE,

2004b). They must cooperate with whānau and use a venue which is familiar to the child.

Systematic records must be kept (MOE, 2004b). Providers are expected to keep up to date

with assessment methodology. Learning Stories have been shown to be useful and

practical in assessing the individual learning of children with diagnosed special needs

(Barry & Dunn, 2003; MOE, 2004a; Williamson, Cullen & Lepper, 2006) but narrative

assessment has not yet been used in the identification of special needs as the emphasis is

on making learning visible not documenting children's difficulties .

Guidelines for identification of children's special needs

In holistic assessment "knowing the child" rather than the label "is the most important focus" (MOE, 2000 p. 14) however labels are acknowledged as useful in guiding treatment and this is certainly the case with trauma. MOE (2000) clearly indicates the worth of multiple contexts and an integrated approach to the assessment of special needs but also includes lists of signals: observable signs, symptoms, complaints or observable behaviours, as ways of "identifying and assessing children's learning and development" (p. 17). Some of these, like the presence of "excessive or frequent bruises, welts or swelling" (p. 18) and descriptions of children's behaviours such as daydreaming, "acts out, appears stubborn, shy or withdrawn" (p. 17) and "appears easily disturbed by loud noises" (p. 18) are valid signs of trauma when seen in connection with traumatic experiences. Also relevant to the detection of possible trauma are "less obvious special needs" (p. 497) which Fraser (2000) says are often subtle, context specific and known only to the family. These include stressful home circumstances and abuse. The input of "whānau/parents and other family members" (p. 15) is invaluable to this process (MOE, 2000). When planning an individual programme of positive guidance the educator is advised to take note of the family circumstances, consistency between the centre and the home, the individual child's developmental level and personality (MOE, 1998a).

Katz (Kids Source Online, 2006, cited in MOE, 2000) warns that if a problem such as shyness or fear prevents the child "from enjoying childhood pleasures...help is called for" (MOE, 2000, p. 21). Her categories alert parents to a spectrum of behaviours and allow for cultural variations, but also warn parents of dangers. She explains that "difficulties in any

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single area are no cause for alarm" and that problems are not irreversible but that
sometimes for many reasons "a child's life situation is a bit out of adjustment with his or
her emerging needs" (p. 19). This list, though, is only available to parents if teachers have
supplied it. In their study Bourke et al., (2002) found a lack of information about special
education in early childhood and long delays in assessment that meant special needs were
not effectively met.

Identification of abuse

Reporting of abuse is not mandatory in Aotearoa/New Zealand but centres must have a
policy that relates to child protection (New Zealand Government, 1998). A child protection
policy should be in line with The Child, Young Persons and Their Families Act (1989,
1995) which promotes interagency co-operation. Though "[A] central principle of the law
is to involve families, and family groups, whānau, iwi and hapu in decisions affecting them
and their children," "the welfare and interests of the child or young person comes first"
(CYF, 2001, p. 2). Reporting suspected abuse is voluntary. Some may see it as a breach of
privacy but centres must take care to collect, store, use, access and disclose personal
family information in line with The Privacy Act, 1993 (MOE, 1998b). CYF (2001) states
the law will protect you if you disclose or supply information "in good faith" (p. 30). The
Children and Young Persons Amendment Act, 1994, legally defines abuse in
Aotearoa/New Zealand as "the harming (whether physically, emotionally or sexually), ill–
treatment, abuse, neglect or deprivation of any child or young person (CYF, 2001, p. 7).
How to deal with a disclosure of abuse from a child as well as recognize and record
suspicious parental behaviours is described in CYF's (2001) interagency guide. Because a

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traumatic experience can affect the whole family and alter the way the family interacts

Greenwald (2000, p.15) strongly recommends the "direct observation of family

interaction" as a diagnostic tool. CYF (2001) agrees.

More than 20,000 families were assisted by CYF according to their annual report

(Department of Child, Youth and Family, 2005) but no details as to the age of the children

or reason for help was available. The practitioners in Cherrington's (2002) study

highlighted "the difficulty of weighing up their responsibility to ensure children were

protected from abuse against their concerns about the impact on family life if they were

wrong" (p. 33). "Fear of being wrong is the single most common reason" people fail to

notify CYF about suspected child abuse (CYF, 2001, p. 29). This includes the fear of being

thought insensitive, disloyal or untrustworthy and fears about repercussions. Palmer et al.

(2001) found legal culpability, deterioration of parent-teacher relationships, increased time

commitment, and responsibility for documentation were the difficulties elementary

teachers had in working with community services to assist children they suspected had

been abused. Fear of getting it wrong and doubts about whether effective support would be

offered were raised by the teachers in Aspden's (2003) study of special needs referral. In

order to develop valid and reliable indicators of abuse and neglect the Ministry of Social

Development in Otago/Southland are about to investigate current statistics (Gaffney &

Lawerence, 2006).

CYF (2001) asks adults to think about the rights and welfare of the child and suggests the

remedy to overcome reluctance to report is to "equip ourselves with good knowledge" (p.

30). Rodriguez (2002), however, surveyed professional attitudes to child abuse reporting in

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New Zealand and found that many professionals believed child protective services were overloaded. This could influence their decision to report abuse (Rodriguez, 2002). Palmer et al.'s (2001) study suggested that the teachers had limited preparation for this work and that many schools lacked policies on this issue. Centres in Aspden's (2003) study lacked policies for special needs referral. A special needs policy is an appropriate place to include procedures relating to trauma. The need for such a policy is not specifically mandated, however, in contrast to the necessity of a child protection policy (New Zealand Government, 1998). Despite this, Cherrington (2002) found many centres did not have the required agreed upon protocols for responding to suspected abuse.

Can teachers identify trauma?

In Aspden's (2003) study teachers were quite confident in their ability to refer children for early intervention. However children with high needs were referred more often than those with less obvious special needs, especially those with social/emotional and behavioural concerns, and all teachers expressed regret that because of their lack of confidence or experience a child or children had not been referred. Failing to refer children for extra support is, however, different from being unable to identify special needs. In Australia, Sims et al. (2000) interviewed teachers from 45 centres in areas of high refugee populations or centres known to work with refugees. They identified a range of trauma symptoms including withdrawal, chronic fear, clinginess, over-dependent behaviour, sleeping difficulties, some aggression and mood disturbances. Chronic fear was also observed in children known to be living in homes with violence (Sims et al., 2000). Sorin's (2005) comparative study of caregivers' responses to fear in Australia and Canada, though,

found that caregivers could miss or misinterpret children's fear and fear displays. She (2005) suggests caregivers should plan curricula to address issues of fear and other emotions based on an understanding of the children and their socio–cultural background. Sims et al. (2000) found the teachers in her study provided supports for children's emotional problems themselves and only called in other agencies when they had exhausted all their ideas.

In line with Cherrington's (2002) recommendations Aspden's (2003) study found that more than two thirds of her respondents indicated that decisions to refer were made as a team, but Aspden (2003) also noted that teachers might acquiesce to others who were in authority or had more qualifications or experience. The final decision was often made by the supervisor, and several supervisors or head teachers made referral decisions on their own (Aspden, 2003). Very few teachers referred as individuals. This highlights the place of team work in centres.

Working as a team

Teachers in McLeod's (2003) study of ten childcare centres considered their teams to be the teachers they consistently worked closely and intimately with in their room; Sensitivity to each other's needs and feeling able "to ask for help in difficult situations" (p. 107) were key attributes of team membership (McLeod, 2003). MOE (1998b) suggests opportunities are needed "to explore and debate personal beliefs and practices" (p. 17) and Nuttall (2003), too, observed the importance of exploring prior knowledge and assumptions outside of teaching or in non–contact times. Calmer (2003) also urges

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teachers to be aware of their own beliefs and the part they play in problem solving (Calmer, 2003).

Teachers must employ honest and direct communication with team members (Brunelli & Schneider, 2004; McLeod, 2003) but Aspden (2003), Cherrington (2001), and McLeod (2003), reported that there were times when teachers had difficulties in raising concerns with colleagues. Jeffries (2004) states that conflict should be "understood as part of the learning/changing/growing process" and the resulting disequilibrium accepted as part of the process (p. 70). In her work with teachers, Whalley (2001), though, found that her staff members needed consistent professional support in order to "to remain open to criticism and to appraise their work critically" (p. 138).

Pressure for a team to make quick decisions can lead to uncritical and conforming assessments rather than problem solving (Scrivens, 2001). Brunelli and Schneider (2004) suggest the formation of a shared mission statement to orientate decision making. The self–review process is seen as "integral to achieving positive learning outcomes for children and improving the quality of education…" (MOE, 2005, p. 3). Sims et al. (2005) associated high quality centres with teachers who had an understanding of the centre philosophy and participated in the centre's annual review. Unfortunately, Mitchell (2003) and Nuttall (2003) highlighted the limited non-contact time teachers had to analyse and critically reflect on assessment and planning. Brunelli and Schneider (2004) claim that management sensitivity towards staff will result in sensitivity towards team members and centre families. This was the finding of the Duncan et al.'s (2005) study, too, which drew

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attention to the importance of stable staff, non-contact time, favourable child ratios and group sizes as important in supporting stressed families.

Working with parents/whānau

Collaborative parent/practitioner partnerships in early childhood are strongly linked with children's well-being and learning (Lewis & Ippen, 2004; MOE, 1996, 1998b, 2000; Simpson, 2005; Stonehouse & Gonzalez–Mena, 2004; The National Working Group, 2001). The DOPs and the curriculum (MOE, 1996, 1998b) are clearly aimed at involving and empowering parents/guardians and whānau in information sharing and decision making. Whānau includes family members, those linked by kinship ties (whakapapa) and people who come together for a common purpose (kaupapa) (MOE, 1996). Educators are urged to be welcoming, open minded, active listeners and respectful of different approaches and other points of view when working with parents and whānau (MOE, 1998b).

In Duncan et al.'s (2005) study, supporting families included making them feel welcomed and comfortable enough to discuss issues and problems. Miller (1996) advocates establishing a rapport with families from the first meeting. She (1996, 1998) with Draper, Duffy (2001), Duncan et al., 2005, and Mitchell, 2003, state it is important to show an interest in the child and let the parents talk about themselves and their family. Stonehouse and Gonzalez–Mena (2004) suggest that practitioners should acknowledge and appreciate the parents' relationship with their child. This is confirmed by Wylie et al. (1996), who noted that teachers' reports of very good or excellent relationships with parents were

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associated with a lack of negativity in the teachers' views of the children. Sims et al. (2005) found low stress levels among children in centres where there was regular contact with families.

Although Draper and Duffy (2001, p. 148) state that working in partnership with parents "widens [teachers'] views on families and family life," adding a new dimension to their teaching, Stonehouse and Gonzalez–Mena (2004) discuss these ideas in more depth and point out attitudinal changes that may be difficult for practitioners. For example, Guo's (2005) study, affirmed a lack of confidence in communicating with Asian parents with limited English and different parenting practices. Guo (2005) found some teachers did not think they needed to communicate with Asian parents because "they believed they had appropriate strategies for [the Asian children]" (p. 132).

Many families in Duncan et al.'s (2005) study valued the informal interactions with teachers that took place when they dropped off and collected their children. These helped to build trust and were felt by the families to be more respectful of their schedules than more organized formal meeting times (Duncan et al., 2005). Learning Stories and narrative assessment have proved valuable in improving teacher/family partnerships, too (Carr et al., 2003; Mitchell, 2003; MOE, 2004a). But Duncan et al. (2005) found that some families did not desire increased involvement, presumably beyond the minimum their children's attendance required. Some families felt that the teachers did not need their assistance, knowledge or other resources. Some even chose to keep their children at home when things were particularly stressful (Duncan et al., 2005). This must be an impediment to

partnership, especially at times of trauma when families must pursue other matters such as the medical or legal and balance these with the everyday commitments of family life.

Discussing sensitive concerns with families can be challenging too (Aspden, 2003). Families and whānau who are experiencing traumatic events may be difficult to engage in centre life, especially if supportive and trusting relationships have not been established. Collaborative problem solving with families helps ensure solutions that are more in keeping with their "values, culture and dynamics" (Klapper et al., 2004, p. 143). This is advised by the MOE (1996, 1998b, 2000). Providing families with information that helps them to make links with early events in the child's life and the presenting problems is promoted by Klapper et al. (2004). Planning with the family gives teachers opportunities to explain and model strategies. Families can also assist teachers; supporting them with information, for example legal or medical knowledge, resources (including other professionals), a greater range of problem solving ideas and both emotional and practical support (Duncan et al., 2005; Stonehouse & Gonzalez–Mena, 2004). However, trauma can affect the parent child relationship (Gaensbauer, 2004b; Van Horn & Lieberman, 2004) and parents may be reluctant to discuss this with a teacher still enjoying a good relationship with the child. Gainsbauer (2004b), Van Horn and Lieberman (2004) advocate finding ways of repairing the parent–child relationship, in particular the loss of trust. Teachers can help with this process.

Tricia (1993) surmises "the educator is in a special position" and "may be the closest adult ally outside the home" (p. 10). They can role model and foster recognition of the child's emotional cues (Van Horn & Lieberman, 2004). Parents, particularly first time parents and

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others who found parenting challenging, in Duncan et al.'s (2005) study, commented that they had learned a great deal from watching teachers interact with the children". The teachers in turn, reported using role modelling and talking through options and strategies for addressing behavioural concerns with parents (Duncan et al., 2005). A possible challenge in traumatic situations is that of aligning with abusive or neglectful families in order to assist the child (Klapper et al., 2004) but a supportive stance for these families can elicit more information and parental co-operation (Van Horn & Lieberman, 2004). Furthermore, the early childhood centre itself can play an important part in combating isolation in communities with few amenities (Duncan et al, 2005). Time out from childcare can be useful for parents, especially when accessing agencies, professionals and institutions such as Group Special Education (GSE), lawyers and hospitals. The benefits from being temporarily relieved from the practicalities of caring for young children should not be overlooked. Overwhelming partnership is reliant on reciprocity and trust. Ironically, the ability to trust is severely threatened by traumatic circumstances.

The importance of trust is especially clear when consideration is given to the gate keeping power of adults in providing children with resources, opportunities for interactions and assistance in developing relationships (Atwool, 2000; Duncan et al., 2005; Simpson, 2005; Stonehouse & Gonzalez–Mena, 2004; Van Horn & Lieberman, 2004). Above all, the child's well–being rather than the smooth operation of the centre must be the aim of the partnership (Stonehouse & Gonzalez-Mena, 2004). Duncan et al. (2005) acknowledge this work requires "highly trained, skilled, culturally appropriate and empathetic practitioners" (p. 90). Such teachers are not only essential to the child but also a primary support for

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families (Duncan et al., 2005). The pursuit of responsive reciprocal relationships between families and teachers is advantageous to all concerned.

Working with the community

In order to "work effectively with children and their parents/guardians and whānau" educators are also directed to "seek when appropriate information and guidance from specialist services" (MOE, 1998b, p. 53). As "the well–being of children and families is influenced by their culture and social background", educators should consult with the family to make sure "the process is culturally appropriate" (MOE, 1998b, p. 53). Being able to access expertise from outside agencies, especially to assist the adult members of a family, can free up teachers to work with the children (Duncan et al., 2005). However, the inflexibility of appointment times and the procedures of some support agencies can be off-putting to some parents and teachers who are aware of this may be reluctant to recommend services that might upset relationship with the parents (Duncan et al., 2005).

It is important, though, to recognize that different specialisations offer an important part of the evaluative puzzle (Klapper et al., 2004). GSE now has a traumatic incident team whose role is to support the safe learning environment in schools and centres when there is a "sudden and/or significant disruption" to the centre or within the community, or when there are significant dangers or risks to the well-being of the children or others at the facility or within the community, such as a fire in the centre or the sudden death of a teacher (GSE, 2005, p. 2). This team aims to work alongside the staff advising on processes and responses, identifying potential risks and avenues for support. GSE

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recommends the Skylight Trust, the *About My Feelings* books, which have been written

particularly to "support the principles of Empowerment, Family and Community and the

Strands of Well–being and Belonging" (Learning Media, 2005, p. 1), and the book *Starting*

Young: Supporting Children to Deal with Change, Loss and Grief in the Early Years by

Lois Tonkin (2003).

Help may also be needed from a variety of professionals such as speech language

therapists, psychologists and occupational therapists. They can all play a part in diagnosis

and treatment planning but will need to come together with the family and maintain

regular communication (Klapper et al., 2004). Teachers and support agencies (Duncan et

al. 2005) noted the importance of co-ordination and co-operation between services. CYF,

though, may be approached without family permission (CYF, 2001) when a teacher has

concerns about the safety and care of a child, but these concerns are not shared by the

family.

Miller (1996, 1999) advises teachers to get to know other professionals and establish a

respectful working relationship with them as part of everyday practice, not only to help

parents with referrals but to ease the process in more stressful times. Palmer et al. (2001)

reported teachers had difficulties in successfully integrating teaching practice with

interagency collaboration for at risk children in part because of lack of training and school

policies. In Aotearoa/New Zealand, DOP (10) requires each centre to implement policies,

objectives and practices which must be "inclusive, equitable, culturally appropriate" and

"regularly evaluated and modified" (MOE, 1998b, p. 63). They should be consulted and

reassessed routinely in teacher reflections, staff meetings and centre reviews. In addition,

The Early Childhood Education Code of Ethics for Aotearoa/New Zealand (The National

Working Group, 2001) provides a set of "shared values" (p. 9) to abide by in making

decisions and addressing the possible conflicting interests of employers, the child and his

or her family (Cherrington, 2001, 2002; Miller, 1996, 1999; The National Working

Group, 2001).

The relevant policies might address parent involvement, child guidance, child protection or

privacy. Regulations 33, stipulates that "every centre must "formulate and apply a written

policy on management practices for child behaviour…" (New Zealand Government, 1998,

p. 13). A child guidance policy should be based on The Education (Early Childhood

Centres) Regulations 1998 (New Zealand Government, 1998) and *Providing Positive*

Guidance (MOE, 1998a), which state that every child should be treated with respect and

dignity, offered praise, encouragement and "positive guidance directed towards promoting

behaviour that is appropriate for the child's stage of development" rather than blame, harsh

language, belittling or degrading responses (MOE, 1998a, p. 5, New Zealand Government,

1998, p.14).

In order to be truly informed about the ethical decisions they are making, teachers need to

have an understanding and be able to reflect on their own feelings and needs (Rolfe, 2002).

Though Cherrington (2001, 2002) observed that some practitioners made decisions for

practical reasons such as legal obligations rather than out of concern for the child's well–

being she also noted that teachers were mindful of maintaining relationships with parents

and able to intercede and advocate for the good of the child. In order to be prepared for

times when difficult choices have to be made Cherrington (2002) recommends centre teams discuss possible scenarios and ways of ethically handling decisions in advance.

Self knowledge

The vulnerability and helplessness of young children can provoke powerful feelings and reactions which necessitate the careful preparation and supervision of those who work with children at risk of trauma (Osofsky, 2004b). Teachers must recognize their own emotional responses, strengths and weaknesses when working with these children and their families ((Brunelli & Schneider, 2004; James, 1994; Osofsky, 2004b; Rolfe, 2002) In Sims et al.'s (2005) study teachers' awareness of their own biases, attitudes and behaviours and the ability to reflect on practice was associated with the children's low stress levels. Alat (2002), too, advises teachers to acknowledge their feelings with friends, colleagues or relatives and use relaxation techniques to manage stress and have fun. They must secure their own emotional well–being while nurturing the well–being of the child.

Nurturing the well-being of the child

Much of the research on the best ways to nurture the well-being of children at risk of trauma is based on the field work, case studies and experiences of clinicians, therapists and teachers who have worked in their field for many years.

Trust and relationships

The physical, emotional and spiritual well–being of children is dependent on their relationships. It is vital that every child, particularly those experiencing trauma and stress

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is provided with a safe haven and an interactive relationship with a warm, caring, competent adult (Alat, 2002; Caughey, 1996; Gallagher, 2005; Gilligan, 2005; Good, 1996; Gootman, 1996, 1997; Hopkins, 2002; MOE, 1996; Perry, 2004a, 2004b, in press; Oates, Gray, Schweitzer, Kempe & Harmon, 1995; Rolfe, 2002; Schwarz & Perry, 1994; Sims et al., 2000; Sims et al., 2005; The National Association for the Education of Young Children, [NAEYC],1993; Van Horn, 2004; Van Horn & Lieberman, 2004; Wallach, 1991). When a child has felt horrified, helpless and perhaps shamed in the face of trauma, the restoration of trust is a fundamental requirement (Gaensbauer, 2004b). Following traumatic events or circumstances, the young child perceives the world as unsafe, volatile or chaotic and must experience again the everyday patterns of life with people who are considerate and predictable.

Stable relationships with people who are sensitive, consistent and give a sense that they are "in control", are essential to the child's recovery (Perry, 1994. p. 2). Adults who appear anxious, disorganized and confused are frightening to children at risk of trauma (Perry, 2004a). Secure relationships and authentic experiences with teachers, families and resources promote a sense of "belonging and connectedness" that link to well–being (Simpson, 2005, p. 25). Though people are crucial; places, things and activities are also important (MOE, 1996). Katz and McClellan (1997) note that "sustained relationships must have content" (p. 11) and be based on interests or topics in the curriculum, rather than on the teachers' efforts to change undesirable behaviour. There must be opportunities for the child to respond to the world not merely exist within it.

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If life is to be predictable again, routines and information about up coming events, even such seemingly minor details as warning that an activity is about to end, are useful (Caughey, 1991; Gallagher, 2005; Klapper et al., 2004; Mann & Kretchmar, 2006). Adults must also listen to children (Atwool, 2000; Klapper et al., 2004; Miller, 2000; MOE, 1998a; Rolfe, 2002) and give them opportunities to make choices, empowering them to take back some control over their lives (Caughey, 1991; MOE, 1998a, 1998b; Perry, 1995; Rolfe, 2002). This, along with planning for transitions and acknowledging the children's feelings, including the fact that the child might not want to be there, empowers and supports the healing of the child (Klapper et al., 2004).

Children also need to know the limits and boundaries, and these should be taught in a way that encourages the child to develop self–control (Caughey, 1991; Gootman, 1996, 1997; Hopkins, 2002; MOE, 1996, 1998a; Perry, in press; Oates et al., 1995, Wallach, 1993). Much praise and encouragement for prosocial actions and achievements will be needed (MOE, 1998a). Due to the damage they have sustained traumatised children, may find it difficult, especially at first, to comply with the limits (Klapper et al., 2004; Mann & Kretchmar, 2006; Wallach, 1993). Repetition is the key to all learning in the early years (Oates et al., 1995; Perry et al., 2000; Van Horn & Lieberman, 2004) and this is true whether it is establishing boundaries or learning to trust in relationships.

The advantages of play

Play evokes pleasure, which compels repetition, and with repetition comes mastery and a sense of accomplishment and confidence (Perry et al., 2000). Play and the opportunities it

gives children to learn co-operatively, express themselves, especially their feelings, initiate activities, make choices and have fun is valued by many (Alat, 2002; Caughey, 1991; Gootman 1996, 1997; Hopkins, 2002; Klapper et al., 2004; MOE, 1996, 1998a, 1998b; NAECY, 1993; Perry et al., 2000; Rolfe, 2002; Schwarz & Perry, 1994; Sims et al., 2005; Wallach, 1993).

Play also gives children opportunities to role-play and act out the traumatic events in their lives (Gaensbauer, 2004a, 2004b; Klapper et al., 2004; Schwarz & Perry, 1994; Tonkin, 2003; Van Horn & Lieberman, 2004). However, Perry (1994, 1995) and Schwarz and Perry (1994) recommend the observation and recording of the play. Play should be stopped if activities are upsetting or re-traumatising children (Gaensbauer, 2004b; Perry, 1994; Schwarz and Perry, 1994). Therapists are advised to prevent children's out-of-control behaviours and powerful emotions (Klapper et al., 2004; Van Horn & Lieberman, 2004). Teachers, need to know when play ceases to be safe. The younger the child the more problems he or she is likely to have distinguishing the safety of therapeutic play and general discussion, from the actual trauma (Gaensbauer, 2004b). Even though aggression in play can be upsetting to adults, it has its place in healing (Atwool, 2000; Caughey, 1991; Van Horn & Lieberman, 2004) but adults must ensure that neither the child at risk of trauma nor other children are the targets of aggression (Klapper et al., 2004). Some activities are best avoided, restructured or limited to prevent escalation of symptoms (Schwarz & Perry, 1994; Perry, 1995).

Problem–solving and social skills are often part of play and these too, are important (Gootman, 1996, 1997; Oates et al., 1995; Wallach, 1993). Skills such as conflict

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resolution and appropriate communication, however, may need to be specifically taught, along with specific language therapy (Gallagher, 2005; Katz &McClellan, 1997; Miller, 2000; NAEYC, 1993; Oates et al., 1995; Perry, 2004a). Perry et al. (2000) proclaims, however: "Play, more than any other activity, fuels healthy development of children –and the continued healthy development of the adult" (p. 2). Play and the repetition that accompanies play helps organize the neural systems so that a child becomes able to perform more complex tasks (Perry et al., 2000).

Attention to appropriate and holistic developmental needs

An holistic approach to development ensures that all activities and contexts are meaningful and appropriate to the individual child (MOE, 1996). Perry's brain research reveals that brain development is sequential, starting with more regulatory regions in the brainstem, controlling such things as co-ordination, and progressing to the cortical area of complex thoughts (Perry, 2004a). This means that when a child experiences trauma, treatment must be targeted with activities that are sensitive to that area of brain developing at the time (Gaensbauer, 2004b; Perry et al., 2000). Children who have been subjected to neglect or who have experienced trauma at a very young age but were not helped to move on from this stage must begin with treatment that influences the brainstem functioning as this is where many automatic reactions to threat have been stored (Perry, in press; Perry et al., 2000). These children cannot be expected to express their feelings in words or listen to long explanations; their rehabilitation must start with activities similar to those that nurture the safety and security of babies or toddlers.

In the first year of life, optimum experiences include rhythmic and patterned sensory input plus auditory and tactile activities such as massage (Miranda et al., 1998; Van Horn & Lieberman, 2004). Following on from the massage and touch therapy, music, movement and sensory experiences that are predictable and non- threatening are particularly applicable. MOE (1998a) states the importance of "affirming body language ... such as stroking, hugging or cuddling a child on a lap" (p. 18). Gallagher (2005) Perry (in press) and Rolfe (2002) suggest that children, especially those with attachment difficulties may require rocking and cuddling but Perry (2004b) and MOE (1998a) warn that adults must take the lead from the child concerning the level of touch the child feels happy about and be careful not to interrupt the child's play.

Sensory activities are used by two practitioners in their work with abused and special needs children, respectively. Caughey (1997, p. 22) describes "manipulating materials like clay" as giving opportunities to serenely extend concentration and providing a deep involvement "so necessary for ... early development". J. Wylie (2003) lists children's responses to "musical playfulness, humour, warmth and love" as giving opportunities for success, building self esteem and contributing to a sense of well–being and belonging. The limbic area of the brain develops after the midbrain and "facilitates emotional regulation" (Miranda et al., 1998, p. 3). Dance, play, art therapy and the discovery of nature are all experiences that help this area of brain development. These activities are important as traumatised children need to learn to regulate emotion and re-establish "trust in bodily sensations" (Van Horn & Lieberman, 2004, p. 117) so that natural, affectionate and safe touching can be enjoyed (Van Horn, 2004). Regulation of emotions is a key component of well–being (MOE, 1996).

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The cortical area, which is concerned with abstract thought, is the last area to be developed and it is here that storytelling, drama, art therapy, writing and even opera can be helpful. Art, story telling and sensory activities can all help develop the child's knowledge of the world and give expression to the feelings within the child (Alat, 2002; Gootman, 1996, 1997; Tonkin, 2003; Wallach, 1993). Miranda et al. (1998) advocate the use of narratives, starting with the simple and progressing to the complex. Gaensbauer (2004b), too, uses storytelling even for children just beginning to talk as their receptive language can be more advanced than their fluent expressive language. When children are able, their participation in co-constructing narratives with their parents can help "fill in details, provide explanatory background and identify" their feelings and those of their parents when the crisis occurred (Gaensbauer, 2004b p. 1999). Naturally, children may share these narratives with their teachers and it is important that teachers, like parents, learn to respond in helpful ways. Teachers may need professional support at this time (MOE, 1998a).

Influencing perception

Caughey (1996) uses narrative in a different way; to explain what she sees happening in the classroom and to offer other more positive perspectives about what the children are doing. Because of the trauma these children may believe they are "'crazy', 'bad', and 'unlovable'" (Van Horn & Lieberman, 2004, p. 125). MOE (1998a), too, advises implementing a programme of interaction that shifts the child's perception from a negative to a positive self-image. Children may find it unsettling to have these negative pictures of themselves challenged but this process is essential if they are to think of themselves in a

positive way (James, 1994). In nurturing well–being, teachers are advised to develop a child's sense of personal worth that is not dependent on today's behaviour or ability (MOE, 1996).

In this way children's experiences are validated and their reactions seen as legitimate and universal responses to overwhelming events (Perry, 2004a; Van Horn & Lieberman, 2004). To enable this Perry (1994) encourages caregivers to talk with children about the traumatic event. He (Perry, 2004b) recommends giving information which is age– appropriate but helps the child "make sense" of the experience (p. 5). Children, like adults, will speculate and invent explanations for themselves that might be "more frightening and disturbing than the truth" (Perry, 2004b, p. 5). The honesty and openness of the adult's responses will help the child develop trust. Again Perry (2004b) advises taking the lead from the children; listening and answering questions, but not over–reacting or avoiding the subject even though the adult may have no explanations.

In addition, the child's accurate perception of danger and appropriate responses should be fostered as this can be impaired following exposure to trauma (Schwartz & Perry, 1994; 1997; Van Horn, 2004; Van Horn & Lieberman, 2004). Judgements of others' behaviours can also be a problem. A child may have a tendency to interpret incorrectly a situation as dangerous and respond mistakenly. An adult can help a child who does this by providing warnings with simple explanations when changes are anticipated, deciphering other children's behaviours and narrating alternative explanations (Katz & McClelland, 1997).

Summary of section two: The role of an early childhood teacher

The strand of well–being refers to the physical and emotional health, and safety of the child. It includes Maori understandings of health (MOE, 1996, 1998b). The role of an early childhood teacher in the support of well–being is shown in the curriculum, regulations and support documents (MOE, 1996, 1998a; 1998b, 2000, 2004a, 2005; New Zealand Government, 1998). The value of relationships, one of the curriculum principles, is evinced in the literature as vital to well–being (Burke & Kimes Myers, 2002; Duncan et al., 2005; Harvey & Evans, 2002; Sims et al., 2005). There is, though, a lack of cohesion in the expression of how to abide by DOP (5a) and no definition of well–being. The other principles also play an essential part in the assessment of well–being. Assessment is a major focus of current research (MOE, 2004a, 2006). This includes teachers' work with children and their families, in teams, with colleagues and other professionals; analysing, interpreting and making decisions concerning children's learning.

Identification of behavioural and emotional special needs and referral to other agencies or professionals appears challenging. Like the confirmation of trauma, it involves communication and co-operation with other professionals or the family. Though contact with teachers is generally valued by families, discussion of sensitive concerns and contact with all families is not easy (Aspden, 2003). Knowing and understanding themselves and others affects the teachers' ability to reflect and work cooperatively (Brunelli & Schneider, 2004; Calmer, 2003; Cunningham, 2004; Duncan et al. 2005; MOE, 1998b; Nuttal, 2003; Rolfe, 2002; Whalley, 2001).

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Researchers in classrooms and clinics reveal that well–being is fostered by warm relationships and interactions in a safe environment. Repetition and play are important but children need help to move on. Play and the opportunities it provides for developmentally appropriate activity must not be overlooked. Skill is needed to empower children to think more positively of themselves and their future lives. This is a vital and demanding role which deserves to be supported with relevant and up to date research.

The rationale for this study

The role of an early childhood teacher in identifying trauma is made challenging by the fact that much of the literature on trauma is medical or therapeutic and not easily accessible to those involved in education. Information that is especially relevant to the teaching of young children, such as the sequential development of the brain or children's memories, is only just beginning to appear in early childhood journal articles (Gallagher, 2005, Gaensbauer, 2004a). The need for warm, caring relationships, vital in the healing of trauma and the nurturing of well–being, however, is uncontested. Many useful approaches and techniques, honed in practice, can be found in articles and books, but the systematic review of their effectiveness is scant. Furthermore, in Aotearoa/New Zealand there is a lack of accessible statistical and qualitative information concerning children who have suffered trauma or abuse, especially those who have been referred for intervention. The presence and inclusion of these children in early childhood centres has received little attention.

The care and education of young children, including those at risk of trauma, is outlined in *Te Whāriki* and its support documents. Current research on assessment is in many ways relevant to the assessment and support of children at risk of trauma, and their families. However, the specific processes by which teachers come to identify the special needs of children, especially those at risk of trauma is at present dependent on traditional observation of signs and behaviours. Furthermore, this is a disturbing topic which is difficult to think of in connection with young children. The support of well–being requires assessment that takes into account multiple views, contexts and communication with many people. Many factors influence the outcomes of these interactions and many, mainly small studies have begun to examine these processes (Aspden, 2003; Bourke et al., 2002; Duncan et al., 2005; Mitchell, 2003; McLeod, 2003, MOE, 2004a; Nuttall, 2003; Wylie & Else, 1998). If children at risk of trauma are to receive suitable and at times specific assistance if and when they need it, the process cannot be left to chance. The experiences of early childhood teachers, their understanding and recognition of trauma and its effects on young children, together with their attempts to promote children's well–being at these times must be examined.

Chapter Three

Methodology and Procedures

First the research questions are listed and the use of qualitative methodology justified. Then the procedures including the recruitment of the participants, the choice of the interview, the ethical considerations, a description of the interview and analysis process and finally an examination of validity in qualitative research and the assumptions and biases that affected this study are explained.

The research questions

Attending to the needs of children who are experiencing or have experienced traumatic events is complicated by the variety of responses children and their families have to such circumstances. Centre policies provide the guidelines for such situations but each situation requires sensitivity, empathy and a tailor made response that takes into account the many individual factors. Moreover, early childhood teachers have a number of other commitments to attend to, including meeting the learning and developmental needs of all the children in their care and continuing to maintain the smooth operation of the room or centre. Concern for the children and teachers and interest in how the teachers balanced their responsibilities and made decisions at these times prompted these research questions.

1. How did these early childhood teachers respond to the possibility of children in their care being at risk of trauma?

2. What were the experiences of these early childhood teachers when identifying children at risk of trauma?

3. What were their experiences in supporting the well–being of these children?

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4. What were the issues the early childhood teachers faced when working with these children?

5. What would have helped these early childhood teachers in working with these children?

Qualitative research

Interest in the practices, strategies and issues experienced by early childhood teachers led to the adoption of a qualitative approach which would not only give the teachers a chance to tell their stories (Bauer & Gaskell, 2000) but would enable them "to interpret and find meaning" in their actions (Madjar & Walton, 2001). The researcher, in her turn, would also attempt to "make sense of, or interpret" the data "in terms of the meanings" (Denzin & Lincoln, 2003, p. 5) the participants placed on them. Denzin and Lincoln (2003) define qualitative research as "…a situated activity that locates the observer in the world. It consists of a set of interpretative material practices that makes the world visible" (p. 4). This study hopes to shed light on one small but important part of the early childhood world.

However, just as each experience is interpreted differently by each individual (Madjar & Walton, 2001), each interpretation may be unique to the time and place of the study. For example, **Barb**, one of the participants, was the only one to include car accidents as possible traumatic events and her interview took place on the day the researcher had been in a car accident. Understanding and making sense of the world is an ongoing and socially constructed process which in turn shapes future behaviours and interpretations (Bell, 1996,

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Hughes, 2001). This research data must be viewed both as resulting from and contributing to the researcher's and the teachers' professional knowledge and practice.

The research background

Qualitative research is especially appropriate for an exploratory study which asks questions about how small groups of people behave in certain contexts as well as the particular meanings they attach to such behaviours (Maxwell, 1996). Small qualitative studies have examined aspects of curriculum in Aotearoa/New Zealand (Cullen, 2003), trauma in relation to teaching practice (Palmer et al., 2001; Sims et al., 2000), and the way early childhood teachers identify children with special needs (Aspden, 2003). Interviews were included in the data collection for Aspden's (2003) study and McCleod's (2003) examination of leadership and were the only method used in the Palmer et al. (2001) and Sims et al. (2001) studies. The data collection method for this research was also interview.

Participant recruitment

Initially 12 volunteer participants were to be interviewed. Permission to interview their teachers was sought from the management personnel of two kindergarten associations and one private organisation with several daycare centres. A copy of this letter was supplied to Massey University Human Ethics Committee [MUHEC] as requested (Appendix A). Community crèches were approached individually and the participants themselves undertook to inform their governing boards. Similarly, daycares and private kindergartens were approached individually as described in the following section. Generally the centres contacted were within a 30 minute drive from the researcher's Auckland house for reasons

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of practicality, although the researcher was willing to drive considerably further if necessary.

A letter and/or information sheet (Appendix B) was sent to management teams and individuals following the initial phone calls to gauge interest. An email was sent to the local kindergartens after the associations had given permission to interview their members. Some participants who knew the researcher volunteered their participation at an early stage but the researcher was careful to follow this up with the information sheet and ensure they knew they were not obliged to take part. One associate, who revealed that she had relevant experiences, declined the opportunity to be interviewed, because she was concerned about the ethicality and confidentiality of discussing particular families and their experiences, despite being reassured that ethical permission had been granted. This was accepted and respected. With two participants a snowball effect evolved, as they contacted their associates and they, too, agreed to participate (Cannold, 2001). Those that expressed interest in proceeding were sent the consent form (Appendix C), the definition and questions (Appendix D). Interviews were arranged at mutually acceptable venues and times. One potential participant withdrew at this time because she felt she had no relevant experiences. Others declined to be interviewed on the initial approach. The final number of participants was seven. The interviews took place in Auckland between the months of February and September, 2004.

The participants' experiences and qualifications

All of the participants were female and qualified early childhood teachers. Though many were happy to have their identity known, it was felt safer to disguise their names and omit the names of the centres they worked in so as to protect the identity of families in the community whose situations might match those described in the interviews. At the time of the interviews the teachers worked in the Auckland region, but some had worked in other areas of Aotearoa/New Zealand. The women had taught and supervised in a variety of centres: daycare and community centres, public and private kindergartens. Many had been active members of their local communities in paid and voluntarily roles. Those who had been involved in the family co-operative Playcentre had attended at centre level and some had received pay or honoraria in centre support and Association roles. Despite the small number of participants their individual pathways to becoming early childhood teachers show a range of experiences. Two had worked continuously in early childhood education at centre and tertiary level and did not yet have children, others had had breaks from their careers when their children were born, and some had become early childhood teachers after being involved in their own children's early childhood education.

A variety of experiences and qualifications affect the way teachers see and work with other people. Table 3.1 shows the pseudonyms and approximate ages of the seven participants; their relevant qualifications; their years of work in early childhood centres and the type of centre they had worked in. The column "Other early childhood education experiences" refers to participation in early childhood education either in jobs outside of centres such as Parents as First Teachers (PAFT), tertiary teaching, or work, including volunteer work that

did not require a teaching qualification such as an educational support worker (ESW) or Playcentre parent. The last column refers to experiences that were child or family-focused but did not take place in early childhood centres.

Table 3.1 Teacher Qualifications and Experiences

Pseudonyms and age range	Qualifications	Years of ECE teaching	Other ECE experiences	Community and vocational experiences
Ann 26-35	Dip ECE	12 years daycare	Visiting practicum teacher Adviser to ECE centres	
Elise 26-35	Dip ECE (equivalent)	13 years daycare and community centres	Relieving in ECE centres. Tutoring at a nanny course.	Foster programme Plunket committee
Michelle 26-35	Dip Tch ECE B.Ed Dip E.I. Higher Dip M. Ed.	10 years fulltime 3 years part time kindergarten and daycare	Lecturer in ECE	Children's church Youth in need Pastoral care for church families
Barb 36-45	Higher Dip Tch	16+ years in ECE and community centres	Playcentre Parents as First Teachers GSE: ESW	Community nursing
Emily 46-55	Playcentre Federation Cert Dip ECE	11 years community centre	Playcentre	
Fiona 46-55	Dip ECE Dip Tch Primary	15 years private kindergarten and daycare	5 years primary teaching.	
Terri 46-55	Dip ECE B.Ed	7 years kindergarten	Playcentre Parent help at kindy Teacher's aide at kindy	

Key to the qualifications

Dip ECE:	Diploma of Teaching early childhood education
Dip ECE (equivalent):	Diploma of Teaching early childhood education
Dip Tch ECE:	Diploma of Teaching early childhood education
Dip Tch primary:	Diploma of Teaching primary education
Playcentre Federation Cert:	New Zealand Playcentre Federation Certificate
B.Ed:	Bachelor of Education
Higher Dip Tch:	Higher Diploma of Teaching
Dip E.I:	Diploma of Early Intervention
M.Ed:	Master of Education

The semi-structured interview

The semi-structured interview (Cohen, Manion & Morrison, 2001) was chosen as the method of data collection as it was the most appropriate way of obtaining "in depth and detail[ed]" (Patton, 2002, p. 14) recollections and thoughtful interpretations from the teachers within the time constraints of working with busy practitioners. The best use of time is an important consideration in research (Cannold, 2001). In fact, many of the teachers expressed an awareness of their professional duty to be involved in research projects but lamented that more pressing centre business often took precedence.

Though observation is both an assessment tool (Hamer, 1999; MOE, 1998b) and a research method with strong links to early childhood, it seemed unlikely that the centre management, staff, parents and children would feel comfortable being observed in matters linked to this sensitive topic. Interviews rather than questionnaires allowed a deeper level of involvement in revealing the detail and the insights of the teachers' experiences (Cohen et al., 2001). A high level of trust was considered necessary in order to access this potentially sensitive information (Hinds, 2000) and the one-on-one situation of an individualized interview was the best way to establish this (Fontana & Frey, 2003).

In order to "investigate each person's personal perspective" and individual context, aspects of unstructured interview and narrative (story telling) were incorporated into the research (Ritchie & Lewis, 2003, p. 58). Narrative in this research described the way the participants constructed their interviews; stories were told rather than questions answered and there was a sense of connectedness and even plot construction as teachers told of their experiences (Limputtong & Ezzy, 2005). To ensure a focus and make the best use of the

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teachers' time, a definition of trauma and open-ended questions were given to the participants prior to the interview (Appendix D). This encouraged the careful consideration of this complex matter and gave the teachers time to articulate their personal positions (Oliver, 2003). This was especially important as the sensitivity of this topic had the potential to put the teachers in a vulnerable position by exposing their practice to the researcher, and it was important that they were prepared and confident in their ability and commitment to participate (Cohen et al., 2001).

The participants were encouraged to tell their stories and answer the questions in any way that suited them. After the first two interviews, which served as trials (Merriam, 2001), the initial questions were changed to extend the focus from just one experience. Discussing more than one experience meant that the teachers were less likely to describe in detail one particular family and this helped protect the families' privacy; an important ethical consideration. This, also, led participants to think about the commonalities of various situations.

Ethical issues

As participant interviews were part of this thesis and the topic was of a sensitive nature Massey University Campus Human Ethics Committee required that the full ethical application be submitted for review and approval (Massey University, 2003). In the application, care was taken to emphasize the collection of the educators' experiences rather than the details of children and their families in potentially traumatic situations. An undertaking was given that no identifying family information was to be discussed in the

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interview and that written and verbal reminders concerning this would be given to the participants. The written statement simply said "A friendly reminder: No personal or family details will be recorded". The researcher also undertook to seek supervision on any ethical matters if and when they arose. It was felt that it was impossible to predict what concerns could arise but important to have a process in place for ensuring ethical standards were upheld. Along with the copy of the letter to management requesting permission to interview their staff member (Appendix A), the information sheet (Appendix B), the consent form (Appendix C) and the definition and interview questions (Appendix D) were included in the application.

The information sheet was sent to all who were willing to be interviewed. This detailed the topic, the current employment of the researcher, the process of participant recruitment and involvement and the participant's rights. It concluded with the committee's approval statement and the names and contact details of the supervisors. In the information, sheet the researcher stated that she would visit the centre, with permission of management, and provide consent forms and self-addressed envelopes to enable participants to contact the researcher privately. As initial contacts were often made in other ways (see below) the standard consent forms were often posted to the participants after they had seen the information sheet and agreed to be interviewed, and were collected on the day of the interview. As the researcher was also a tutor for early childhood educators who were working in the field, it was deemed necessary to exclude these students from the study, as the inequality of the respective roles could have led to undue pressure on the students.

Working with people who were already known to the researcher was another possible source of power imbalance. However, it was vital that the participants could trust the researcher. Participants were not directly invited to participate by the researcher; rather inquiries were made to whether anyone at the centre or workplace would like to participate, and attention was drawn to their already busy workloads so that they could honourably excuse themselves from any professional obligation to participate. The teachers who chose to participate were all professionals with several years' experience in the field and involvement in centres and communities. The provision of the definition and questions ensured that only those who felt they had relevant experiences participated, but questions were made broad enough for the participant to have some control of the interview dynamics (Cohen et al., 2000). The participants were informed that no payment was to be made and the voluntary nature of the involvement was emphasized both in the information sheet and in the ethics application. Times and venues were mutually decided. Participants were advised that they could withdraw at any time during the interview and up to six weeks following their interview.

As there was some risk of emotional distress from retelling these experiences, debriefing was included as part of the process and a list of counsellors' names and addresses was to be made available on request. Addressing emotional risk was an important part of the ethics application and the researcher also agreed to seek support for herself if she needed it and to work with these issues primarily through her supervisor, a registered psychologist. Similarly, any concerns involving Māori or those of another culture were to be addressed, if and when they happened, by accessing suitable advisers with the support of the

supervisor. The interviews were conducted in English and information was only available in English.

To further protect anonymity, any part of the data that could be used to identify the teachers' names or centres was excluded. This was explained to the participant at the end of the interview. The type of centre, such as kindergarten or community crèches, was included in the data as this had some bearing on the practice and was often referred to in the interview. The participants' rights during the interview as well as the process for verifying the tape were detailed in the information sheet. In the ethics application, the researcher also agreed to send a summary of the findings to the participants. This was also agreed to with one centre's management personnel.

Each transcript was accompanied by a letter thanking the interviewees for their participation, reminding the participants of the opportunity to add, subtract or alter any part and assuring them that the tape sounded perfectly natural, which indeed it did (Appendix E). Some attention was given to recording pauses or loud speech but details such as voice inflection, speed and emphases in the interview (Cohen et al., 2001) which would have added depth were not included in the transcript because of the problem of fairly and consistently assessing such attributes. Often the conversation continued after the taping and any relevant information was included in note form and specific permission sought to include this in the data. In the end, the lack of direct quotes from these notes meant that they were not used. Participants were also invited to bring supporting notes with them but these were retained by the participants. Finally, ethical considerations went far beyond the initial exercise of obtaining consent (Bone, 2005). Much thought was given to presenting

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the quotes in context, endeavouring to signify fairly the intent of the participants, and in analysing and interpreting the results in ways that honestly and meaningfully represented their professional and reflective responses to the questions.

The interviews

Participants were advised both verbally and in the information sheet that interviews could take up to two hours. They took between 45 and 90 minutes. The first questions were designed to be relatively straight forward and non-controversial in order to put the interviewees at ease. These included a choice of a pseudonym, the educator's approximate age, the early childhood qualification and the time elapsed between gaining first and any subsequent qualifications, years of experience in early childhood and experiences in related disciplines. At times the related experiences or the path to becoming fully qualified were stories in themselves and later proved important in contextualising some teachers' knowledge.

The definition of trauma with the examples provided some reassurance for the participants that they had information the researcher was interested in:

> Okay; so my experiences of working with children at risk of trauma, I really had to
> think about it because I thought, oh, I really can't think of anybody. But then I went
> back and looked at your definition I thought yes, I can think of some children I
> worked with (**Michelle**).

Broad questions such as "What experiences have you had in working with children at risk of trauma?" were included in order for the participants to make their own interpretations and to tell their own stories. One teacher commented that being able to have time to think

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about the questions in advance was very helpful as she had been able to add to her initial

responses over the week. Others seemed relieved when told that the questions would be

sent to them in advance. This was very important as all participants were anxious that the

interviews were on the topic and useful for the researcher.

From the pilot interviews, the researcher realized the impact of making comments,

particularly the difficulty of transcribing such complex discussions, and reflected on how

to perfect a style that showed she was listening but did not give the impression of approval.

These problems continued to plague the interviewer at times. This is discussed in the

section on bias. Fortunately, participants' views were generally made clear as they often

continued speaking over the comments and also both agreed or disagreed with comments

the researcher made as this excerpt shows. The researcher's comments are in italics. **Terri**

has just described the relaxed actions of a mother who attended a session only days after

her husband had died.

> *She must have been in shock, do you think?*
>
> Well, I don't know. You see he died on the Sunday night prior.
>
> *Oh, yeah.*
>
> And I think she had probably done a lot of grieving. We actually didn't know her as
>
> well as the other family.
>
> *Mm*

Participants told their stories at length often only referring back to the questions towards

the second half of the interview. The interviews didn't necessarily take a linear form as

participants touched on aspects as they came to mind and there was at times ambiguity, a

feature of validity in qualitative research (Kvale, 1997; Liamputtong & Ezzy, 2005). **Emily's** contradictory statements illustrate this.

> I guess like for me personally, there is the issue as an early childhood educator with a moral and legal obligation for the rights of the child and the welfare of the child so the bottom line was, it doesn't matter if you upset the parent or whatever it has to be an advocate for the child ... so if there has been clear documented situations where the parents have not been advocating, then we must intercede for the safety ...
> (**Emily**).

But when discussing the limitations of her role as an early childhood teacher she also acknowledged the primacy of the parental role.

> I think that no matter what circumstances the principle that well the child is at the heart of the matter and the principle is that the parents are the primary caregivers... and um one can only make suggestions ... the parent actually has to make those decisions and though you might not agree with their decision. I guess that might be an issue if you didn't agree with the parents, then, but I mean ultimately, it's clear that they are ... I think a lot of the times, you know, the parents even though they are in difficult circumstances themselves a lot of the time you know they have an emotional vested interest in the child. They actually work jolly hard ... (**Emily**).

Emily returned to these ideas several times and her narrative was more interesting than if she had simply answered the question to whether the child or the family's rights should be prioritized. Van Manen (1990, p. 18) reminds us that "lived life is always more complex than any explication of meaning can reveal". Kvale (1996) notes that the participant's ambiguity is a reflection of "the contradictions in the world the subject lives in" (p. 31) and the ambiguity expressed by **Emily** is also found in the DOPs (MOE, 1998b). This is

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explored more fully in the discussion. The seven interviews covered varied experiences with different kinds of trauma, the ways the participants identified "at risk of trauma", the various supports for children and their families and individual accounts of what helped and hindered this work. From this sample, ample information was obtained for analysis (Liamputtong & Ezzy, 2005).

The analysis

In health and social research narrative has been used to study the "turning points" in people's lives (Liambuttong & Ezzy, 2005, p. 134). Dealing with traumatic circumstances can certainly be a turning point for all those involved. For teachers, the identification of the traumatic situations in the lives of the children, the one-on-one interactions with these children or their parents, and in some situations the aftermath of trauma were possible times of change. When stressful circumstances were acknowledged often individual programmes were adapted to assist the children and their families. The participants often included in their interviews contextual and credible details, which gave their descriptions a natural and narrative quality. Analysis included the selection of data that convincingly depicted the circumstances and practices in the centre and addressed the research questions (Liambuttong & Ezzy, 2005).

Some aspects of narrative analysis, such as discourse analysis (Liambuttong & Ezzy, 2005), were used in interpreting this data. An example of this was the analysis of the pronouns the participants used when explaining how decisions were made. It was also used, for instance, in noting the confident manner with which some participants accepted

the definition, in contrast to the hesitation and referral to the trauma examples employed by others. However, contrary to narrative analysis the interview data, were not presented as a whole (Liambuttong & Ezzy, 2005). This was important as it further protected the anonymity of those who might recognize or be recognized in the sequences of events told by the participants.

In interpretation, "structures and relations of meaning not apparent in the text" are revealed (Kvale, 1996, p. 201). In this research, Bronfenbrenner's (1979) ecological model was used to interpret the data to show the many connections in the narrative and the multiple experiences that affected practice. Odom and Diamond (1998) used this framework in examining studies relevant to the inclusion of children with special needs and Duncan et al. (2005) also found it useful in conceptualising and interpreting the results of their study concerning family resilience and early childhood centres. Teachers play a significant role in children's lives. The interviews clearly linked the identification of trauma and the support of children's well–being with the maximizing of connections between the teachers, children, their families and support agencies in the community. Furthermore, some of the experiences that supported the teachers' judgements were also evident and the model helped to show these links.

The model starts with the microsytem, "the pattern of activities, roles, and interpersonal relations" experienced by the individual (Bronfenbrenner, 1979, p. 22). This forms the inner core of the model. The other systems meso, exo, macro and chronosystems form surrounding and influential layers (Bronfenbrenner, 1979, 1995). The teachers were the focus of this research so it is their microsystems: their families, friends, neighbourhoods,

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the centres they worked in and their interactions with the centre children, their families, the staff and others in the community that are described.

The mesosystem is "a system of microsystems" involving the different connections and environments the individual participates in (Bronfenbrenner, 1979, p. 23). When the teachers interacted with or passed on knowledge to parents without the children present or shared information with team members and other professional concerning the parents and children, but not in their presence, these were mesosystem relationships. When children shared home and family information with teachers in the absence of their families, these mesosystem interactions linked the child's microsytems, connecting the teacher to their family and life at home.

Settings that did not normally involve the teacher as "an active participant" but nevertheless affected the teacher were exosystem influences. They included family members of the children and others who did not directly communicate with or enter the centre but nevertheless affected the children's lives. Other professionals, regulations and policies that regulated and contributed to teachers' lives were also exosystem influences where there was influence but no personal involvement or interaction.

The macrosystem consists of the layers of overarching beliefs such as philosophical, spiritual, cultural, economic and political values that govern a group's behaviour. (Bronfenbrenner, 1979). In later years, Bronfenbrenner added the chronosystem which charts normative and non-normative experiences, transitions and continuities (Bronfenbrenner, 1986, 1995). Non-normative influences on lifespan development are the

irregular experiences that "happen to just one or a few individuals and do not follow a predictable timetable" (Berk, 2001, p. G–9). In Aotearoa/New Zealand, a normative, typical or average experience for a young child (Berk, 2001), would be starting school at five years of age, even though there is no legal requirement to do so until six. A nonnormative influence might be attending Small Poppies, a group aimed at supporting gifted children, being hospitalized for several weeks, or arriving here from a refugee camp. Analysis of the chronosystem also includes investigation of the patterns of socio-historic circumstances such as the increasing use of daycare centres to care and educate young children while parents are in paid employment (Bronfenbrenner, 1986).

The early childhood bilingual curriculum *Te Whāriki* has been a macrosystem and normative chronosystem influence on early childhood since its publication in 1996 (MOE). It covers "the education and care of children from birth to school age" (p. 7) and consists of strands and goals which "arise from the principles" and weave distinct patterns that are relevant to the particular early childhood service (p. 39). Three of these principles: Family and Community, Empowerment, and Relationships are particularly relevant to the Ecological Model (Bronfenbrenner, 1979; Kostenik, Whiren & Soderman, 1993; MOE, 1996). Applying this model to the interpretations of the data linked the professional, and in some cases personal, experiences of the teachers to practice. Moreover, this model is accessible and familiar to early childhood teachers (MOE, 1996).

The rules (Hughes, 2001) or principles of *Te Whāriki* helped "to make sense of [the teachers'] behaviour" (MOE, 1996, p. 36) and were used to examine and reorganise the data. The narratives were related to the principles and answered the majority of the

research questions regarding identification of trauma, support of well–being, the difficulties that arose and the help required by the teachers. The first question as to whether or not the teachers accepted trauma in regard to these young children was not related to the principles because trauma is only barely mentioned in the curriculum support documents (MOE, 1998b). Its acceptance depends on other experiences and it is these and not the principles that are highlighted. Application of this model highlighted the complexity of the teachers' experiences in this role.

The process of analysis and interpretation

The initial analysis of the data involved reading and searching the interviews for commonalities, themes and the answers to the research questions. Often two or three sentences from the narrative would express a particular point of view and a selection of different view points might be chosen to represent the range of answers to the questions. Where there was agreement among the participants, as in the importance of the parent in identifying trauma, the examples were chosen to give a feel for the different situations and happenings in centre life. Whether there were similarities or differences in their responses, the chosen narratives helped illustrate the way the social processes, such as identification, were construed by individual participants (Liambutong & Ezzy, 2005) and some narrative analysis was used to highlight these.

Although the condensed form of the data was the starting point for the interpretation, the original data was returned to again and again to ensure that impressions gained in the interviews were indeed supported in the transcript and that quotes were accurately

presented in context. In the initial stages of analysis, the information from the seven interviews was condensed into a coherent narrative (Kvale, 1996) with five sections: Defining Trauma, Identification, Supporting Well–being, The Issues, and Helping the Teachers. Further inspection of these themes revealed the many connections between the teachers, the children, their families and others. At this point, Bronfenbrenner's (1979) ecological model was used to further examine and interpret these associations and influences. When the experiences of the teachers in identifying trauma and supporting well–being were grouped thematically and related to the ecological model the principles of *Te Whāriki* emerged as an important macrosystem influence and as possible sub–headings. Three themes were highlighted: What prompted the teachers to accept that children might be at risk of trauma? How did they identify trauma? How did they support children's well–being? Finally, the last two sections were combined to illustrate the continuous and often simultaneous method that is assessment. This includes the processes of observation, identification and the adoption of supportive teaching practices. Paramount throughout this process was depicting the authenticity and relevance of the selected quotations.

Validity

Validity and qualitative research

There is much debate as to the relevance and type of validity that can and should be applied to qualitative research. Kvale (1996) describes the attributes of a valid argument as "sound, well grounded, justifiable, strong and convincing" (p. 36). Meadows and Morse (2001) state validity as one of the goals of a research project that must be considered at every stage. Their concern is the demonstration of "trustworthiness" (p. 197). This

demands rigour: a "systematic layering of evidence" in an iterative approach, which sees the researcher often return to the data, the literature and the analysis to ascertain the verification of the findings (p. 198). Kvale (1996) too, relates the validity and trustworthiness to the continual checking, questioning, and theoretical interpretation of the findings. Liamputtong and Ezzy (2005) agree there should be a connection between the methodology and the processes and procedural rigour in following and documenting the process, including the interpretation. They also consider "plenty of direct quotes and complete interviews", triangulation, ethical and political considerations and rigorous reflexivity contribute to validity (p. 41).

Validity and this research

Hughes (2001) relates interpretivist validity to the authenticity of the participant's voice. Narratives are "always 'local' and specific to particular circumstances with particular participants" (Hughes, 2001, p. 36). Knowledge is constructed through the interaction of the researcher and the participants in the interview conversation and is specific to that situation (Kvale, 1996). Making sense of behaviours is the researcher's job (Hughes, 2001). The guiding principles of *Te Whāriki*, which determine the role of early childhood teachers, helped in this process. Originally, it was hoped that some triangulation would add to the validity by the examination of the relevant centre policies such as child protection or child guidance. However, teachers were not specifically requested to supply these and as the experiences they discussed ranged over several centres, many years and in some cases other cities, it was not practical to access this information and thus provide convergent validity (Cohen, 2001).

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The central focus of researcher reflexivity, however, is on the researchers as they are part and parcel of "the setting, context and culture" they are trying to understand and analyse (Liamputtong & Ezzy, 2005, p. 41). This not only demands that researchers make explicit their "understandings, beliefs, biases, assumptions, presuppositions, and theories" (van Manen, 1990, p. 47), their "basis for creating reality" (Shank, 2002) in the writing up of the study but necessitates that researchers check throughout the interview their perceptions of the shared information. Summarising and feed-backing of the researcher's impressions to the participants, add to the reflexivity (Edwards, 2001; Kvale, 1996). Though this approach was adopted, in hindsight, there were several places in which this could have been improved. Unfortunately this was not obvious during the interview process. The following excerpt from **Barb's** interview demonstrates some clarification of impressions but also missed opportunities. The researcher's questions are in italics.

> The research is definitely out on the effects of separation therapy, you know, the parents … just trying to think of some other incidences … stress. You've got the basic things like shifting house.
>
> *Yes*
>
> For some children a big effect.
>
> *Oh right, so you've seen that in the centre with new children?*
>
> Mm, I was just trying to think. One child they shifted house and went back to sleeping with Mum.
>
> *Oh right*

In hindsight, the topic of separation therapy should have been followed up. **Barb** should have been asked what she understood the effects of separation theory were. This needed to happen in a way that didn't interrupt the dialogue or distract from the point she was

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making (Limputtong & Ezzy, 2005). A note could have been taken to return to the topic of separation therapy at the end of the interview.

Beliefs and other possible sources of bias

In reviewing the beliefs, understandings and assumptions that both drove the study and affect the validity, the researcher acknowledges her concern for children who have suffered trauma or continue to live with trauma and an associated interest in the affective domain and the part it plays in holistic development. Though the researcher values the assistance of other agencies in aiding these children and their families, hands-on experience has sometimes led her to question their priorities and processes.

Further suppositions are contained in the use of leading questions in the interview. The question "What experiences have you had with children at risk of trauma?" assumes the teachers have had these experiences (Cohen et al., 2001). Kvale (1996) admits that though this type of question can inadvertently affect the answers, depending on the topic or purpose of the investigation, they are often a necessary part of the interview. In this research, the questions were based on the theory that teachers had had experiences with children they identified as at risk of trauma (at least according to the supplied definition) and this restricted the pool of people available to participate. Though, participants appreciated receiving the questions before the interview, this may have pre-empted their responses.

With one exception, all the participants were known to the researcher. Perhaps this relates to the sensitive nature of the research. In fact, no participants took part in this research without personal knowledge of the researcher. Though this was helpful in establishing a comfortable and safe atmosphere for interviewing, it may have also consciously or unconsciously affected the participants' and the researcher's responses. Having personal knowledge about each other may have influenced the responses, especially if previous encounters with the person had led to assumptions about their experience and perspective (Cohen et al., 2000). Some participants had been known for several years, others had been met through work such as on student practicum assessment visits. The one previously unknown participant sought information about the researcher through a colleague, who by chance knew the researcher and had also taken part in the research. Recruiting participants in this way demonstrates the importance of "'positive' and 'affirming' interview experiences" (Cannold, 2001, p. 187).

There was also scope for bias in the choice of interview as the method of research. Some aspects of power imbalance have been discussed already and the concern that the researcher or the participants would be overly affected by discussing these sensitive issues addressed under ethics. It is hoped, too, that the status of the interviewer or the wish to be seen in good light did not unduly influence the teachers' descriptions of their practice (Cohen, et al., 2000). Many participants checked with the researcher as to the relevance of their replies. Cannold (2001) confirms that a common concern of participants is their anxiety that their information is what the researcher wants to hear.

Verbal and bodily responses can act as "positive or negative reinforcers" (Kvale, 1996, p. 158). When the first participant farewelled the interviewer, she commented that the interviewer's body language and sighs had made it very plain that some responses had been particularly enjoyed. Although attention was given to minimize such obvious responses, it also seemed important to indicate interest in what the participant was saying. A postmodern perspective on knowledge construction is acknowledged in this research as the data arose "in an interpersonal relationship" and at times was co- produced (Kvale, 1996, p. 159).

During the interviews, the participants' statements were clarified, further information was sought, and at times when participants lost their focus, they were prompted. Though the intention was to be helpful, such interruptions risked changing or redirecting the participant's focus, as the following excerpt demonstrates. The intention of this interruption was to show empathy with the participant; frustratingly it is now impossible to know what **Michelle** was going to say. The researcher's comments are in italics. **Michelle** has just detailed her experiences with two abused boys and then describes the attitude of the head teacher.

So if you suggested things or commented on things they were never acted on. And so I couldn't even really advocate for these children because she [the teacher] wouldn't allow me to.

Mm, yes, and you might make it worse?

Yeah, although now I look back and think I should have been much stronger; but I was really young and my first teaching; she was a much older teacher, really quite a strong personality and I

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Sometimes it makes it worse for people if they don't like it.

Mm and so I kind of had to kowtow a bit to her, I think; and I think there were

children we didn't get help for, because she was disillusioned.

In this quote, it is clear to the researcher that it is the teacher who would not advocate for

the children who is discussed but in some cases, despite the shared understandings at the

time of the interview, the transcription is unclear, interrupted or ambiguous and in these

cases the quotes have not been included.

The potential for distortion in the transcribing process is noted by Cohen et al. (2001) and

Kvale (1996). Despite supplying the transcripts to the participants, it is indeed difficult to

imagine that as the longest interview was 10,000 words and the shortest more than 3000,

the participants could accurately remember what was said; in reality, on the odd occasion

when words had to be recorded as unclear no-one suggested what the missing words might

be. Often the participant was more concerned that the number of *"you knows"* and *"ums"*

recorded showed them in a bad light; whereas to the researcher they indicated the

authenticity of the transcript and at times indicated the pauses that occurred when the

educators were expressing their ideas more carefully. To aid the flow and minimize

distractions from the key ideas, some *you knows*, unclear or repetitive passages and

researcher's *mmms* have been excluded from the quotes and indicated with ellipsis points

(APA, 2001).

Trust has been essential throughout this research. The researcher has relied on the integrity

of the participants and the honesty of their replies and they in turn have been prepared to

put their trust in their relationship with the researcher. Ultimately all who read the research will decide the veracity of these accounts for themselves.

Summary of the approach and procedures

In this chapter the research questions are presented and the use of an interpretive approach and the use of interviews justified. The research questions are presented along with the details of participant recruitment, the type of research and its procedures, ethical issues and processes. This was followed by a discussion of validity and its application to the data, especially the importance of trust. The process of analysis and interpretation of the data was then explained including the relevance of *Te Whāriki* (MOE, 1996) and the use of Bronfenbrenner's (1979) ecological model in displaying multiple influences and connections.

Chapter Four

The Results: The Teachers' Experiences

Through interpretation that draws attention to the multiple influences on their teaching practices this thesis seeks to understand the participants' experiences. The first section highlights the teachers' responses to the possibility of children in their care being at risk of trauma. The second section includes their identification of trauma in relation to the assessment of well–being. The data are organized in two sections: Accepting the Potential for Trauma, Assessing Well–Being.

Section one: Accepting the Potential for Trauma

Whilst some teachers confidently began their interviews in agreement that trauma potential existed others used the definition and examples of trauma to stir their recollections. The research reveals some of the influences of the teachers' own chronosystem, mesosystem and microsystems. Bronfenbrenner (1979) hypothesizes that the number of mesosystems in which the individual operates is helpful to development. These participants had lived and worked in different places and operated in many different mesosystems both with their own families and with the people at their centres. These experiences appeared to have contributed to their ability to recognize stressful and potentially traumatic environments, define important factors in the aetiology of trauma, and to question the inevitability of trauma.

Recognising trauma

Two teachers were instantly connected to the topic of trauma. For **Barb** there was no doubt that the potential for trauma existed. Many examples came to mind. In the case of **Ann,** a particularly powerful experience dominated her interview. She had no hesitation in calling it trauma.

Barb was aware of trauma. She had microsystem and mesosystem experiences with her own and centre children who had experienced or witnessed trauma. These experiences may have contributed to her recognition that a traumatic event can affect a wide circle of people. Some children in her centre "witnessed abuse" and a child in her own family was "hospitalized, had major surgery" and "several months of convalescence" after an accident. This accident affected the injured child, **Barb's** "other [child]…the whole family and everyone who … witnessed the accident", including those who lived in the house in which it happened, "half a dozen children", and their families. She thought there had been "quite a long-term effect … of a traumatic incident for lots of people", which "definitely [has] an impact still". She declared:

> Children at risk of trauma. I think it's every child's at risk of … trauma. I think whether it be in the home, or something they witness or something they experience at centre, or um, I mean there's just risk, there's a potential risk in any environment, I think.

Barb's recognition of potential for trauma is illustrated in her description of a child with severe, untreated tooth decay and her inclusion of this example in her interview.

It's abuse, it's neglect, … [where] the trauma is going to come from is the hospital

visitations … But the trauma that's going to come out of this for this child; not only

with anxiety, she's not wanted to go … it's the fact that there's going to be ongoing

hospital visits, ongoing treatments … the teeth pulled for example…and then the

trauma of learning to speak with nothing … But, you know the impact of that will be,

on, well, not only the child but I mean the whole family, as well. They're still got to

come to terms with that … Well [the parents are] at fault…

Not only did **Barb** envisage physical trauma for the child but she also foresaw emotional

trauma from the child's realization that dental care might be given without her approval.

She explains:

You know, [the child] makes the decisions so the complication of that, of course, is

going to be that the stress of not being listened to: because she is used to [being]

listened to and doing what she wants.

Barb went on to list many other examples of potential trauma, including car accidents,

having special needs, being fostered, shifting house and domestic violence. She thought

"probably … the highest [causes] of children at risk of trauma, or showing effects of

trauma, emotional trauma" was "through divorce".

Being the mother of a long term hospitalized child is a non-normative chronosystem

experience that would have affected the microsystem and mesosystem relationships in

Barb's own family and those of the others who witnessed the accident. There may have

also been exosystem connections. **Barb** may have heard second or third hand the reactions

of some who witnessed or had connections with the witnesses. Her prediction of potential

trauma for the child with dental decay is in part based on the need for hospital visits but

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also the threat to the child's autonomy. This family were difficult to contact and refused to take their child to the dentist and this contributed to problems with the mesosystem relationship.

Ann, like **Barb,** saw "divorce [and] separation of parents" as the "most common" source of trauma. She described her experiences with one particular child with a "wonderful personality" who had had "had a number of things: he had divorce, death of a family member and, ah, also a new partner for his mother". The family member who died was "his grandmother" to whom he was "very close." Beginning with his arrival at the centre aged six months and continuing for four years, **Ann** outlined the cumulative stresses she thought contributed to the child's trauma; including being "the youngest of three brothers", sensing "that his mother wanted to have a girl" and witnessing his parents "aggro" divorce. Although other professionals were reluctant to label his problems, she was adamant:

> Nobody could really pinpoint what his problem was; but to me, having all the family
>
> history information, I could see the time-line events and how it made all these
>
> traumas that he was going through, made him a very angry and very aggressive little
>
> boy ... Obviously he felt that the people that he was close to would suddenly separate
>
> or leave or go ... He wasn't autistic ... he didn't have that [ADDH]...

Ann shared a close relationship with the mother. This microsystem relationship, linking the child's family to the teacher, a mesosystem influence, presumably strengthened her relationship with the child and the child/parent relationship. Bronfenbrenner (1979) suggests that the "developmental potential of the original dyad is enhanced" if there are "mutually positive feelings" and if the third party is "supportive of the developmental

activities carried on in the original dyad" (p. 77). **Ann** was sympathetic and empathized with the mother who made changes to her routine in order to spend more time with her son.

> It was a big commitment, yes, because she had to juggle, um, other people looking after him because she had gone back to study to be a nurse; so she was at that stage a solo mother, student with, um, four boys.

Presumably, the exosystem influences of others in the family, like the older brothers and certainly the grandmother also affected the child and consequently, **Ann.** Some knowledge of attachment theory, a macrosystem influence, is apparent in her reference to the child's relationship to people who left or died. Though the ability to analyse is a professional skill, and therefore a macrosystem influence, the capacity to analyse and empathize is thought to begin with one's own attachment relationships in the early years, further demonstrating the influences of the teacher's chronosystem and microsystems (James, 1994; Perry & Schwartz, 1994; Perry, 2005).

Responses prompted by the definition

Other interviews began by referring to the examples. **Elise's** interview revealed many microsystem and mesosystem interactions which helped her to relate to trauma. She had experienced many stressful, non-normative events personally.

> Going from the above [the definition of trauma] working with children and my own children we have dealt with, um, divorce, abuse, illness, ah, death in the family. I have worked with children in foster care, ah, and so quite a few of them (**Elise**).

Michelle, too, used the definition to prompt her memories. She described her first encounter:

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It was on practicum and she [the child] was an elective mute ... And she didn't speak

to anybody; she was a very withdrawn child, and she never spoke. And they knew

she could and they knew she did to some people but was choosing not to speak and

she would go to the toilet all the time, but never when anyone else was around. She

would always go and she was very hidden about it; very often she would go to the

toilet maybe 10 times in an hour (**Michelle**).

Exosystem regulations make practicum a requirement for student teachers. Students do not

have full responsibility for the class but must get to know the children. On further

checking, **Michelle** spotted bullying. She was the only one to comment on bullying.

Um, it's interesting that you've got here bullying. That was something very important to me

as a teacher ... just picked up that word and I think that's very traumatic and I think it's; I

was bullied, I was bullied as a child and I still remember the trauma that was associated

with it and because of that, that's made me very strong, um, around bullying and I am very

proactive in the centre at cutting across any incidences that I consider to be bullying

(**Michelle**).

Other reactions to the topic of trauma

Terri was the only participant who questioned some of the supplied examples. The

examples she came ready to discuss were two "children who have had ... parents die", but

during the course of the interview she began to question if other situations could indeed be

traumatic for children, if a trauma label was needed, and if having a label would affect

practice. Her examples concern microsytem and mesosystem relationships with children

and their families but also awareness of the exosystem of the casino, which impacted on

staff and the family but over which the teachers had no power.

We've had others like, yes, siblings with serious illness and things and then it's

possibly because I've never identified that as being trauma for the child. I would have

said, you know a child who has a sibling with a serious illness has an impact on that

child in our kindergarten, and you're aware of that but I wouldn't have ever, and we

would do, yeah, we would programme different things for that child because of that

situation but I wouldn't have really labelled it as trauma (**Terri**).

…and I mean we had a child whose parent was a gambling addict … That was mum

would drop her off at the door the … second it was time to open and then you would

be looking at the clock wondering, well, has she forgotten about this child; everyone

else [had] gone home … and she [the mother] was at the casino…There were huge

issues happening in that household and then it was dad …trying to get custody and

mum didn't want dad to have custody … and I suppose for the child it was really

traumatic and that child did have sort of behavioural issues and we put it down to the

messy divorce and what have you. But, we never saw it as being trauma at that time,

interesting, eh (**Terri**)?

Other teachers introduced new examples such as car accidents, shifting house, birth of a

new sibling, a child with special needs, and death of the centre pet. The centre, the child

with special needs and the pet were all microsystem influences whereas, car accidents and

shifting house were probably exosystem influences that happened to the children or their

families and did not involve the teachers. A new baby might be a mesosystem influence,

occasionally appearing at the centre. There are also many exosystem and macrosystem

pressures on families with young children, and **Michelle** identifies a hidden stress.

I think there are a lot of families in desperate, desperate need who don't get help, and

I think there's a lot of emotional trauma in children's lives even living here … Even

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through hidden poverty? I see that a lot in families where families are working

incredibly hard just to make ends meet and they can't meet the mortgage repayments;

working so hard and they're tired and so stressed and so frustrated at the end of the

day and they're so burdened. I see that and I think I see children traumatized from

that, in a more, low-key way but still affecting them because there is this low-grade

stress always in families. It never seems to end (**Michelle**).

Michelle showed awareness of the flow-on effects of macrosystem economic factors. Low

social economic status is listed by Kalil (2003) and cited by Duncan et al. (2005) as a risk

to development, but Michelle seems to be talking of the economic circumstances of

families whose social status might not be considered low. This centre is an area serviced

by high decile schools.

Some children with special needs were also considered at risk of trauma. **Fiona** connected

a child's disability with suspicions of abuse. The teaching team did not always believe the

child had "had a fall":

We felt he was actually physically a lot more able and were querying where he was

getting some of the marks … They [the young parents] were totally frustrated with

him at times and so therefore the only way they knew how to cope was to give him a

good hiding.

Chandler (1994) links trauma with special needs because of the pressures that can come

from parenting a child with these needs. **Fiona's** strong connection with special education

was a feature of her interview. One of **Fiona's** children had special needs. Often children

with special needs were referred to the centre and she taught these children. A colleague

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had also researched special needs. Every level of the ecological model contributed to her familiarity with special needs, including her values. At times, she seemed to be discussing special needs, rather than trauma related incidents:

> We did running records regularly on children at the centre. Um, but that would pick up children with learning disability ... we also identified children with special needs that we felt were maybe autistic or had Aspergers [syndrome] (**Fiona**).

Michelle, who also has a background in special education, related parenting a child with special needs to a mother's behaviour. The mother's stress had traumatic potential for the whole family:

> Now, I mean, I guess it's not a child in trauma. I don't know if this is a good example but we had a family who had quite profound special needs and the family was under a lot of stress supporting this child and so the child was coming to [the centre] quite a bit ... I was at work one day and the phone rang and it was the mother; the child was in care with us that day ... [the mother said] "I'm falling apart. I don't know what else to do. I'm considering suicide. I'm home alone. I don't even know who else to call."

Like many of the examples reported in this study, these demonstrate the inextricable link between the child and the family (Klapper et al., 2004). Both situations **Fiona** and **Michelle** have some knowledge of the children's home life, an exosystem environment for the teachers. They also had personal microsystem understanding and macrosystem knowledge of special education and were aware that living with a child with special needs prompted reactions in the parent/s, and this in turn had an effect on the well–being of the child.

Factors that affect the probability of trauma

The teachers identified many of the factors that can positively or negatively affect the child's likelihood of experiencing trauma. They were aware that not every traumatic event or circumstances would cause a child to be traumatized. Just as **Ann** was sure that multiple stresses combined with personality could contribute to the risk of trauma, other teachers recognised the varying effects of the child's personality, developmental maturity and age along with the duration, intensity or number of stresses and the unique meanings children attributed to these events (Atwool, 2000; Greenwald, 2000; Nader, 2004b; Osofsky, 2004a; Perry, 2004a; Schwarz & Perry, 1994; Van Horn & Lieberman, 2004). The ability of children to hide their distress from adults, and even at times to successfully integrate the experiences, was also observed (Atwool, 2001, Greenswald, 2000; Perry, 2004a).

Terri, a kindergarten teacher, thought the premature death of a parent might be more unsettling for a 10 year old who would have "an understanding that when a parent or a person dies ... things are going to be very different". Her thoughts on this seem related to her microsystem, mesosystem and exosystem experiences with two children, at least one of whom had very good community support and who at the time of his parent's death appeared to cope surprisingly well. **Terri**, though, wondered what the long-term effects might be as neither child stayed long at the centre after the events.

> And maybe it's not till after the funeral or after they die that it, it (pause). I don't
> know even then whether they understand it but they don't have the understanding that
> we do so it doesn't make it a horrible experience like we imagine it is ... But down

the track, I don't know, you see, I don't know whether if it is a year later would they

[the boys] go, "I really hated that but nobody did this for me".

Elise, though, felt traumatic experiences might be worse for the very young. Like **Ann**

who stressed that these "children have been with me at least 40 hours a week", **Elise's**

professional and personal microsystem experiences with young children in daycare and

community centres appears to have influenced her understanding.

> Whilst you might think that the younger child is less affected [than] the older child, I
>
> often think the younger one is affected just as much, sometimes more so, because
>
> they don't have all the verbal ability to say what they're thinking or the cognitive
>
> ability to actually understand what's going on (**Elise**).

Both these teachers have some correct information. Whereas the older child has more

cognitive knowledge about what is going on and may be more able to understand the

finality of death, the younger child may be frightened and confused by events that he or

she cannot cognitively process (van der Kolk, 1997). Furthermore, the younger the child,

the more likely adults may assume that the child lacks the ability to understand the

situation and compound the situation by failing to give the child an adequate explanation.

Terri, who has children and is herself divorced, emphasized that "individual children just

deal with it [divorce] differently…you can't just lump them all together". Present attitudes

to divorce and its considered effects on families can be seen as a chronosystem and

macrosystem influence. All the teachers had taught children whose parents were separated

or divorced, but they elaborated on only the most fraught situations or noticeably upset

behaviours. **Barb** was aware that "traumatic incidents might not have an impact there and

then but [it] will display itself later". She felt that in divorce and separation situations, the

"lack of constancy" may cause feelings of "abandonment" or "being ignored" that might persist "for quite some time" despite the increase in understanding that would come with "time". Nonetheless, she, like **Emily** and **Fiona,** recognized children's abilities to make positive behavioural changes and admitted:

Sometimes [trauma] has eventuated, sometimes it hasn't. Sometimes the effects of what you would consider a trauma for a child is not, [there has] been nothing displayed in the child, because they just breeze through it but, um, (pause) yeah (**Barb**).

Barb remains vigilant, however, for future difficulties. Perhaps her own chronosystem and microsystem experiences, together with her macrosystem knowledge from courses and professional readings have alerted her to this possibility. It was she who alerted the researcher to an upcoming seminar on 'childhood trauma' with Dr Louise Newman (2004).

Time is a really good thing to help healing, to help, you know, something that's traumatic to be lessened ... Doesn't mean it's not significant and it's not going to rear its head at some stage as being significant as before ... That's the resilience of the human body and the human mind ...time does let us get on (**Barb**).

Ecological influences in the recognition of trauma.

The layers of influences that perhaps affected the teachers' ability to recognize trauma are summarized in Table 4.1. It is not possible to know the real influences, only to surmise some likely connections from the data. All layers of relationship featured: the microsystem, the mesosystem and the exosystem as well as the influence of macrosystem beliefs and changes over time that affect individuals and groups.

Table 4.1: The ecological influences on the teachers' acceptance of trauma

Microsystem	The ability to get to know and form relationships with the children and their families. For example, teachers observed tooth decay, bruises and a child who seldom spoke and who frequently visited the toilet.
Mesosystem	The ability to know and empathize with the situations in children's homes and learn through direct contact with the child or family, the levels of coping and support. For example, parents explained that they were separating from their spouses and one mother even phoned the centre when she was contemplating suicide.
Exosystem	Hearing about the influence of others in the family such as older siblings or a dying grandmother. Hearing that a child's sibling is very ill or knowing that a mother is at the casino. The impact of regulatory practice such as practicum or timetables and regular contact with families.
Macrosystem	Knowledge gained from the researchers' definition and examples of trauma and professional knowledge such as of trauma, attachment or child development. Belonging to a profession that encourages the honing of skills to observe, reflect, analyse and interpret the possible meaning of events for others. Beliefs and values that value caring and relationships.
Chronosystem (including the teachers' normative and nonnormative experiences)	Changes in Aotearoa/New Zealand values; including increased acceptance of divorce, the inclusion of children with special needs in communities, economic changes and the legalization of casinos. The teachers' experiences as children, students, teachers and parents, for example experiencing secure attachment, being abused, practicum placement, parenting a hospitalized child, parenting children while divorced, parenting a child with special needs and fostering.

Section two: Assessing Well-being

Using the principles in assessment goes beyond a process of merely labelling behaviours or events as traumatic, to exploring the causes and deeper meanings the children attribute to their circumstances. Often, teachers' identification of the extra stresses in the lives of the children happened concurrently with their offering of support. This approach is adopted by Gaensbauer (2004b), Van Horn and Lieberman (2004), and is in line with holistic assessment that "weaves together intricate patterns of linked experience and meaning" (MOE, 1996, p .41). As the principle of holistic development is fundamental to the understanding of assessment in early childhood this principle is explored first, though all principles are connected and vital. Data have been allocated to the principles that seem the best match with each teacher's description and/or with the aspects each principle brings to assessment. It is not the specific allocations that are important, rather the implications for teaching practice these principles elucidate. The subsections are Holistic Development, Family and Community, Relationships and Empowerment.

Holistic development

In the English version of *Te Whāriki*, holistic development is related to the "cognitive, social, cultural, physical, emotional and spiritual" dimensions of learning and development. It is recognised that all aspects of a child's environment, including "care routines, mealtimes and child management strategies" (MOE, 1996, p.41) have meanings and contribute to learning. Understanding this is important as Bronfenbrenner (1979) explains the most powerful aspects of the environment in "shaping the course of psychological growth are overwhelmingly those that have meaning to the person"

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(p. 22). This assessment sees the "child as a whole", with responses and behaviours observed for "attributes of respect, curiosity, trust, reflection, a sense of belonging, confidence, independence and responsibility" (MOE, 1996, p. 30).

Knowing the children, knowing-in-action

The first step in meeting the needs of the children is getting to know them. This involves observations, interactions and reflections including the instantaneous process of knowing-in-action, in which professionals draw from a combination of experience and academic knowledge (Schön, 1987, p. 23). This represents the interface between the teachers' microsystem interactions and the influences of macrosystem values and beliefs. The teachers named some specific forms of assessment. **Fiona** used anecdotal notes and running records, **Emily** talked of observations and "holistic assessment". **Terri** and **Emily** enthused about Learning Stories. The importance of a comprehensive view of the child was emphasized by **Emily** and **Barb**. **Emily** declared:

> I think it's important for children, no, for staff working in the centre, to know the
> children well. You can see the indicators. How can you know if the behaviour has
> changed if you don't actually know that child well?

For **Barb** knowing the children well, meant, "You know what's normal. You know, in brackets, what's normal for them. And change, you know, something might change". She noticed "changes in [their] behaviours … not everything, but one thing … could be regression in toileting", things that are "different, but nothing specific…a combination of things". **Emily** agreed and disagreed, "I always think it is the complications of characters … because you can't say because a child has regressed in toilet training that it's an indication … lots of things that build up just start to make a picture". **Ann**, too, noticed, "Changes in their …

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manners, in the way they behaved. Ah, they might have been overt with their behaviour, or inverted with their behaviour, and the way they reacted with things". **Michelle** confessed that her experience of working with families had generally led her to believe that, in most situations, her first impressions were important.

> Gosh, I'm going to say the naughtiest thing and say it's a lot to do with intuition and gut instinct. I always argue that's not enough. I would always argue that's not enough, but at the very beginning that's where it starts. I think children come in and I just know. I just know, that I know, that I know, that something's not right with that child. It's at risk or there's something going on in that child's life. I just know.

Following her instincts would lead **Michelle** to check for other signs. **Terri,** too, alluded to knowing-in-action when discussing how she judged a child's needs.

> You can talk kids through it and from that if a child, had sort of, I was going to say symptoms, but that's not quite right, if we come to a feeling that this child needed support in other areas.

Emily admitted, "Sometimes there were times when you had to act on your gut instinct, and it happens then and you have to make a decision, you have to act". **Ann,** too, used her intuition. She would talk with parents but noted "…and obviously I use my initiative that something wasn't quite right in their home life".

Obvious signs and misconceptions

Increased crying was also observed by many teachers. **Barb** described the contradictory behaviours of a child who had witnessed violence in her home.

> There was definitely crying, about not wanting to go home, she was quite sort of flippant when she was telling people, you know, telling people about what she had

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seen ... or what I would consider flippant for a child ... three or four years old ... but leaving the centre and then going on home was quite distressing for her... because that was leaving that security.

Linda and **Michelle** saw physical marks and/or bruises. **Barb** smelt bad breath and abscessing teeth and **Michelle** had a child come to the centre "smelling". She called this "neglecting [out] of ignorance". **Michelle** also described two "very violent children, probably the most violent children [she had] worked with". One was a foster child and the other "was at home with a solo mother and new-born twins". On one occasion these two "snuck off" at mat time and beat up the teacher who was bringing in the zoom slide.

She was lifting the side of the zoom slide and they laid into her with fists and feet ... but again I knew for them, the extent of their violence was because of trauma. I knew it had come out of what they had seen it wasn't chemical ... or behavioural. It was truly because they had seen stuff in their lives. I mean, you could see the cigarette burns on this child and here they were beating up [their teacher] (**Michelle**).

Two other stories, however demonstrate the dangers of assessment that focuses on only one area of development and lack of cultural knowledge. **Michelle** and **Fiona** told of their initial unfamiliarity with Mongolian blue spots; they look very much like bruises and are "typically found on the lower back" (CYF, 2001, p. 12). There was suspicion of abuse. Michelle recalled, "I thought the child had been terribly beaten". She took notes and spoke with the supervisor who informed her, "That's okay they're cultural". **Fiona,** however, was not able to convince her reliever that these spots were normal. She had a rapport with the family and knew the marks were common with "Asian children", "I knew this mother well and I got on well with her and I hadn't seen any other forms; I think you need to have

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more than just one thing". Nevertheless, the reliever accused **Fiona** of being "negligent"
and threatened to report "the abuse" herself. Fiona, felt obliged to check this out with the
child's doctor who in turn informed the family making the relationship with the child's
family "awkward". She is still "annoyed to this day" and hopes that the reliever "has
learned her lesson … you have got to have other information". This highlights the
difficulties that can occur when teachers have not had time to develop trust in their
microsystem relationships or have limited experiences with other cultures. Bronfenbrenner
(1979, p. 213) suggests that multiple experiences especially "in culturally diverse
environments" maximizes developmental effects. **Emily** expressed this problem, "Am I
limited by my own experiences … my lack of knowledge … my lack of contacts … my
cultural expectations?" Her caution is echoed in the literature. The experts advise multiple
observations in multiple contexts (Eth, 2001; Klapper et al., 2004; James, 1994; Nader,
2004a). Wrongful diagnosis is harmful. **Emily** states:

> You've heard a few things that can trigger off alarm bells and you can think this is
> coming across the track, but of course there are pitfalls in that you can't make
> assumptions, you can't put labels on to parents in situations, so I think you need to
> take all the information that you have been given in context and be very careful with
> observations and with what happens when liaising with different people to form an
> overall picture (**Emily**).

Holistic support

Often support for these children was shaped by an holistic and inclusive approach.
Children were helped just through the natural routine of the day. **Emily** and **Terri**
observed that "children just live in the present". Two families with terminally ill

children had asked **Terri** to treat their children "as normal as possible". She admitted that "you can make allowances … but the bottom line is the boundaries still have to stay because that's part of normal life". She described how she did this:

> He was treated like one of the others and if he didn't toe the line, you know, you've overstepped the mark and that's the way it is, so I'm growling at you because this is what you forgot to remember.

Emily used play and often "narrative … using little stories" which featured children experiencing a similar problem to that of the child, such as a grandparent dying. **Terri.** too, mentioned the option of special stories. **Terri's** conversations showed her acceptance of a boy's efforts to cognitively accommodate his mother's approaching death in line with the spiritual beliefs of his family:

> He would occasionally say, it would just come up in conversation "My Mum's going to die" and he would say but that's Okay because she's actually going to heaven". He would talk about how his mother was "going to be an angel in heaven" (**Terri**).

Behaviour guidance strategies or lack of them were also discussed. These are influenced by macrosystem values and beliefs. **Michelle** described a desperate situation in a kindergarten where none of the other staff would work with a child because of his behaviour. She called upon her own spiritual beliefs from her own religious experiences and spiritual beliefs.

> We couldn't have him anywhere near he would throw stuff at [other children], throw hammers, throw saws, pull things down on them, anything. But it was amazing I would take him to the kitchen with me, as you know I am a Christian, … I wouldn't

know what to do, so I'd just begin praying. I would just start praying for him. He

would stop immediately and start to whimper, in my arms: he would just whimper

and hug along, every time.

Ann, also, had problems with one child's wild tantrums. This experience will be

discussed in the empowerment section.

In summary, micro and mesosystem relationships with children and their families

contributed to holistic development. In children exhibiting behavioural problems the

relationships with families appeared more perfunctory rather than mutually supportive and

were therefore an exosystem influence. The values and beliefs that underpin professional

knowledge and attitudes to learning and communication relate to the macrosystem as does

Christian beliefs and reading stories that illustrate feelings. The strength of this principle is

that assessment seeks to get to know and understand the meanings each individual

attributes to his or her environment, including the family and the community.

Family and community

Bronfenbrenner (1979) suggests that successful transition from one microsystem to

another requires "mutual trust, a positive orientation, goal consensus between settings, and

an evolving balance of power in favour of the developing person" (p. 212). MOE (1996, p.

212) considers "two–way communication that strengthens the partnership between the

early childhood setting and the families" to be desirable and families are acknowledged as

"having a wealth of information and understanding regarding their children" (p. 30).

Teachers are warned that assessment must not make families feel "judged" and are

reminded that "parent's understandings and expectations will alter children's expectations of themselves" (MOE, 1996, p. 30). Three overall teacher mesosystems are featured in this section: centre teams; family/whanau; and other professionals and organisations.

The team

If there is to be "connection and consistency among all aspects of the child's world" (MOE, 1996, p. 42), the early childhood team also needs to work together. They should have a shared philosophy and "policies, objectives and practices" which are "regularly evaluated" (MOE, 1998b, p. 63). Bronfenbrenner (1970, p. 101) surmises that in social roles people tend to act "co-operatively" if this is what is expected. Again, there were possible positive and negative ramifications for the child and the family.

Emily thought that if "communication channels are open the whole time ... between the agencies that are involved, between the parents, between the staff [and the child] ... it makes a big difference to the child". **Michelle** expressed her belief:

> I had a philosophy that I wanted every parent to relate well to at least one staff member. I always felt that you couldn't relate well to everybody [but] if you built a natural connection with one parent ... you fostered it. And I didn't as supervisor cut into that.

Her staff would instruct family members that certain information would need to be referred back to the supervisor. She was hopeful that "out of a team of six, there would be one person that [the parents] would naturally relate to". However, when it came to disseminating information with the staff she stated,

I would normally ask parents if I could have permission to share with colleagues [what] I thought was necessary. I wouldn't just tell all the teaching team if I didn't think they needed to know but I would if I thought it was affecting the children's behaviour ... I would say "such and such has happened in this family's life and we need to be really sensitive at the moment. This child's behaviour may change".

(**Michelle**).

Sometime, **Emily**, too, had to weigh up the benefits of having team members observing the child and "knowing something about the situation". Although this could make "a big difference to ... their support of the child" they had to be trusted "that none of the stuff goes outside the centre". For **Barb**, though, it was clear that all teaching staff working with a child needed not only to be aware of the child's situation but to be involved in constructing strategies to deal with scenarios.

Well, any issues with children, they get entered in as agenda item... It can be passed around verbally then and there; a note may be written in the diary and if it's something quite significant ... that will go down as an agenda item at a team meeting so the whole team will be on the same wave length ... and a strategy will be developed to deal with it.

Barb was in no doubt that with this procedure the team would have the same level of understanding and confidence whether she was there or not. She was concerned, though, that some members of her team who had experienced similar trauma, such as "an abusive environment" might be affected and "really have to deal with it". She felt, however, that support for each other came from their working as a team. Time was allowed for the team to share ideas and extend their microsystem relationships. Sharing macrosystem beliefs

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and chronosystems experiences supports individuals and underpins team work (Alat, 2002; Brunelli & Schneider, 2004; Nuttall, 2003; MOE, 1998b; Whalley, 2003). **Fiona's** team, too, shared information in its regular planning cycle. For **Terri,** it is also clear from her speech that decisions in the kindergarten were made as a team, "… we didn't really have a huge job to do there, either … we dug out some articles on grief … our second little boy". A "closed activity network" in which "every member of the system engages in joint activities with every other member" was another Bronfenbrenner (1979) proposal to improve communication. Although this might aid mesosystem relationships, there are problems which prevent this happening, namely the families' right to privacy and practicalities such as everyone's availability for such activities.

Ann used a mixture of "I" and "we"; "We tried to get people to help … we tried many different strategies … I could no longer teach him … I couldn't find any more answers". This seemed to indicate an initial team approach to problem solving that gradually changed as **Ann** assumed personal responsibility for the difficulties, as this excerpt indicates.

> …but I had to say, in the long term we'd, um, we'd really tried everything. We had
> exhausted every possible avenue that I knew of helping him. Um, and, (pause) yeah,
> it got to the stage where it, this was just at the stage when he was four … he'd been
> with us a long [time] … from when he was under two right up till he was four, when
> he was asked to leave and his mother begged me to have him stay … and at that stage
> I had ah written a letter to my centre director and my area manager saying that I could
> no longer teach him. He was a danger to the other children and me …. I wrote a letter
> saying that I had felt I no longer had the strategies to help him and that I was near,

um, mental exhaustion ... from this child even though I wanted to help him so badly

(**Ann**).

Still **Ann** felt "she had let the child down". Though she received "lots of support mainly from [her] centre director", she also thought she "should have been offered...at least some counselling ... or some mental health days, at least, because it was a long struggle". Despite the support **Ann** received, it is difficult to imagine that an exhausted teacher would be able to support this distressed child in the same way that a rested teacher could. It was almost inevitable that a teacher faced with a choice of carrying on with no chance of a break and with no new strategies would have to ask for the child's removal from the centre. The possibility there was other options still haunts **Ann**: "That little one was with me for a number of years...and he's probably the one who stands out the most".

The problem is difficult to define. Was there a lack of resources and strategies to support **Ann** and the child, or was there a communication problem or conflict of interest so that the decision to ask the child to leave was made in the best interest of the centre and not in the interest of the child? **Ann's** statement: "I had this little one for quite a long time so I'd built up quite a bond with him ... I had the choice of asking him to leave and I didn't want him to leave," shows a personal microsytem interest in the child that someone higher up in the organization may not have had. Letters had been received complaining about this child's behaviour and this would presumably have concerned all who had responsibility for the children in that room, but the concerns may have been different for someone whose primary concern was the smooth running of the centre not the individual child's programme. This is more likely to be if the manager's only contact with this child and his family was at an exosystem or mesosystem level rather than a more personal microsystem

level. Bronfenbrenner (1979) hypothesises that the more links in the chain between the developing person and those with power to make decisions, the less potential there is for development. There were varying levels of power between the child, **Ann**, the centre director, and the area manager. Macrosystem beliefs that privilege the rights of majority over the rights of the individual also seem prevalent.

One other teacher spoke of lack of centre support. **Michelle** had worked with a "disillusioned teacher" where "things didn't get done, things didn't get fixed". **Michelle** felt that the attitude of this teacher had even prevented her from advocating for the children. She had worked both in supportive and unhelpful centres. She described the support of her church-based centre:

> Excellent support because as a team … the people I worked with had a quite high level of care for children and compassion … So if things were difficult I would go down and talk to one of the pastors at church or talk to the children's director at church who was very knowledgeable and wise … I trusted and respected their abilities with children and their abilities to work with children in need. I would go to them, tending not to go to external services because I found I had a lot of solutions I needed or support I needed, from them (**Michelle**).

This further demonstrates the connections between micro and mesosystems and for teachers to be supported so they can meet the needs of the children (Brunelli & Schneider, 2004).

Parents/whānau

All the participants recognized parents and family members as vital to the identification of possible traumatic events in a child's life. Their support of the child included

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communication and often support of whānau. The attitude of the teachers, their ability to listen actively and use meaningful explanations, and their willingness to spend time with the whānau was important; as was the teachers' observations of the parent/child relationships.

Attitude

As **Emily** explains, "When the child comes to the crèche they're bringing, you know, look at Bronfenbrenner's one, they're bringing all those whole areas ... they are not coming in isolation". She began the interview, "So when there's free exchange of information between the parents and the staff in the centre, then you get an indication of what's happening in the family home, what circumstances are happening ..." She felt parents needed to know that the teachers wouldn't "treat their child any differently because of the circumstances". She stated: "I think it's very important that you know the staff are approachable, and that communication channels are kept open and that parents don't perceive you as being judgemental". She thought it was easy to appear "professional" like you know what you're doing "to be very cut and dried whereas ... if you are ... more friendly and open and less judgemental and just ask open–ended questions ... about how [the] child is at home ... then you get more specific" information. In her teaching, **Michelle** focused on "really strong relationships... with children, and with families". She reported:

> I had deep relationships with a lot of the parents because they had to trust me and parents would tell me about their lives. I knew when parents had miscarriages or I knew when their marriages were struggling. I knew when they were under stress financially. I knew these things because parents would talk to me about them.

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Understanding

Often the teachers endeavoured to understand the parents' difficulties though some exasperation was also expressed.

> The parents are equally in it … and going through some of the stages of grief, such as denial…or they might be very angry so it could happen that something you say, that they normally wouldn't react to … [they might] read a different inference … from what you intended (**Emily**).

Elise described an occasion when she needed "to spend a lot of time talking" with a parent "having a very hard time". For this parent she related the child's behaviours to family changes. She linked the child's regression from beginning to talk to "shrieking constantly" to the birth of a sibling and the departure of the father at the same time. A caregiver had labelled the child as autistic so **Elise** suggested the mother get a notebook for the caregiver to record observations of the child. She also questioned the mother and empathized with her position and that of the child.

> Well with all you've been through there's little wonder. Do you want to get up in the morning? …Well, why would he even feel like talking, either? His Dad's gone. You're upset, the whole family's changing; you've got a new baby.

Microsystem interactions with children and their families can help identify the problems which result from environmental pressures. Changes in the chronosystem and macrosystem have helped and hindered this process. Teachers now recognise family diversity and special educational needs. Armed with this awareness, teachers can be better prepared and less judgemental in discussing concerns and changes with families. The variety of family

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arrangements, though, may lead adults to mistakenly assume that children will not need time and support to adjust to new family situations. The teachers' mesosystem relationships can be affected, too, as contact can be lost with the estranged parent. In some situations the remaining parent may be reluctant to volunteer such personal information. **Elise** explained:

> Like if you've had a child who's been confident and all of sudden they change and they become clingy and cuddly ... and [you] eventually [say] to her mum "have you had a change?" and she finally [says], "Oh yes, her dad and I have separated".

Centre factors

The type of centre might affect how comfortable families feel about seeking help. In community based centres, **Emily** thought there was "often ...quite an easy rapport between ... the families and the staff". However, she also felt the "high numbers" and turnover of families afforded "a little bit of anonymity" and that people might "feel more comfortable" than in a smaller centre "where it looked like everyone had it together".

Large centres that form part of a chain may seek to streamline and centralize contact and support for parents but the process may be more complicated than anticipated. In reality, it was difficult to anticipate just when and where a parent may confide, as **Elise's** statement indicates. When **Elise** worked as a junior staff member in a centre with several classrooms; she was supposed to refer parents to more senior centre staff in times of crisis.

> But that hardly ever happened. Often you ended up in the toilet or the changing room when someone actually says something ... Yeah, and you know, you encourage them, they [the centre] was great. They have a whole lot of little cards dealing with [issues such as sleep time, toileting] ... and they also had a counsellor.

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These parents may have preferred to speak about sensitive issues to the teachers rather than the directors because they enjoyed a closer microsystem relationship with them than with the senior staff who did not regularly enter or teach in their child's room. Senior staff in large centres often play more of a mesosystem or exosystem role, monitoring classroom programmes and the overall function of the centre. Confiding in senior staff may appeal to families who perceive them to be more experienced and objective.

Intuitive observations

Whether or not the family choose to confide in the staff, **Emily** felt that you always got "an indication from the parent that circumstances had changed". Distressing situations could be signalled "with parents' behaviour, the way they exhibit their, um, parenting styles ... those sort of things, as well as the child themselves". She stated that one parent had suffered from Muchenhausen by Proxy and this had meant that the parent had given a number of "different" but "similar" stories. **Fiona,** too, professed, that she observed "the way the mother treats the child when she drops the child off and the way she picks them up ... always in a hurry ..." and felt that though this wasn't "evidence" that you also could "read a lot in that". These parent/child interactions give the teacher clues to possible mesosystem interactions that take place between the child and the parent away from the centre. There was also some understanding that, especially in sessional centres, the teachers had an incomplete picture of the child's life.

An incomplete story

Terri thought daycare teachers and their parents might have a different perspective from kindergarten teachers, "I mean people who know the children really well might say they

recognize differences, even in sleeping patterns and things, whereas in a kindergarten situation we have them for such a short time". She felt it may be possible for children "to hold themselves together in a sense". She related it to the times when she had picked her own children up from their grandma's where they had been "angels" only to have them "… explode and do crazy nutty things … " the minute they got home. She thought if the researcher was to talk to parents they would "probably have quite a different perspective". Conversely, **Ann,** a daycare teacher, seemed to be emphasizing her knowledge or involvement with the children when she insisted "these children have been with me at least 40 hours a week". Spending long hours with children provides more opportunities to build relationships but therapists recognize that children have the ability to hide their distress even from those to whom they are close (Atwool, 2000; Greenswald 2000).

Other families

Only **Ann** mentioned the influence of other parents, and this was in the formal situation in which parents had written to complain about one child's behaviour. Although parents may have observed the child's behaviours first-hand, they may also have learned of them from their child's stories, on observing their child's injuries or noticing their child's copycat behaviours. Other parents and their children may also have informed them. When these kinds of mesosystem interactions occur, the situation becomes more complicated. Teachers may feel pressured to resolve the situation hastily and the victim or the perpetrator may be labelled as troublesome rather than have his or her needs met.

A safe haven

In the best interest of the developing child Bronfenbrenner (1979) encourages "supportive links" between the family and the early childhood centre. When family life is stressful, knowing the centre remains the same can be a comfort to families. In this example, the meaning attached to microsystem of the centre is one of safety.

> The early childhood centre is the link between the child and the home environment and so it's important that it remains consistent because other things are happening outside the centre, whereas within the centre it's a familiar place...at home circumstances have changed quite dramatically ... It's a positive situation, in whatever situation they're facing. It's a basic. It gives respite care for the parent because they've got, you know, something to do, something else, whatever they need. Something like ... it gives them some of that down time without having to be responsible for the constant care of the child (**Emily**).

Terri agreed with this, musing that if she was organizing a funeral it would be nice to know your child was not only "out of your hair" but having a good time at kindy.

Settling children, especially those aware of the tension in the home, involved working with the family. **Emily** saw that there had to be "Trust with all the people involved with that child ... trust between the parents and the centre". **Terri** gave an example:

> Mum was on edge and he was picking that up and mum was in quite a distressed state so that she would just say "I just need to get out of here. I need to get over to the hospital" and it would be like "Okay say 'goodbye' to mum" and he'd cry and he'd have a tear but it would never last more than five minutes and then it was [fine] that's where the camera was so great because you know, we would catch him ten minutes later and it would be "mum, he's laughing and he's playing with these guys" (**Terri**).

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Michelle and **Elise** also recalled times when the centre provided "the parents a place to mouth off" in divorce and separation situations. They took care, to make sure this did not happen "in front of the child". Sometimes the parent attended the centre with their children. **Terri** described a terminally ill mother's insistence on doing parent help duty, "In the beginning she actually came to the kindergarten and spent time doing her parent help stint, which meant she sat on the couch and read stories but that was all she could manage". **Terri** felt that "kindy" offered "a bit more flexibility" being able to give a parent a few minutes of time over a coffee rather than the more formal and impersonal scenario of dropping a child at school.

Support

Teachers offered a variety of support to families that strengthened mesosystem links. **Terri** who was adamant "you work with the family to work with the child" noted, however, that the length of time the family attended the centre, the parent's gender, personalities, and the level of community support, might all influence the level of support the family sought and received. Two children she had taught had had a parent die. The first family had been supported by their church community through the 16-plus months of the mother's illness. The second child had only attended kindergarten for four to five months:

> But I think mum might have needed more support. There again it is a woman thing,
> you see, because it was his Mum we were dealing with whereas the first time it was
> the dad and dad was always very calm and cool. Dad was a very well to do business
> man and everything was matter of fact (**Terri**).

Teachers also specifically advised parents on developmental concerns. **Fiona** made "suggestions of things they [the parents] could do at home" such as ways to improve speech. **Elise** and **Terri** provided resources on topics such as child grief and information on other services such as anger management courses and counselling where appropriate. **Terri** praised the convenience and immediacy of using Learning Stories instead of notebooks and conversations to communicate with families at these times:

> We worked with the family ...sending home snippets of information and it had to be verbal in those days because I mean now we have the wonderful Learning Story format and we put books together for the kids ... you can take home the story, and share it with the dad and dad's got an insight what's happening to you at kindergarten.

Emily, too, used them to give a parent a positive view of a child, "It's gone back to the parent and she can see that the learning has taken place and they can have input in it, um, and bring it back in again".

Parental responses

Parents' responses were important to the teachers. Reciprocity in relationships not only improves each individual's involvement in activities but has a tendency for long lasting positive effects and this is evident in these microsystem and mesosystem processes (Bronfenbrenner, 1979). Despite being asked to take her child out of the centre a mother had written **Ann** a card and gave her "beautiful flowers and gifts". **Elise** told of a staff member receiving a "huge letter" of appreciation from a parent's whole coffee group and "a big cake" because the teacher had spent time settling her child and **Terri** recalled a

boy's last day at kindergarten; his mum came, despite the difficulties she was experiencing and had "a lovely time celebrating". A gift was given to the centre. **Elise** also talked of the positive trends that might follow a separation or family problem and the pleasure that came from sharing this, "Yeah, and it's nice because you are starting to meet up with a new partner and a new sort of blended family".

Extraordinary services

Occasionally teachers offered extra help to families but these were specific to the situation and not decided lightly. **Emily** and **Elise** offered extra sessions. **Elise** outlined a process for decision making. All ecological levels are in evidence from the chronosystem and macrosystem influence of the early childhood Code of Ethics (The National Working Group, 2001) to the microsytem relationships.

> We pull all of the immediate ideas together and we work out what's the best for the
> child, but generally speaking we use the *Code of Ethics*... and we see what that has
> to say about, you know, the rights of the child, what's right for the whanau, what's
> right for the staff and try and integrate all of that making sure that the little person
> gets what they need, but on top of that the family gets support that they need; like
> maybe some extra sessions for that week, because of the professional base they need
> some phone numbers ... of support, or death, bereaved parents or any of those kinds
> of things, you just have to muck in (**Elise**).

Lack of communication puts pressure on micro and mesosystem relationships between the family and staff. **Terri** told of two very different situations which might have necessitated the late collection of children from the kindergarten. In the first situation there was

reciprocal information. When the family confided that the mother was terminally ill and this would necessitate frequent hospital visits, the teachers reassured the family.

> Look, if you're late don't worry about it; we'll keep him for another hour and just
> have lunch with him. Send a lunch box with him. If it goes into the next session
> where he'll be an extra, it is not a problem.

Ironically, support from the church for this family meant this never happened. This contrasts with the gambling mother's lack of communication and apparent limited support from the community. Bronfenbrenner (1979) postulated that lack of relationships with other parties, third party discouragement or "mutual antagonism" (p. 77) for the dyad of child and parent is likely to be detrimental to the child's development. The teachers may have resisted extra support for this family because they feared condoning the mother's gambling and parenting behaviours, contravening their macrosystem beliefs and exosystem regulations such as child protection. This family was pressuring the centre in other ways as the father wanted information for a custody appeal. Once again, the complexity of mesosystem relationships is emphasized.

In another centre a family conference with centre and head office personnel increased mesosystem communications.

> So we did have family conferences to the point that he was asked to leave. So that we
> came to some negotiation so that he [the child] would reduce his hours …he was
> coming to kindy, 9-3 instead of heavy hours like 7.30 to 5.30, and he would have
> quite a lot of time off in the school holidays. This made a huge difference 'cause
> obviously he enjoyed the one on one contact with his mother, *mm* and having the one
> on one attention.

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Michelle and **Fiona** worked in church based centres, were part of the church community and presumably shared many macrosystem beliefs. This meant not only did they have the back-up of the church with "counselling" or "food parcels" but that sometimes they took on tasks that were community rather than centre motivated. Still, the situation was carefully assessed. On the death of a child in her church based centre, **Fiona** "took a meal around, and some flowers" and she had also chosen to "every holiday" take another family out for the day.

Michelle couldn't leave the centre to support the suicidal parent but she sought to assist her with support from the church. She said:

> "Can I go down to church and get someone that I trust, who I know, I really trust and who is a good person who can sit with you till later in the day?" She said that would be fine.

Although **Michelle** acknowledged it was "risky" supporting families "out of centre hours", she had also given special support to families. On one occasion she helped a father look after his children when his wife had had to make a sudden trip overseas to attend to a death in the family. "He [the father] would come with them, [the children], in their pyjamas and we didn't make a big deal of it". The staff "would take [the children] home for dinner" where he'd pick them up if he had been stuck on the motorway. Here the exosystem of extended family affected the centre team and added pressure to family life as a father tried to meet his wife's, children's, and employment needs. Presumably the shared macrosystem values, perhaps as members of the same church, along with microsystem and mesosystem relationships within the centre, helped the teachers make these decisions.

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Generally, the teachers were confident that they balanced their professional role of supporting families. However, some of **Elise's** staff had difficulties with this issue. She put the problem in context.

> You want empathetic, caring, nurturing people and when you work with early childhood teachers that's what you get and we have to be, we have to be able to walk all day with someone on your hip, you know just settling, or just give out love continuously, you know just hug the bruises and kiss the ouches and all of those kinds of things (**Elise**).

She felt, however, that some of her team needed the boundaries clarified.

> We do get a lot of very empathetic people and sometimes that's very hard for them to have to say let her go to women's refuge or let her go to the lawyer, or, you know, and let her build her own support work, support network … Here I can give you a list of places and "Living Without Violence" and there's a course for her there and she can go and she'll make friends on that (**Elise**).

One staff member had got "overly involved" in a "very messy [custody] case". The staff member had wanted to accompany a mother to pick up her children from a property where the father had taken out a trespass order against the mother. **Elise** was firm.

> No, the police need to be involved, the lawyer needs to be involved … Family Courts need to be involved, this is the procedure. You're going too far. And then she's lending cots and buying clothes and I'm saying this is all very lovely and really grand but we actually need to put a boundary in place because you've got your own family and your own life (**Elise**).

Being confused about the role of the teacher affects the expectations of the teacher, the children, their families and all who have contact with the teacher (Bronfenbrenner, 1979). **Emily** sums the problem up: "Know your limitations; don't think that you can be a

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supervisor and a counsellor and yes, know your limitations and refer on to specialists, organizations".

The community

Teachers can and do, develop microsystem and subsequently mesosystem relationships, which are interpersonal and reciprocal, with educational, health and social work professionals in the community. Many of the relationships, however, remain at the level of the exosystem because they are solely concerned with the children and their families/whanau not the teachers themselves.

Organizations and paraprofessionals

Exosystem organisations such as Women's Refuge, Plunket and the former Special Education Services ([SES] now Group Special Education [GSE]) referred children to the participants' centres. All participants mentioned SES either in relation to individual cases or as sources of information and guidance that might be called upon. Hospitals, Waitemata Health, Public Health and a "diabetes nurse" also worked with centres. **Emily** commented that having information from other agencies, for example, medical information "is often the key to allaying fears" for the staff. Sometimes, though, there were restrictions "with confidentiality and privacy clauses". **Elise** explained that Women's Refuge would give her staff "a bit of an idea ... a little bit, sometimes not". **Barb** also worked with CYF. They monitored some of the children in her centre. Pictures and dictated stories were collected for them. **Barb's** identification of severe tooth decay and "no dental care whatsoever" was backed up by the local school dental nurse and discussed with the local kindergarten the

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child attended in the afternoon, but confirmation that this was neglect was made by CYF. Identification of abuse is made in consultation with CYF. The involvement of third parties, such as CYF, must impact on the teacher/parent partnership but knowing that the "child's safety had improved", that families were being monitored and "support systems [were] in place" meant for **Emily** that working with CYF or Barnardos brought "a positive result for the child".

Paraprofessional and other support, though, varied in quality. One centre had enlisted a teacher's aide from a Christian organization but **Ann** found that "unfortunately [this] was not any help because the person they [received] was not trained in this area [child guidance]". In contrast, the educational support worker [ESW] employed in **Fiona's** centre was **Fiona** felt primarily supported by the centre not SES. She was of the same ethnicity as the family concerned and associated with the grandparents, a mesosystem influence. She would even "pop in ... and offer to pick [the child] up ... just to see how the family was getting on at home" and would "try and suggest kindly ... things they, [the young parents] could do". This family had disappeared in the past and many professionals were involved in monitoring and supporting them. The social worker taught the teaching staff how to work so they did not upset the family. SES monitored the teachers' observations of scratches and bruises that indicated possible abuse. SES's involvement with the family and the centre team are mesosystem and links. Being of the same ethnicity relates to shared macrosystem cultural beliefs or at least some familiarity with the others' world view.

Each organization updates its own procedures and can experience major philosophical changes, as in the case of SES which has been included in the MOE since 2001(Bourke et

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al., 2001). Chronosystem changes can be prompted by changes to macrosystem values. For example GSE now recognises that behavioural disorders are special needs but this was not always the case. **Ann, Fiona** and **Michelle** were aware of GSE's present requirements for accessing support but several years ago **Ann** and **Michelle** had children that didn't fit with the SES requirements. **Michelle** recalls:

> Going back ... 10 years. Back then it was the thing if the child didn't show delays; if
>
> it was only behavioural, you couldn't get help if you couldn't show that there were
>
> problems across development. Now we argue that it affects their social development;
>
> it affects all those things but back then it was all, can you say, language, have they
>
> got problems with language or ... You had to show three [developmental areas] and
>
> we couldn't. All we could show was this violent...behaviour.

Making Judgements

In hindsight, **Barb** felt too much time, over 18months, had elapsed in obtaining dental care for a child. The parents had ignored referral forms and phone calls from both **Barb** and the dental nurse. She explained her actions:

> You try to work with the parents. You try to be there for the parents and when it gets
>
> to the situation that, like in this case, this child was in so much pain I couldn't contact
>
> the parent that day and I thought enough's enough, so I rang CYF that day.

She reflected, "In future, I'll set a time line". This example, also, illustrates the quandary of deciding whether the child's or the parents' rights supersede. **Emily** referred to this several times (see chapter three). She felt she had "an ethical obligation to the parent but...also to the child and that sometimes it was hard to weigh up which right supersedes

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the other". **Barb** pondered, "How far do you go? How far do you carry something through to get some solution for a child?"

Emily emphasized the importance of "clear documentation", having "a clear policy to follow and using that policy" so that if there has "been a concern", facts are recorded and "you can see there has been a clear pattern". But she also accepted the "judgement call" that must be made in suspected cases of abuse. If "they move out of the area … you end up feeling guilt-ridden cause you could have notified sooner or do you not notify and something happens". She and **Fiona** were aware that families "under financial pressure might move" before they can be helped. **Emily** stated, "You can't predict how much time you have to work with a family". She was aware that the family may come back to you "demanding if they have been, um, if there has been a notification made to CYF … And then you've got the decision whether to say or not". When emotions are running high, this kind of confrontation in an early childcare centre might have ramifications for staff, the children and the other parents. Again, the complicated web of exosystem, mesosystem and microsystem interactions is illustrated. Overlaying this are ethics and macrosystem values that guide the teacher in making the decision to disclose information that may help the child but may endanger the teacher and everyone in his or her microsystems.

Awareness of the complex links between mesosystem meant that for **Michelle** a potential problem in the church sponsored centre, where she had worked, was the necessity to first voice concerns about suspected "abuse" to her centre superiors and supporters, who were also senior members of the church. She was aware that this could have ramifications in the

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church community, though there were only a few church families in the centre. She described the tension:

> I would have needed to report to my superiors, but my superiors don't just oversee the childcare they oversee people and families in the church. So always, there was always the potential for a conflict of interest, I think.

She was adamant that "had there been abuse cases" she "would never have kept that in-house"; she "would have got protection for the child". At times of suspected abuse it was clear as well to **Emily,** that "as an early childhood educator with a moral and legal obligation for the rights of the child and the welfare of the child ... [she] must intercede for the safety ...of that child" even at the risk of upsetting the family. She felt the teacher must be an "advocate for the child". She summed it up "either the early childhood or the community takes responsibility for ensuring that the child is safe". The prioritizing of child protection is a macrosystem belief and a chronosystem influence. Protection of children, especially the poor and illegitimate, has not always been a societal priority (May, 1997). However, Cherrington (2001, 2002) observed that most participants in her study used the principle of "acting in the best interests of the child" and many had advocated for children at least in one-on—one situations with parents and colleagues.

Challenges

Working with other organizations was sometimes problematic. Other professionals did not necessarily share the macrosystem beliefs of early childhood teachers. **Michelle** experienced this with a social worker.

> [The social worker] was quite anti-childcare and couldn't see why the child needed to be in care, when we were actually arguing ... this child actually needs to be out of the

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home that you've placed him in because they [the child and the cousin] need the

educational experiences and they need the care and the food and the other stuff that

we're providing (**Michelle**).

The children were living with a grandparent who, **Michelle** believed, was "neglecting out

of ignorance". Still, she was reluctant to judge the social worker: "Yeah, yeah, he had a

strong position in one way so I couldn't judge him because perhaps in another case he'd be

a wonderful support worker." **Emily** observed another difficulty.

You actually often have five or six organizations or individuals working with a child

and a lot of the information is all kept separate; ... there was more sharing of

information sometimes ... it would make the picture a lot clearer (**Emily**).

She was aware that families:

Might be telling different stories to different people ... and often if you are not

working together someone might be providing part of a service ... there's not like a

whole co-ordinated view of the situation.

Teachers needed their own support at these times.

Support for the teachers

Teachers also drew from the community for their own support. In her new job as head

teacher in her community-based centre, **Elise** had had support from a friend she had known

for 11 years who was also a head teacher in a neighbouring community-based centre, a

microsystem influence and some professional support from a visiting lecturer who had

remarked that "everyone of the 25 children [in the centre]... were all actively engaged".

Emily explained, however, that a supporter "can't be anyone and that's often an issue

further on because you are busy trying to support a family in need, and it's important too

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to seek support for yourself". She acknowledged there was support in the community but warned:

> Yeah, but also I think some families are quite identifiable so it's hard to speak
> outside and you also want to choose someone who has had experience and that you
> can trust, so, for example, Specialist Education Services; if you've had contact with
> some of their advisers, someone who has been in that situation ... and also able to
> suggest further avenues to pursue and suggest further strategies to support that child
> (**Emily**).

Feeling supported appears to develop as a result of interactions in the microsystem in preference to mesosystem or exosystem associations or resources; though, these too are necessary. Other more general support in the form of courses and readings, provided exosystem support. **Emily** had attended early childhood conventions and recalled a workshop that used the *Wizard of Oz* analogy in which the hospitalized child needed information, heart and courage.

Michelle wondered, "if you can ever be prepared. I think back; I would have liked some more skills in my training of what I learnt about". She suspected "that sometimes you only learn ... the hard way" and questioned "is that good enough?" **Terri**, too, admitted that professional development was more effective at the time it was required "because you need those extra skills, right there and then, as opposed to let's learn about it in one ear and it sort of stays and it doesn't". Professional development is an exosystem requirement underpinned by understandings and beliefs in the macrosystem that periodically shift and change, a chronosystem influence.

Overall, the participants were keenly aware of their role in regard to the family and community principle. They had microsystem and mesosystem relationships with each other, the centre families and sometimes other professionals. Extra support to families was offered on an individual basis. Information which was considered beneficial to the child's care was shared with team members and outside agencies but some might be restricted to key people. Teachers appreciated the support of the other staff, other organisations and parents' feedback, though levels of support for the teachers differed greatly. Each organization was guided by macrosystem beliefs. A range of macrosystem beliefs are evident, including the business orientation of some centres and the anti-childcare philosophy of the social worker, and there were changes over time, chronosystem effects.

Relationships

"Children learn through responsive and reciprocal relationships with people, places and things" (MOE, 1996, p. 43). Many of the examples previously mentioned highlight the teachers' relationships with the children in their care. In order to make "informed observations of children" adults "should recognize their own beliefs, assumptions, attitudes and the influence these will have on the children" (MOE, 1996, p. 30). Secure relationships between teachers and children not only facilitate the teacher's observations of change in children's behaviours but contribute to the provision of a safe environment in which children can work through their problems.

Michelle clearly valued relationships.

I believe education is important and we had a wonderfully rich educational centre, I think, but for us our important thing for us was compassionate care and caring relationships and building that with the children ... so the children could feel safe with us ... so routines, people being there to greet them, each day [and] appropriate physical touch ....(**Michelle**).

However, when, as a student, she befriended the child who she suspected of being abused, she angered the permanent teachers at her centre because she would soon be leaving. Perhaps not all teachers appreciate the essentiality of relationships as **Elise** explains:

The staff when I first started work there would have this terrible way where they would have an unsettled child or a distressed child, they would maybe cuddle that child for 10 minutes and then pass it on to the next staff member because it's all they could endure and so one child might be passed around three or even four different staff members ...

Elise did not approve of this. She took time to be with the child even when she "was supposed to be on admin", she would "spend a whole session playing with that child". In this way she settled the child and role modelled for her staff appropriate behaviours.

The art of relationship building is also demonstrated in **Terri's** conversation with a child whose father was very ill. **Terri's** voice is in italics. The child begins:

Dad's coming home.

That's neat

Yeah, but before he's coming home he's getting a special bed and his bed goes up and down.

Terri noticed his fascination with this automatic bed. So the next day asked;

Did dad's special bed come?

I went up and down five times then Mum said I had to play something else

You rode in the bed five times?

Yes, then he said he wanted it back.

Terri concluded, "So he thought it was a huge joke and we laughed about it, but within four days Dad had died and within the week the child turned five and left the centre. **Barb** too appreciated children's involvement in play and the occasions it presented to learn about the stresses in children's lives and the chances it presented to work through difficulties.

> It might just rear its head through some activity, or the child is involved in some activity with another child, that will spark something and then the play will go off on a tangent ... it's actually the awareness that is the crucial thing because there could be times when the child has to express them in whatever way they feel is appropriate for them (**Barb**).

Art activities also presented teachers with the opportunities to learn what was happening in children's lives and offer support. **Barb, Emily** and **Michelle** mentioned these. In **Barb's** centre, where there were several children "witnessing abuse", the strategy was "to channel it out in drawings". In an example, she told of a girl who had witnessed her mother being attacked and consequently drew a picture and talked "about the blood and all that kind of stuff". **Barb** noted that the girl seemed "comfortable once she had expressed the bulk [of her experience] ... she obviously had released whatever it was, someone had listened to her".

Ann noticed that a child who had experienced many losses "craved attention whether it be positive or negative" and **Emily** thought another indicator of difficulties "might be [children's] inability to form relationships with their peers". Aggression was particularly noted. **Elise** observed "a little more bullying, a little less discipline" especially in boys when families split up. **Ann, Terri** and **Emily** mentioned anger. **Emily** stressed the importance of acknowledging the right of children to be at the centre and wanted "that teachers relate to them ... as not conditional on their behaviour". Her macrosystem beliefs included a view of the child as competent. This approach is promoted by MOE (1998a) and the therapeutic literature (Caughey, 1996; James, 1994; Van Horn & Lieberman, 2004). She wanted children "to see themselves as functioning, social [people]". To do this she aimed at incorporating them into the centre "so they are socially accepted ... by their peers rather than being seen as different ... so they know they can be themselves but still be accepted into the group". Giving the child a small responsibility such as "handing out musical instruments" she thought, might help the child be seen in "a positive light".

Emily emphasized that satisfaction came from meeting the individual needs of the child, including the "little improvements in the relationships with the child". It was important for **Emily** not "to create a system of false hope", but instead to find ways the children could work through situations perhaps through play. She talked with a child about how much she missed her mother using "stretched out arms" to indicate the loss and inviting the child to "make something special for the mum" who was caring for a seriously ill sibling in hospital. She strengthened the mesosystem links and "the developmental potential of the original dyad" (Bronfenbrenner, 1979, p. 77) by helping the child understand the mother

was not "choosing the situation". **Barb** also, emphasized "high awareness" of the child's needs and of the adult responses to children.

> I mean adult relations are incredibly important ... whatever incident has happened to a child it's okay to talk about it. Will I upset you by talking about it? Is it okay to express myself? The last thing that you do want is for children to hold it in.

Balance

There needed, though, to be a balance in the centre so that other children's relationships or welfare weren't compromised by support for one child. **Barb** recalled the difficulty of supporting a child who described and illustrated a violent domestic incident while drawing alongside other children.

> Maybe if there was a big crowd [of] children ... the important thing is not to take away the child's expression, something they're reacting at...so that the other children wouldn't get freaked out about, you know, the blood in the bathroom...So it's sort of trying to ... it's, the main thing is supporting that child who's going through the traumatic period without a ripple effect; having trauma carry on (**Barb**).

Michelle echoed this concern. The 9/11 tragedy in New York had prompted a great deal of discussion at her centre. Although she "was amazed at how many parents let their children repeatedly watch those images" she and her staff "talked openly about it" with "those children who broached it".

> [We] would talk about their art work, if it was reflected in their art work or their comments. It wasn't shut down. Occasionally, we might have moved a child away from another group or a younger child ... Let's talk or have a talk about that outside (**Michelle**).

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Similarly, years ago when floods threatened her centre, **Michelle** relieved the tension by "playing games ... preparing for civil defence in a fun way ... trying to take the tension and trauma out of it.

Elise, in cosmopolitan Auckland, was concerned about others' cultural expectations and the difficulty of supporting families whose ways of dealing with death, grief or child abuse "might not be acceptable to you". She felt that others' stressful situations "always" raised your own issues; "Things that you haven't dealt with or things you're going through ... and you think, uh, did I do it right with my children dealing with this and sometimes you over-compensate". **Barb**, too, voiced this concern. Although **Elise** acknowledged that her experiences helped her to be more empathetic she also felt that sometimes it got too much and she needed to take "a step back" and "have a degree of professionalism". She admitted that it could be hard to get the balance and hard to be tolerant of others after what she had been through herself,

> I eventually got the strength for myself to leave an abusive situation, and I didn't go
> through refuge. I just packed up and shifted out all in one week and got a job the next
> week; because my family are all dead, bar one brother (**Elise**).

Emily thought teachers should be "aware of their own beliefs". Possible ethical issues could arise with teachers "not wanting to undermine parents' beliefs". She felt that putting her "own perspective" on a situation could be an issue for "the child and with the family",

> They [the children] might have been told, for example, they might have been told by
> a parent that this is what death is and this is what happens um, after death or if there
> is nothing after death (**Emily**).

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Teachers' referrals to concepts such as heaven and angels could be "actually undermining what the parent has said and undermining the child's culture and beliefs". "Sensitivity" to the family's emotions meant that it might be better to "not say too much" and let the child express his or her feelings and beliefs through art, play and conversations. Having "the uninterrupted time" to do this was an issue for **Emily**. In this subsection, several areas of tension are evident. The teachers believe that children need to express their fears and concerns but they are mindful of the rights of other children, the families' beliefs and the practicalities of using time wisely. Macrosystem values underpin such concerns and individuals must not only be aware of their own beliefs and cultural expectations (Calmer, 2003) but be able to take part in ethical decision making with others.

To summarise teachers observed and interpreted the children's involvement in centre activities, their relationships with their peers and adults, and also their own relationships with the children. Bronfenbrenner (1979) affirms the importance of relationships. He identified the "most immediate and potent" (p. 6) environmental events affecting a person's development as those that involve other people taking part in activities with the child or just being with the child. In addition, people attribute meaning to the physical environment of their microsystems and the activities and roles performed there (Bronfenbrenner, 1979). This meant for some, the centre was the place to vent frustrations, for others it was a haven in which to unwind and share confidences, and become empowered to work through problems.

Empowerment

Assessment that is relevant to the principle of empowerment provides an "enhanced sense of self-worth, identity confidence and enjoyment" as children increasingly "take responsibility for their own learning and care", "learn useful and appropriate ways" to find knowledge and "understand their own individual ways of learning and being creative" (MOE, 1996, p. 40). It includes children's self–assessment and consideration of the programme's ability to meet children's needs (MOE, 1996). The importance of inclusion and bicultural practices are macrosystem beliefs significant to this principle. The following quotes relate primarily to inclusion and teacher/child microsystems.

Emily's strong belief in empowerment was a feature of her interview. When discussing the definition and identification of trauma she stated:

> If you believe that children are powerful and competent learners sometimes, in times
> of, um, crises events, they do need extra support but I think it needs sensitive
> intervention and, um, timing, when and how and what support to give.

She also noted that the child needed information "the child would like to know what's going on, what's going to happen, what they can expect. **Elise** described the teacher's role with regard to children as, "to encourage, to support, to create their, you know, an environment for them to feel secure, to be independent, for them to grow, to express, their hurts, their anger, whatever".

Children's choices

Teachers noticed children choosing activities and articulating their needs, especially the need for physical closeness. They observed the children's behaviours and linked these to their home situations. **Terri** recognized that although a child with an ill father had his unsettled times he was good at making decisions. "He would have times that he chose, 'I don't want to play with anybody. I want to just do this by myself' and it was quite often the carpentry table". Carpentry was important to this child.

> I mean, he was really into carpentry and he'd figured out how to drill holes and put
>
> pegs in the holes. So, he made coat hangers and you know, "I'm taking it home" so
>
> dad could hang up his coats and his hats....so he would build things to take home, to
>
> share with dad ... Oh yeah, dad had all the tools and he used to work, obviously, with
>
> dad. So that was a thing they shared. (**Terri**).

Terri recognized that this activity was an outlet for creativity (MOE, 1996) and learning that was absorbing for the child and relevant at this time when his dad was very ill. The importance of such authentic connecting experiences is noted by Cullen (2003), Katz, McClelland (1997) and Simpson (2005). Absorption in this activity may have helped the child to avoid being overwhelmed by the upheaval in his life (Tonkin, 2003), and was clearly his choice at this time.

The teachers also noted the significance of one-on-one time with these children and the way it enabled children to gain the comfort they needed in situations that were stressful and not of the child's choosing. The children's needs for physical and emotional closeness indicated their stresses and their needs. Many of the teachers clearly stated that they were guided by the child as to when and how this comfort was given.

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You sort of get led by the children a lot of times, as well. If they want more cuddles they'll come and snuggle up more on you ... or cuddle into you or whatever and a lot of that is gut instinct, gut and common sense (**Elise**).

The child who enjoyed carpentry sometimes found it hard to let his mum go. Some days he would tell his mother "I don't want you to go" but was otherwise "very quiet and compliant" although "He liked to get close to a teacher ... for an initial hour or so". **Barb,** too, was aware that some children needed "a little bit more closeness' and **Michelle** believes that "physical touch, appropriate physical touch is essential for children". She had been "through a season in [her] teaching where all touch was considered basically inappropriate" but reflected:

> I think of children going through divorce. Often children would come and sit and talk with us and sit on our knee and have that physical closeness and actually say "It's really hard when I go to dad's".

Emily remembered "one conversation at the water trough. So just through play ... she [the child] told me all about her little brother who died". Water play can be a very soothing and calming activity (Tonkin, 2003). **Emily** felt that the children's willingness to talk about a situation meant "they're working through it". Actively listening to a child helps a child feel accepted, increases their confidence, role models acceptable behaviour and shows him or her that what she has to say or do is important (Miller, 2000). In contrast, **Michelle** described her contact with the child who chose not to talk.

> Here I'd built this relationship with a child ... cause I was very young, quite gentle ... I was really quite reserved and I think she liked the fact that I was quiet. She would talk to me and I still look back on her and I can see her in my head. And I think she was being sexually abused and nothing was done about it. Just so many signs and I

think that little child must have been experiencing trauma to make those choices not

to talk, and like the recurrent toileting and other things ... (**Michelle**)

Being listened to is healing (Atwool, 2000; Klapper et al., 2004; Miller, 2000; Rolfe, 2002)

and empowering as it increases the child's capacity to understand their own individual

needs (MOE, 1998b).

Recognising and relating to a lack of power in children's lives

Emily acknowledged that in stressful situations behaviours can be "negative" so liked to

give "a lot of acknowledgement for what the child can do ... so the child actually feels

empowered to actually grow". She liked to offer children hope by "reminding them that

they [had] had successes" and felt that "when the child knows that there is support

available for them then their inner strength can sometimes come through". She suggested

that "a lot of the courage is actually coming from the child themselves" in difficult times.

To help a child exhibiting angry, aggressive behaviours **Ann** and her team used:

> Positive praise and encouragement for the wonderful ... things they saw happening
>
> throughout the day, lots of cuddles, lots of TLC, telling him that we loved him, and
>
> yeah, just all those things to build up self-esteem to make him feel valued ... giving
>
> him jobs and responsibilities which he just thrived on.

They had concerns, though, that this might be "unfair" to the other children "because [the

teachers] didn't want to be pandering to his every whim and teaching him simple life

strategies: you can't always get what you want". Paradoxical macrosystem values are

evident in this struggle between empowerment and discipline. These experiences may have

also related to a time when behaviour management rather than positive guidance was

promoted, a chronosystem influence.

Barb, Ann, Emily and **Terri** recognised developmental regression, displayed by symptoms such as a return to wetting or soiling pants, bedwetting and baby talk, as possible indicators of trauma. **Ann** surmised that these "trauma" related behaviours may "not [be] uncommon and happening more". When the researcher asked her had she seen these behaviours in other children she replied,

> Yes, I have, um, particularly the divorce one. I've seen the classic symptoms of divorce ... I had another little one who went through the tearful stage and bedwetting and trouble with bowel motion. And it was two girls – two sisters, and their parents went through a not very nice separation, divorce type, lots of aggro and ah, yeah, they reverted back to bedwetting, trouble with their toileting ... and one was four and one was two and a half, you know, so yes.

Young children's tendency to regress when unwell and stressed relates to their reduced ability to cope physically and emotionally. Mann and Kretchmar (2006) observe that some children have learned they need to "escalate their 'adult grabbing' behaviour" in order to make sure their needs are heard (p. 33). **Barb** observed that a sibling of a child who had a serious accident showed "some insecurities ... some manipulative behaviour... getting attention because the attention has gone elsewhere". Teachers also observed children regressing in toilet training and reverting to baby talk. Mann and Kretchmar (2006) recognize the temptation to see children's behaviour as "inherently bad, flawed", malicious or "at the very least as "'acting out to get attention'" (p. 33). But feel this is unhelpful. They feel these are genuine needs which must be recognised as such (Mann & Kretchmar, 2006).

Angry outbursts were observed in a child **Ann** felt "didn't know how to express himself".

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> He would kick and bite me, even though he loved me … and I knew he loved me, it
> was his way of handling. He would kick, bite me, tip over huge desks like this
> [indicating adult desk], shelves, he began head-banging … wetting himself and, of
> course, he would hurt other children if he didn't get his own way or what he wanted
> (**Ann**).

Ann noticed that when he was "aggressive", particularly at mat times, he would insist on
his favourite magnetic story. Mealtimes had become ritualized, too.

> The other strategy [was] he would fly into a rage if he did not want to, he wanted to
> eat, he was a good eater, but it was the whole structure. He didn't want to sit at
> morning tea or lunch time so we would wait for him to come back up to the table ….
> He would get angry at the children looking at him because he was making such a big
> scene (**Ann**).

He had run "onto the main road and nearly got killed" on the way to a computer activity,
"which he loved". He was also quite good at "escaping [and] scaling fences. The centre
director would put him in the office to calm down and he would tip her office upside down,
pull out paper, chairs [and] rubbish bins". In contrast, at **Emily's** centre one child's
response to his last day at her centre was to hide and refuse to join in the mat time. Both the
running away and hiding can be seen as children's attempts to take control of their lives,
seeking relief from their overwhelming feelings (Dwivedi, 2004); perhaps reacting to clues
that are thematically similar to the traumatic incident (Greenwald, 2000) and a cry for help
(Atwool, 2000; Klapper et al., 2004). Sadly, these behaviours indicate a lack of control and
power. In these kinds of situations actively listening and identifying the problem with the
child contributes to healing.

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Emily's assessment of the child who initially hid and who was later persuaded to join the other children on the mat demonstrates the advantage of assessing a child's need with the aim of empowerment.

> So going up and saying you know, you're a bit sad about leaving and having a
> discussion about that so the child can actually say ... I'm going to miss [my] friends,
> yes, so being able to talk that through, and also offering a bit of hope and saying you
> know you can make friends here, you know you can make friends, you will make
> new friends and offering them a positive hope by reminding them that they have had
> successes.

Sadly, although **Ann** recognized the boy's violent tantrums and his determination to choose his own timing and activities as a reaction to trauma, she and the other teachers at her centre had difficulty teaching the child to take responsibility for his own feelings and learning. Other teachers, **Emily** and **Elise** gave "angry" children a "legitimate" way of expressing themselves "such as a punching bag, or having art work. Supplying cathartic activities can also help release tension at these times (Atwool, 2000; Caughey, 1991; Van Horn & Lieberman, 2004).

In summary, empowering children to deal with the stresses in their environment once again involves micro and mesosystem interactions, awareness of pressures in the exosystem and an acceptance and prioritization of this macrosystem principle. Note that for teachers to empower children they must be empowered and supported themselves.. This can be difficult when teachers are obliged to conform to processes that are based on macrosystem values different from their own.

Summary of section two: Assessing Well-being

Table 4.2 summarises the findings of this section. Examples of teacher experiences, behaviours and interactions have been analysed and allocated to each principle.

Table 4.2: A summary of the teachers' experiences in assessing the well–being of children at risk of trauma

Principles	Examples
Empowerment	Empathetic observation, listening and noting of the children's choice of activities, regressions, avoidance, frustrations and anger Acknowledgement of child's feelings and choices Positive responses to children's verbal and non verbal requests: cuddles, verbal affirmations, information, explanations and relevant activities. Providing children with positive self images, roles and hope for the future.
Holistic development	Knowing the child well and observing changes or unusual behaviours Complying multiple assessments, across domains and in different situations Making the centre a safe place for all children Fostering warm interactions Providing consistent routines and appropriate positive guidance Using narratives and stories to relate to children's concerns
Family and community	**Family** Consulting and listening to families Observing family interactions Following their wishes Giving advice and access to other agencies Introducing helpful resources Providing respite from daily care of the children, a safe haven, and a listening ear for families Occasionally providing extra help: e.g. more time at the centre **Community** Assisting families to access information or with referrals for other organizations Liaising with and seeking information from agencies and other professionals in the community: GSE or the dental nurse Accessing support from other agencies and the early childhood community Referring to outside information without family agreement, namely CYF Collecting information for other agencies **Team** Sharing information, observations, evaluating, planning and developing strategies to meet children's needs Implementing the strategies Knowing and supporting each other
Relationships	Observing children's relationships and involvements with adults and children Developing positive teacher/child relationships Having high awareness of what is happening in a child's life, their family beliefs and the effects of the environment Observing children's play and activities, especially art. Supplying a range of activities and legitimate ways of expressing emotions

The summary: Acceptance of trauma, assessment of Well-being

The use of the ecological model in the analysis of the data highlighted the macro and chronosystem effects of the teachers' nonnormative personal experiences and professional practices. These participants accepted that young children could suffer trauma. They identified children at risk of trauma, their symptoms and the factors that could exacerbate or lessen the effects of their traumatic circumstances. Micro and mesosystem influences were emphasised. Assessment was holistic, the teachers' personal and professional attitudes helped them to see the children's distress, needs for closeness, solitary play and even their anger as responses to the pressures in their lives. Children reacted to, their environments and the opportunities and choices offered at the centres. The teachers helped many of the children, actively listening and interacting with them, but found extremely aggressive behaviour challenging. There was support from within teams and from other professionals but some teachers would have liked more help. Communication with families was considered essential. Teachers valued their relationships with families and tried to support them. Similarly they managed relationships with others in the community. However, when interactions with families and others remained primarily at an exosystem level there were problems. This and other implications and reflections are further explored in the next chapter along with discussion of the research questions.

Chapter five

Discussion of the Teachers' Experiences in Supporting the Well–being of Children at Risk of Trauma

This section begins by addressing the research questions and then examines the implications for policy and teaching practice, the contribution and limitations of the chosen method and makes suggestions for future research.

Section one: The Research Questions

The participants' responses to the definition of trauma

There was a mixed reaction to the researchers' definition of trauma. While two teachers were sure that they had witnessed the effects of trauma in children, for others the supplied examples seemed to trigger their memories of children facing difficult circumstances, rather than necessarily being in the described state of trauma. As the topic concerned being "at risk" rather than being traumatized, this was appropriate. Though only one teacher specifically questioned the assumption that the examples were implicitly traumatic, the participants made it clear that whether or not events and circumstances were traumatic for children very much depended on a number of factors, such as the age and understanding of the affected child. Research confirms that responses to traumatic circumstances are very individual and dependent on his or her interpretation of the meaning, the severity of the events and the circumstances (*ZERO TO THREE*, 1994, 2005). Overall, the participants noted a range of factors that can mitigate or enhance the likelihood of traumatic reactions

and these were in line with current research. Notably, teachers recognized that in some

situations, a child with special needs, would add to the stresses and potential for trauma in

the child's family and that when parents separated there were often predictable changes in

children's behaviour. All seven participants interviewed had experiences they perceived as

relevant.

The teachers' identification of children at risk of trauma

The teachers' recognition of children at risk of trauma was very much in line with the

assessment and regulatory requirements of DOPs (4), which is based on the principles of

Te Whāriki (MOE, 1996, 1998b) and consistent with the clinical recognition of trauma, in

that information was gathered from multiple sources and contexts and the children's

behaviours were seen as responsive to their environment (Eth, 2001; James, 1994, Klapper

et al., 2004; Nader, 2004b).

Chiefly, the participants described their observations of children and their behaviours.

Behavioural symptoms detailed by the American Psychiatric Association (2000) and

ZERO TO THREE (1994, 2005) such as increased irritability, temper tantrums or outbursts

of anger or extreme fussiness were noted by the teachers. Withdrawal (American

Psychiatric Association, 2000; *ZERO TO THREE*, 1994, 2005), however, was commented

on less frequently than angry outbursts, and though teachers recognized that children might

draw and describe stressful events in their lives, only one teacher spoke of noting traumatic

themes in play (*ZERO TO THREE*, 1994, 2005). Physical signs of abuse, including neglect

were also noted. Regression, considered to be possibly associated with trauma by *ZERO*

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TO THREE (2005) was also recognized by teachers and related to particularly stressful times in children's lives, such as the divorce of the parents.

The teachers heeded changes in the children's behaviours, including subtle changes such as lack of manners. Such understated signs are also noted by Atwool (2000), Fraser (2000), Perry (2004a) and Terr (1991). In line with a holistic approach, the teachers often sought reasons for these behaviours or related them to events in children's lives. Some discussed the danger of jumping to false conclusions. A variety of assessment tools were used. Becoming aware that all was not well was often a gradual process and much of the analysis and interpretation appears to have happened orally with colleagues and parents or in reflection. Family changes or stresses often impacted on children. Usually parents indicated or confirmed that the family was experiencing some problems. Less often, observation of the parent/child relationship alerted teachers to family problems. Sometimes the children confided their concerns.

The teachers' support for children at risk of trauma

When the teachers spoke of their involvement with children at risk of trauma they generally focused on the interactions and the relationships that developed. Their responses often included physical contact such as holding hands. Touch and physical contact, which is comforting to the child but does not interrupt play, is important in healing (MOE, 1998b; Perry, in press; Rolfe, 2002). Water play, carpentry and art were examples of play that facilitated important conversations with children. As they relaxed, the children began to tell their stories, share their feelings and work through their problems. In this way, teachers were able to both identify threats to the children's well–being and assist the children to

identify, articulate and meet their own needs. Facilitating these skills and helping children
to form stable relationships are essential to well–being (MOE, 1998b; Simpson, 2005) and
the healing of trauma (Klapper et al., 2004; Perry, 1994).

Teachers also endeavoured to provide security and a level of normality for children
through providing predictable routines. These can help develop a sense of order and build
a sense of trust which MOE (1998b) and Perry (1994) associate with well–being.
Sometimes the teachers read stories that related to the children's circumstances. MOE
provides books for such a purpose (Learning Media, 2005). Also, some teachers gave
children special jobs at these times. Restoring the child's self-image as a competent person
is considered important for healing trauma (Caughey, 1991; James, 1994) and is an
aspiration of *Te Whāriki* (MOE, 1996). Care was also taken to prevent individual anxieties
affecting others. MOE (1998b) points out children may need to be taught negotiation and
problem solving. The teachers talked of maintaining behavioural boundaries but not the
details.

There was some empathy for children living in difficult situations who cried, hid or were
angry, even violent. When the participants recalled having to stop attacks on others,
though, the importance of protecting other children and even teachers seemed to take
precedence over helping these children to recognize their feelings and frustrations. Though
this is understandable, as the teacher is responsible for the care of everyone in the room, it
is unfortunate. Acknowledging children's feelings, without condoning their behaviours
contributes to children's self-knowledge and thus to well–being and healing the effects of

trauma (Daly, 2004; Gallagher, 2005; Klapper et al., 2004; MOE, 1998b, 1998b). Though there was evidence of this approach, sadly, others seemed unfamiliar with these strategies.

The teachers were all in agreement that to best help the child they needed to work with their parents. Regular contact, especially being available to listen to families, is advocated in the literature (Bronfenbrenner, 1975; Duncan et al., 2005; Draper & Duffy, 2001; Stonehouse & Gonzalez–Mena, 2004; Miller, 1996, 1998; Mitchell, 2003; MOE, 2005) and the teachers sought opportunities to do this. The parents in Duncan et al.'s (2005) study welcomed openness, and some participants also noted that this was desirable. They liked, too, that they had provided stressed families with time out to do tasks such as visiting hospitals, or conversely, that families could stay and have a coffee or be a parent helper at their centres. Duncan et al. (2005) also noted the benefits of providing parents with time away from the full time care of their children. Occasionally, the teachers made special arrangements and supported families in extra ways, such as allowing children to stay longer at the centre. However, like Stonehouse and Gonzalez-Mena (2004) they acknowledged the need to maintain professional boundaries and did not make such decisions lightly. When families needed support beyond what the centre could offer, the participants referred them to other organizations.

The teachers' concerns

Key issues for these teachers were overcoming communication difficulties, decision making, including what to do when children were very violent, and accessing support for themselves and others. In addition, some teachers lamented the lack of time to interact

with children, especially in one-to-one situations and others regretted that they had not been able to support particular children, as well as they would have liked too.

Although communicating with families clearly took much time, effort and consideration it was the lack of responses from some families which were problematic. Families didn't always think to tell teachers what was happening in their lives and they did not necessarily reply to concerns in a timely fashion either. Duncan et al. (2005) even found that some families, faced with difficulties, kept their children away from centres. This is awkward for teachers, such as the participants, who firmly believe in partnership with parents. The participants plainly tried to engage families and give them opportunities to contact help for their children but some also expressed concern about their lack of cultural understanding and knew that this could hinder their relationships with children and their families. Some were aware that a family's circumstances might necessitate their departure from the centre before they could be helped. Sometimes, they had to circumvent parent involvement, and in line with Cherrington's (2001, 2002) findings, prioritize the safety of the child. There was some awareness that this could be dangerous and Cherrington (2001) too, noted this difficulty.

In addition, there was some awareness that teachers who had experienced similar traumatic events might find working with these families challenging. The literature confirms that this situation is testing (Klapper et al., 2004; MOE, 1998b). Child guidance policies must allow for team members to be supported at such times (MOE (1998b), but colleagues can only support each other in this way if they know about the problem. It takes time to build up the trust that allows for the safe sharing of such information in a team. Some senior teachers

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limited information about family circumstances to the team in order to safeguard family privacy. If team members perceive this as a lack of trust, this, too, could be problematic. Judgement was also needed when deciding how far to go in supporting families. Though the participants judged such situations carefully at least one teacher felt this could be a problem for others.

Teachers worked with diverse organizations and sometimes this meant working with others whose aims or personal philosophies were different from their own, and this too could be challenging. Though teachers did not acknowledge their lack of up-to-date information, there was little discussion of Group Special Education's (2005) traumatic incident team and some head teachers did not know how to work effectively with angry and violent children. Prompt access to relevant information can be a problem. Lack of a key worker in some situations meant that each professional had a different understanding about what was happening for a family and this had a detrimental effect on co-ordinating services. Working with children at risk of trauma is acknowledged by Alat (2002) and Osofsky (2004b) as being stressful, and accessing their own support was at times difficult, too.

Support for the teachers

Sadly, the times when teachers felt the least supported was when they encountered children with the most worrisome violent or withdrawn behaviours. In several cases the inability of the staff to work as a team to help these children had a detrimental effect on the children and the teachers. Alat (2004b) and Osofsky (2004b) are adamant that this

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situation is unhelpful, even harmful, to teachers. Brunelli and Schneider (2004) affirm the

necessity of considering the personal needs of teachers if they are to adequately help

children. At least one teacher was left feeling exhausted after years of working with a child

exhibiting behavioural problem, and another did not remain in a centre where the head

teacher refused to get help for violent children. On other occasions teachers found support

from within their own team sharing relevant information and planning together for the

well–being of the children. However, efforts to maintain family privacy sometimes limited

this sharing and had potential to limit access to personal support. The children's families

also provided some support; communicating and providing resources and rewarding

teachers' efforts with cards, and occasionally, gifts.

When difficult decisions had to be made two teachers used the *Code of Ethics* (The

National Working Group, 2001) and one mentioned the usefulness of centre policies as

required in the regulations (MOE, 1998b: New Zealand Government, 1998). As directed

by MOE (1998b), teachers also found outside support from professionals in services such

as GSE and CYF, and others from within their umbrella organizations such as the

children's pastor or the centre's director. Research indicates that working with multiple

agencies can be difficult for teachers (Palmer et al, 2001) and the participants were aware

that these people had other responsibilities and loyalties that could clash with theirs. Some

of these teachers would have liked more training concerning trauma, especially access to

specialized knowledge when it was needed rather than days or weeks later. This is

especially appropriate given the need for children to be supported from their first

encounter with trauma (Schwarz & Perry (1994).

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Section two: Implications and Reflections

Implications for policy

The case for and against labels

The assessment and consideration of special learning needs is considered imperative to inclusive practice (MOE, 2000). Furthermore, children must be included in the centre and not regularly excluded from activities because they are aggressive or choose to withdraw themselves from the programme. Their well–being is put at risk when their environment is fearful and unpredictable and it is vital that teachers can identify the threat of trauma and support the children and their families. Though all seven participants recognized situations in which some children were at risk of trauma, there may have been other children, like the child of the gambling mother, whose behaviours may have been seen and supported differently if the extent of disequilibrium in the child's environment had been accepted as potentially trauma. The identification of special needs, including trauma, is made more difficult by the ambiguity inherent in seeking to discover such needs while also viewing the children as competent and capable.

However, getting to know and support the learning and development of individual children includes observing signs associated with special needs, such as emotional and behavioural difficulties (MOE, 2000). This can be difficult. Children experiencing trauma can react quickly to environmental clues and can express their discomfort with behaviours that range from aggression to disassociation and combinations of these (Perry, 2004a; Terr, 1991; Van Horn & Lieberman, 2004). Such behaviours can be seen as inexplicable or paradoxically confused with normal emotional and social development (MOE, 1996).

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Even when the situation is known, as in the case of the child with the gambling mother, the child's responses can be routinely addressed. Though, the centre is ideally a place of safety, and sanctuary which can ameliorate the worst effects of trauma in some situations this may not be enough. Early identification of trauma is needed for best results (Schwarz & Perry, 2004; Van Horn & Lieberman, 2004).

Trauma, however, is a disturbing condition that people are reluctant to associate with children. When this happens the focus may be negatively placed on the individual, as with the care giver who thought a child had autism when his behaviour deteriorated at the same time as his home circumstances changed drastically. Like other special needs, at risk of trauma is associated with medicine and therapy, rather than education and though teachers need to be alert to the possibility of trauma, diagnosis should be made by doctors. Diagnosis will be made in consultation with the whānau or family. Tricia (1993) suggests teachers may be in the best position to help families recognize that they need extra help and expert advice. Frightening though the suspicion of trauma might be to a parent; perhaps it might be easier to accommodate than a diagnosis of autism or wilful aggression. Arguably, there may be less parental guilt in a diagnosis of autism, but trauma can be successfully accommodated, resulting in resilience.

Though teachers are required to identify signals that indicate "at risk children" (MOE, 2000), they must also involve and maintain relationships with children and their families. A hasty and possibly inaccurate diagnosis is likely to make this very difficult. Like Cherrington (2000), some teachers noted that families might leave the centre or threaten staff if they are upset by accusations. At the very least the parent/teacher relationship can

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be damaged as in the case of the teachers' investigation of Mongolian blue spots with the child's doctor. A multi-faceted approach is needed. Teachers must seek to understand the responses of children in the context of their lives. They need understanding of holistic child development, the causes and symptoms of trauma, and the best ways to support children and their families when fear and upheaval threaten their security. This includes knowing when, where and how to provide access to more specialized services.

Towards the holistic assessment of special needs and trauma

In this study identification of trauma was predominantly made from observations of children's behaviours, conversations with their parents and teacher reflections on these talks and the meaning of these behaviours. This holistic approach fits with the use of narrative assessment. The adoption of this tool to support special needs has begun to be positively received (Barry & Dunn, 2003; Williamson et al., 2006) but it has yet to be used to identify special needs. The emphasis on photographic documentation and on recording the child's positive learning achievements, though effective (MOE, 2005), is problematic for the identification of special needs, especially if the behaviours are shocking or distressing. For many, the discussion of children's needs, let alone children's aggression or violence, is associated with a view of the child as lacking competency and therefore a deficit view. Holistic assessment is, though, about recognising that these behaviours are meaningful to children. Often, children are responding to their environment in ways that are natural, if not socially acceptable. They may feel unwell, out of place, insecure and unable to explore or contribute to their environment. They may have not yet learned language, social skills or how to solve problems.

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At present there is a dual approach to assessment with Learning Stories and other narratives celebrating the successes and traditional forms of assessment used to identify the problems. Traditional assessment tools, such as running records, like all evaluation methods, must be practised if they are to be done well. The less they are used the less likely they are to be done skilfully. Moreover the use of alternative forms of assessment largely for the identification of special needs is an exclusionary rather than inclusive practice. It is possible; too, that assessment of problems and needs will be made by some teachers but not recorded as there will be no acceptable way to do this. There is already some evidence, in this study and Aspden's (2003) research, that teachers do not always associate social/emotional and behavioural concerns with special needs. The difficulty for special education is that the movement away from assessment that focuses on what is developmentally appropriate jeopardises acknowledgement that special or additional support may be needed in order for the child to interact in the world. This study suggests there is a need to investigate ways the strengths of narrative assessment could be used to record teachers' and families' concerns about children's responses to their environmental. This vital information must be part of assessment for learning.

Towards Healing

Though the significance of responsive reciprocal relationships for all children cannot be overestimated, the special needs of children with trauma necessitates support that goes beyond the maintenance of a warm, safe and secure environment. Children, who have been damaged by trauma, need specialized help and activities to compensate for the missing sense of order and control in their lives. Those who have experienced neglect and

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attachment disorders in the first two years of life require the repetition of sensory and motor activities (Miranda et al., 1998; Van Horn & Lieberman, 2004). This has had scant attention in the early childhood literature. The development of special resources, such as music programmes, which promote calm and order in children's lives, would be useful additions to centre programmes. The value of these activities as developmentally appropriate for the brain growth, in preparation for higher order thinking must be highlighted and strongly linked to the holistic development of emotional well–being in the curriculum. These activities are essential for learning, not substitutes, and their appropriateness must be proclaimed. In addition, children who display symptoms such as hypervigilance, repetitive play, withdrawal and aggression, may need specialized help for themselves and their families beyond what can be offered in centres. This must be readily available, especially as this study and Sims (2000) indicate a tendency for teachers to refer to other services only when they are sure this is necessary and when they have exhausted their own strategies.

This study reveals that children who have been exposed to traumatic events and circumstances are present in centres. Information about the nature, causes and symptoms of trauma, including abuse, need to be included and actively promoted in support documents, such as *Including everyone te reo te tātaki* (MOE, 2000). Responsibility for children in centres, who have been abused or encountered violence, goes beyond informing authorities. Their well–being must be assessed and practices adapted to make sure their needs are met. In consultation with the early childhood community, the approach to this problem must not merely be the promotion of interagency co-operation, child self protection and ethical decision making (CYF, 2001; MOE, 1998b, The National Working

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Group, 2001). Teachers need guidance in the specific educational and care requirements of these children and this information must be readily available.

Implications for Teaching Practice

Challenges to partnership with parents

Teachers clearly valued, and considered essential, their contact with children's families, however, they also mentioned the reluctance of some parents to communicate or understand the implications of stress or neglect on the child's well–being. Teachers must find ways to communicate with families that are friendly, rather than judgemental. Some situations are contentious and it is not easy for teachers to know the best time to voice concerns with parents, offer the support of other organizations or know when it is necessary to risk unpleasant, even dangerous, repercussions by informing authorities about families. Negotiating partnership with these parents and whānau members is an ongoing and challenging part of the teachers' role that must be balanced with the key task of caring for the children. They need access to academic and professional research which notes and debates the challenges of these situations and others' attempts to advocate for children. If teachers are to refer families/whānau to other organizations, they must know that their concerns are valid and that outside agencies can offer timely support. The service must not be slow or inadequate, nor perceived that way. Teachers need knowledge and preparation for this before such events arise. Some agencies and organizations such as GSE have brochures, and centres may benefit from putting together their own list of helpful suggestions just as a large chain of centres has done. Ideally, the teachers need to have

practised reflection and decision making as individuals and teams (Mitchell, 2003). They need to be confident, competent and know they are supported.

Time and space is also needed to help families at times of trauma in order to build up the trust and sense of partnership that allows discussion of such family situations. Whānau rooms and spaces are now routinely included in government funded community centres. Spaces for personal, one-on-one chats with adults are, however very limited. Many centre offices are more like resource cupboards, and not particularly welcoming for discussion of private family circumstances. Providing a room in which family or confidential matters can be discussed, rather than in front of other parents and centre children shows respect and consideration for the whānau/teacher partnership. In addition, teachers must be available to use such rooms regularly when the need arises and not be put in the position of jeopardizing staffing ratios to attend to these families. From this study it is evident that teachers already prioritize time and crowded office space to support parents but the availability and regular use of such a room for private meetings would signal to families the importance of these communications to the teacher's role.

Personal Support

Helping children and their families in times of severe stress takes much skill, knowledge, energy and commitment. Teachers may need both practical and emotional support. Colleagues are the first logical place for support as they can be easily familiarized with a situation and share both an educational, and perhaps philosophical, background and a physical work place. Though several participants relied on their teams or supervisors for

support this is not always appropriate or possible. Other teachers may lack experience or

strategies, or conversely, may have had experiences that mirror that of the child or parent,

perhaps making it harder for them to deal with the situations. Plus there are privacy

considerations. Time must be allocated and facilities arranged so that teachers can explore

together their past experiences and different philosophical backgrounds. This will facilitate

their understanding of how they can work and support each other in their work

(Bronfenbrenner, 1979; Brunelli & Schneider, 2004; Nuttall, 2003). Sometimes, these

participants, like those in Cherrington's (2001) and McLeod's (2003) studies, found it

difficult to stand up to colleagues. If the team is divided in its evaluation of the situation

this is potentially problematic to the assessment of trauma and gaining family co-

operation. Centre teams must be able to partake in robust informed debate with the aim of

consensus if assessment and team decision making is to be effective rather than notional.

Other organizations and professionals can supply resources, information and individual

assistance for the child, the family and the staff. Though the teachers generally found this

useful some participants also indicated the need for more personal support. They required

someone who could be trusted to listen as they worked through possible scenarios and

solved problems. As many early childhood centres cater for less than 50 children and have

correspondingly small staff numbers, the matter of personal support needs to be

investigated.

Those who work with children who have suffered trauma must prioritise their own well–

being (Alat, 2003; Osofsky, 2004b). Brunelli and Schneider (2004) point out the need for

consideration of how teachers meet their own and their families' needs. It can be difficult

to tolerate others' ineptitude when you have little support yourself. Exhaustion was recalled by one a participant. This affects judgement and initiative and a seriously fatigued teacher is unlikely to be in a position to take appropriate steps to safeguard his or her health or the child's well–being. It is management's role to monitor, evaluate and support its staff (MOE, 1998b). Ideally, problems are attended to before this stage is reached. Non-teaching time which can be useful in coordinating and facilitating team support is though, a scarce commodity, especially in services which offer full daycare (Duncan et al., 2005, Nuttal, 2003). One way of streamlining decision making and remaining true to centre philosophies is through relevant and up-to-date policies. In this study the use of policies was barely mentioned.

Reflections on the Methods

Contribution of the ecological model

Though other interpretations could have been made of the data, the analysis of the experiences in relation to the principles of *Te Whāriki*, and the use of Bronfenbrenner's (1979) ecological model provides a familiar framework for others in the field to examine their own reactions to children at risk of trauma in early childhood centres. Furthermore, the strategies, challenges and issues described in this thesis are both specific to the participants' experiences and pertinent to general reflection on early childhood practice. The use of the ecological model has helped highlight the complexity of the teachers' work and the layers of influences that affect every decision. Working with children at risk of trauma is an added complication. Though the literature of trauma and early childhood teaching are very different, they have points in common that relate to the chronosystem

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changes in macrosystem beliefs. In line with *Te Whariki,* and the views of therapists and clinicians (Atwool, 2000; Joseph et al, 1997; Klapper et al., 2004), these teachers recognized that the children in their care actively construct meanings for the events and circumstances of their lives. They also understood that families, whānau and the community were important in identifying and supporting these children. Growing acceptance that trauma is a real threat to the well–being of children has happened at that the same time as the recognition of the importance of early years for brain growth and development (Perry, in press) and that children require quality learning environments with teachers who are knowledgeable about early years development and learning (May, 2001; Podmore & Meade, 2000). Professional knowledge, attitudes and skills are evident in this study.

The chronosystem and macrosystem ideals of inclusion and multiculturalism are both relevant to the assessment of trauma. There was awareness of diverse meanings and ways of doing things in a multicultural society. Teachers also listened and empowered children to seek the support they needed, which is very much the aim of inclusion. However, sometimes the teachers themselves were thwarted in their attempts to help children. Not all can accept the possibility that children can be exposed to trauma in their early years. The use of the ecological model shows that if teachers are to assist the well–being of children at risk of trauma, there must be recognition of this state and its implications for teaching at every level. This includes the valuing of communications and meaningful relationships with children, their families, colleagues and others in the community and professional knowledge, training and resources to help recognize trauma and to support appropriately the healing and resilience of children and their families.

Limitations of this study

This exploratory study describes the experiences of seven practised and qualified early childhood teachers who recognized, and were comfortable with, discussing the supplied definition and examples of trauma and its relevance to their teaching. Each interview was different, yet there were similarities. All the teachers spoke of observing of children's behaviours and the importance of communicating with parents. It cannot be assumed, however, that the experiences of these teachers are applicable to those who were not interviewed. Early childhood teachers and educators, although predominantly women, are a diverse group ranging in age, educational backgrounds, life experiences and cultural influences. The personal experiences of the participants, the availability of resources and many other factors were affected, too, by the timing of this study. Furthermore, another definition of trauma, perhaps one that emphasized the associated extreme fear or the disorganized behaviours (American Psychiatric Association, 2000) may have provoked other memories and stories and different interpretations of the data may have spotlighted other important concerns.

This study was limited in that only teachers were interviewed. Time constraints and ethical considerations did not allow for parents, whānau, other professionals or the children to be interviewed. Nor was it feasible to observe and analyse the teaching practice of the teachers or seek different views of the experiences they described. Finally, as with day-to-day teaching, this study acknowledges that opportunities for following leads and analysing observations could always be done differently if not better and this is especially true when the researcher and the topic are new.

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Future Research

There is much scope for future research. Little is known of how teachers' and families' understand the place of the principles and biculturalism in curriculum programming and holistic assessment, especially the spiritual, emotional and social interpretations of children's behaviours. The use of narrative assessment and the teacher's role in identifying special needs including, those of children at risk of trauma, must also be explored.

Further investigation is also needed on the kinds of trauma that are identified by teachers, along with the procedures and policies that are helpful in this work. Crucially, the impact on parent/teacher relationships of reporting teacher suspicions of child abuse must be scrutinized. This can be particularly difficult for early childhood teachers who are committed to working with the children and their families. The teachers' experiences in maintaining relationships with families under such circumstances need to be recorded and analysed, as does the consequences and support for teachers who have personally experienced trauma, particularly abuse.

As children's perceptions of events may be very different from that of their parents or teachers, practical and ethical ways of recording their experiences also need to be developed. Lastly, but importantly, consideration must be given to the specific researching and trialling of ways to heal children who have been exposed to trauma, particularly those who have been neglected and deprived of relationships. This should include the role of early childhood teachers.

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Policies are devised by teams, in consultation with their communities, to reflect the particular philosophical approach of the centre in providing an equitable, informed, and up-to-date service (MOE, 1998b). In contrast to Cherrington's (2001) study, only one teacher mentioned the usefulness of policies. It is not known why. The place of policies in informing and supporting teaching practice needs to be further investigated.

Conclusion

Trauma is a real threat to the well-being of children in early childhood, especially when distressing events and circumstances affect their families. The support of children at risk of trauma is dependent on the adults in their lives. The use of an ecological perspective shows that whānau, teachers and other professionals must be valued and resourced so they can adequately do this work. Pertinent and relevant information and research is needed. Best practice which is concerned with the principles and strands of *Te Whāriki*, is as applicable to the child with special needs caused by trauma as it is to the learning and developmental needs of all children. However, this is challenging work that can take time away from teachers' other duties. Like the children, teachers, too need the gifts of courage, heart and brain so they also can be brave, empathetic, resourceful and reflective.

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Appendix A: Letter to management

█████████████
█████████████
█████████████
█████████████ n

25 March, 2004.

Sandra Tews
██████████████████
████████

Browns Bay
Auckland

Dear Sandra

I am the Massey University postgraduate student who rang you last week seeking permission to interview your kindergarten teachers for my thesis in Education.

My research topic is "The experiences of the early childhood educator in promoting the well-being of children at risk of trauma".

The aims of the project are to research the experiences of early childhood educators in relation to their professional duty to support the well-being of the children in their care and identify potential problems that may be common to other educators in similar situations. I wish to spend up to two hours interviewing educators who feel they have relevant experiences they are prepared to share. I would also like access to relevant centre policies. I am interested in the policies and processes the educators followed at the times of concern. I do not require family details. Participant and centre details will be confidential. An information sheet is enclosed with further details. I am available at the above address if you have any concerns. My supervisors, who are listed on the information sheet, are also available. I will ring you next week to discuss this with you.

Yours sincerely,

Cheryl Isaacs.

⟨⟩ Massey University
COLLEGE OF EDUCATION
Te Kupenga o Te Mātauranga

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Albany Campus
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Information sheet for Early Childhood Participants in the study of _The Experiences of Early Childhood Educators in Promoting the Well-being of Children At Risk of Trauma._

I, Cheryl Isaacs, invite you to participate in my research thesis to complete my Masters in Education (Special Education). I currently work part- time as a tutor for New Zealand Tertiary College. The title of my research is: _The experiences of the early childhood educator in promoting the well-being of children at risk of trauma._ The aims of this study are to record the experiences of early childhood educators in relation to their professional duty to support the well-being of the children in their care; identify possible difficulties educators may encounter in this work and discuss available resources and sources of support from both within the centre and the community.

Participant Recruitment and Involvement
With permission from centre management I will visit your centre to inform you of my research and define my topic. Those who wish to participate can contact me privately. I will leave consent forms and self-addressed envelopes in order to facilitate this. Participation is voluntary but students of New Zealand Tertiary College will not be eligible. Approximately twelve participants will be needed to provide adequate data for this qualitative, narrative research. No compensation or reimbursement of expenses can be offered to the participants. The interviews will take up to two hours including debriefing at the end of each interview. Supporting documentation such as centre polices, but no personal family or child records, can be brought to the interview. We will decide on a mutually acceptable time and venue. I will send a transcript of the interview for your verification. If retelling your experiences leads you to feel distressed and /or in need of support I can supply you with the names and addresses of suitable people.

Participant's Rights
Participants have the following rights and should understand that they:
- May decline to answer any particular question;
- May turn off the tape at any time during the interview;
- May support their story with notes, detailing processes followed at the time of concern and relevant centre policies;

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- Will have the transcript of their interview returned to them within the fortnight and may retract statements within a fortnight of receiving the transcript;
- May withdraw from the study up to six weeks after their interview;
- May ask any questions of the researcher or her supervisor about the study at any time during participation;
- Will have their name or identity unrevealed unless permission is given to the researcher (pseudonyms will be used).

Participants should understand that:
- Data will be stored securely in a locked cupboard in my home
- Data will be analyzed for content themes; presented anonymously in trends and categories, summarized for participants and sent to them at the end of the study.
- Data will be held for the requisite five years then destroyed by the supervisor.

Committee Approval Statement.
This project has been reviewed and approved by the Massey University Human Ethics Committee, ALB Protocol MUAHEC 03/076. If you have any concerns about the conduct of this research, please contact Professor Brian Murphy, Chair, Massey University Campus Human Ethics Committee: Albany, telephone 09 418 0800 (extension 9251), email
B.Murphy@massey.ac.nz.

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Researcher
Cheryl Isaacs

Appendix C: The Consent Form

The Experiences of Early Childhood Educators in Promoting the Well- Being of Children at-risk of trauma.

Consent Form

This Consent Form Will Be Held For A Period of Five (5) Years.

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/ do not agree to the interview being audio taped.

I agree to participate in this study under the conditions set out in the information Sheet.

Signature:_____**Date** _____

Full Name-printed _____

Appendix D: The supplied definition and discussion questions

Pseudonym (Your Choice) _____

Age Band: 17–25   26–35   36–45   46–55   55+

(Circle as applicable)

Early Childhood Qualification_____

Years since attaining first _____and last qualification_____

Years of working in early childhood_____

Other relevant experience_____

_____

Definition

I define trauma as an emotional or psychological reaction to a shocking or distressing event or events, for example, childhood trauma may be caused by abuse; divorce; parental alcoholism or drug abuse; illness (including psychiatric) or disability; death in the family; foster care; the child's or sibling's serious illness; exposure to violence in the home, community or in the media; natural disasters or bullying. It may affect behaviour, development and/or learning.

What experiences have you had in working with children at risk of trauma?

How did you identify and work with these children?

How did you decide what to do?

How were you supported? What people/organizations etc were helpful?

What issues arose?

How satisfied were you with the outcomes for the child/children?

With hindsight what other things might you have done?

Is there anything else you'd like to ask?

Appendix E: Thank you letter to participants

███ █████ █ █

██████████

██████

27 August, 2004

██████████████████ █

Dear Michelle,

Thank you so much for participating in my research on 20 July. I really appreciate you giving up your busy time to be interviewed. The information you shared was very thoughtful and will be most useful for my thesis. Although some sentences may look grammatically incomplete or long they sounded very natural on the tape. Please check the transcript and say if you would like anything changed, added or subtracted by 13 September, 2004. You will see it ends rather abruptly you might like to add to this sentence. At this stage I anticipate that the summary will be available in 2005 and I will be sure to send you a copy. Thank you one again for your insightful reflections.

Yours sincerely,

Cheryl Isaacs