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Early Childhood Teachers' Beliefs and Experiences of Identification and Referral for Early  
Intervention Services in Aotearoa New Zealand

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## **Abstract**

This research addresses a gap in the literature related to the role of early childhood teachers in the identification and referral of children for specialist early intervention, particularly in the Aotearoa New Zealand context. Extending on the prior work of Aspden (2003), this replicative study explored early childhood teachers' experiences, attitudes and beliefs regarding the identification of children's additional needs and subsequent referral for specialist early intervention. Two research questions framed this study: (1) what are early childhood teachers' experiences related to identification and referral? and; (2) what factors, attitudes and beliefs influence early childhood teachers' identification and referral practices? Seventy-eight early childhood teachers participated in an online survey. Key findings suggested that teachers' identification and referral confidence was strongly influenced by a complex set of personal and external factors that included concerns around parental reaction and the adequacy of service provisions. Teachers reported low overall levels of confidence in specialist service provisions, creating a potential access barrier for children with additional needs. The findings support the ongoing need for teacher consultation in terms of current and future changes to the systems around specialist early intervention as well as enhanced professional support and development that targets teachers need for knowledge of and connection with specialist agencies.

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**"Only as high as I reach can I grow, only as far as I seek can I go, only as deep as I look can I see, only as much as I dream I can be"**

**- Karen Raun**

## Table of Contents

<b>Abstract</b> .....	<b>i</b>
<b>Acknowledgements</b> .....	<b>ii</b>
<b>Table of Contents</b> .....	<b>iii</b>
<b>List of Figures</b> .....	<b>vii</b>
<b>List of Tables</b> .....	<b>vii</b>
<b>Chapter 1 Introduction</b> .....	<b>1</b>
Children’s Additional Needs.....	1
Defining Early Intervention .....	2
Aotearoa New Zealand Context.....	2
Rationale for Research.....	4
Research Aims.....	6
The Structure of this Thesis .....	6
<b>Chapter 2 Literature Review</b> .....	<b>7</b>
Early Identification and Intervention.....	7
The Role of the Early Childhood Teacher.....	9
Influences on Teachers’ Practice: Experiences, Attitudes and Beliefs .....	10
Beliefs about early intervention. ....	10
The professional context of teaching in ECE. ....	11
Parent/whānau involvement.....	11
Knowledge and training.....	12
Beliefs about the adequacy of early intervention services. ....	13
Early Intervention in Aotearoa New Zealand: A Changing Landscape .....	13
Addressing the Gap: Examining the Context of ECE Teachers’ in Aotearoa New Zealand .....	14
Conclusion.....	15
<b>Chapter 3 Methodology</b> .....	<b>16</b>
Research Questions .....	16
Methodological Approach .....	16
Participant Recruitment.....	17
Ethical Considerations.....	18

Data Collection Methods .....	19
Survey methodology.....	19
Survey design.....	20
Dissemination of the Survey .....	23
Data Analysis.....	23
Quantitative analysis.....	24
Qualitative analysis.....	24
Conclusion.....	25
<b>Chapter 4 Results .....</b>	<b>26</b>
Background Information.....	26
Demographics.....	26
Early childhood experience.....	26
Early childhood qualifications.....	27
Current teaching position.....	28
Current work context.....	28
Referral Practices and Experiences.....	29
Actual referral experience.....	29
Referral confidence.....	31
Experience.....	32
Beliefs about services.....	33
Qualifications and training.....	33
Team support and collaboration.....	33
Parental factors.....	34
Factors that discourage referral.....	34
Processes of Referral.....	35
Responsibility for referral.....	35
Formal referral procedures.....	36
Actual referral procedures.....	36
Parent/whānau involvement.....	38
Cultural considerations.....	39
National screening programme.....	41
Timing.....	41

Format/content.....	42
Outcomes.....	42
Positive comments.....	42
Beliefs About Early Intervention, Identification and Referral .....	43
Early intervention beliefs.....	43
Current service provisions.....	43
Beliefs about collaboration.....	43
Professional Support and Development.....	45
Summary .....	47
<b>Chapter 5 Discussion and Conclusion .....</b>	<b>48</b>
Describing the Sample: Demographics and Background Information.....	49
Experiences of Identification and Referral: Perspectives of Early Childhood Teachers	49
Identification and referral processes.....	50
Collaboration within the centre.....	51
Collaboration with parents/whānau.....	52
Collaborative referral processes and cultural considerations.....	53
Factors, Attitudes, and Beliefs that Influence Identification and Referral Practices.....	54
Personal factors.....	55
Relevant skills and knowledge.....	56
Qualifications and training.....	56
Beliefs about early intervention.....	57
External factors.....	58
Parent/whānau reaction.....	58
Concerns about early intervention service provisions.....	59
Opportunities for ongoing training and support.....	61
Comparing Findings: Previous Study vs. Present Study.....	62
The changing landscape of ECE in Aotearoa New Zealand.....	62
Comparing the survey samples.....	63
Key comparisons and implications.....	63
Limitations/Implications for Further Research.....	64
Conclusion.....	65
<b>References .....</b>	<b>67</b>

<b>Appendices .....</b>	<b>77</b>
Appendix A: Approval from Massey University Human Ethics Committee.....	77
Appendix B: Letter to Kindergarten Associations Requesting Approval .....	78
Appendix C: Information Sheet.....	79
Appendix D: Sample Email Invitation to Participate.....	80
Appendix E: Survey from Present Study .....	81
Appendix F: Survey from Previous Study (Aspden, 2003) .....	93
Appendix G: Comparison of Data from Previous and Present Studies.....	98



### List of Figures

Figure 4.1. Respondents' current teaching role (N=78) .....	28
Figure 4.2. Respondents' current work context (N=78) .....	28
Figure 4.3. Previous referrals by no. per respondent (N=75) .....	29
Figure 4.4. Total number of referrals to different early intervention service providers (N=75) .....	30
Figure 4.5. Types of additional needs included in referral (N=72) .....	30
Figure 4.6. Respondent ratings of referral confidence across type of needs .....	31
Figure 4.7. Factors influencing referral confidence (N=69) .....	32
Figure 4.8. Factors that discourage teachers from making referrals (N=75) .....	34
Figure 4.9. Person/s primarily responsible for referral (N=69) .....	36
Figure 4.10. Elements of actual referral procedures described (N=68) .....	37
Figure 4.11. Comments on the usefulness of the B4 School Check (N=51) .....	41
Figure 4.12. Previous training and support for early intervention referrals (N=69) .....	45
Figure 4.13. Comments on valuable areas of further training (N=39) .....	46
Figure 5.1. Pathway to ECE teachers' self-efficacy to identify and refer for early intervention .....	55

### List of Tables

Table 4.1. Respondents' years of experience in ECE .....	27
Table 4.2. Respondents' early childhood qualifications .....	27
Table 4.3. Respondents' comments on the importance of cultural considerations on referral practice .....	40
Table 4.4. Respondents' beliefs about early intervention and referral .....	44
Table A.1. Comparison of data from Aspden (2003) and present studies .....	98

## **Chapter 1 Introduction**

The long-term benefits of early intervention for children's additional needs, also known as special or learning needs, are well-documented (Guralnick & Albertini, 2006; Liberty, 2014; Roffey & Parry, 2014). This thesis details a replication study using an online survey to examine early childhood teachers' beliefs and experiences of referral for early intervention services in Aotearoa New Zealand. With the increasing levels of attendance in early childhood care and education, it is arguable that early childhood teachers have unique and targeted opportunities to identify children's additional needs and support referrals for early intervention services. The factors that impact early childhood teachers' identification and subsequent referral of these children made up the subject matter of this research.

### **Children's Additional Needs**

Children's additional needs (also referred to as special needs, learning needs, or disabilities) are sometimes evident before or soon after they are born, however, many children's needs are identified at varying stages in their development for a variety of reasons (Roffey & Parry, 2014). The nature of additional needs in early childhood is broad and includes children with physical, intellectual, communication, behavioural and emotional needs (Hebbeler & Spiker, 2016). Speech-language and communication needs are some of the most prevalent in early childhood and can often exist alongside other types of additional needs (Bercow, 2008). Children with communication needs and/or intellectual or physical disabilities can experience issues in accessing equitable education because of developmental delays (Purdue, Gordon-Burns, Rarere-Briggs, Stark, & Turnock, 2011). These children are more likely to be referred for and receive appropriate educational and medical support early because their needs are more obvious (Roffey & Parry, 2014). Likewise, children with emotional and/or behavioural needs may also struggle to access educational success because of internalising or externalising behaviours that impact their ability to participate at school (Kauffman & Landrum, 2013). These children are less likely to be referred early because their needs are harder to identify (Fraser, 2005). Alongside these domains of need also sit children who are identified as being gifted or talented, for which specialist early intervention services are reportedly under-resourced and difficult for children, families, and teachers to access (Tapper & Riley, 2015).

## **Defining Early Intervention**

It is widely accepted that early identification and intervention for children's additional needs, prior to commencement of formal schooling, has the power to positively shift their educational and life trajectories (Guralnick & Albertini, 2006; Jha, 2016). Early intervention can be defined as "a set of services and supports delivered as early as possible to ameliorate or prevent long-term problems" (Liberty, 2014, p. 115). It is important to distinguish that the evidence-base that supports early childhood early intervention is conditional to the relative quality of the intervention. Simply intervening early is not enough, the intervention must be high-quality and targeted to support the diverse additional needs of individual children (Gargiulo & Kilgo, 2014). Roffey and Parry (2014) posited that quality early intervention is important in early childhood education because it promotes a child's development, optimises their opportunities for progress, provides opportunities for collaboration and communication between the home and educational environments, and can support the development of a child's positive self-concept. Early intervention in the early childhood context is considered a coordinated and collaborative approach to identifying and addressing children's additional support needs through targeted and specialised services that support the child, their family, and their teachers (McLachlan, Edwards, Margrain, & McLean, 2013).

## **Aotearoa New Zealand Context**

From the age of three years, the New Zealand government offers all children a subsidy of 20 hours per week with approved early-childhood education (ECE) providers which include teacher-led services (kindergartens and early childhood centres) and parent-led (play-centres) or home-based services. Enrolment in public kindergarten is available from the age of two, however, many private early childhood education centres also offer enrolment to infants and toddlers. There are also Māori-medium ECE providers called Kōhanga Reo. As of June 2015, the attendance rate for New Zealand children aged 0-4 was 63.8% (Ministry of Education, 2015a). Most attending children are enrolled in private ECE services (63.1%) or public kindergarten (15.6%). The remaining children attended home-based services (10.3%), Playcentres (6.3%), and kōhanga reo (4.5%). The average weekly attendance across all ECE provider types is 20 hours which is closely related to the aforementioned government subsidy.

Results from a recent national survey suggested that 11% of children aged 0-14 years have a disability, nearly half of which existed at the time of their birth (Statistics New Zealand, 2014). A further 33% identified the cause of impairment as 'other' which includes those with autism spectrum disorder, ADHD, developmental delay and dyslexia/dyspraxia, all of which may too have existed at birth, or in the early years of development. Findings from this survey also indicated that children were twice as likely to have a learning difficulty, such as an impairment in speaking, learning, and/or development, than they were other types of needs. This claim is corroborated by international research indicating that approximately one-in-five children entering formal schooling have speech-language and communication needs (Bercow, 2008; Roffey & Parry, 2014). Current literature and research reveals that a substantial number of New Zealand's young children under the age of five have additional needs that could be identified early under the right conditions, opening the potential for targeted early intervention support.

Liberty (2014) described the unique bi-cultural context of early intervention in Aotearoa New Zealand as being underpinned by the principles of western and Māori cultural understandings of wellbeing. Early intervention in Aotearoa New Zealand is hallmarked by a commitment toward fully inclusive education for all learners at both a curriculum and policy level (Foster-Cohen & Bysterveldt, 2016; Mentis, Quinn, & Ryba, 2005; Ministry of Education, 2017c). The aim of inclusive education is to ensure that all children are able to participate and thrive in a mainstream educational setting. Gordon-Burns, Gunn, Purdue and Surtees describe this as "taking steps to reduce and eliminate barriers to learning and participation" (2012a, p. 4). This means that all efforts should be made to support children with additional needs to access the curriculum in a way that they are most able to experience success. These supports may come in the form of curriculum adaptations, changes to the physical environment, and in some cases, additional personnel or resources (Gordon-Burns, Gunn, et al., 2012a).

Early intervention services in Aotearoa New Zealand are, for the most part, provided by the national Ministry of Education or through a contract to the non-government organisation (NGO) CCS Disability Action. To a lesser extent, referrals for early intervention services can also be made to accredited independent providers such as regional kindergarten associations or privately-funded support services. Referrals may be received from parents, early childhood teachers, or various health professionals, however, all

referrals cannot proceed without permission from parents/caregivers (Liberty, 2014). Upon acceptance of a referral, a lead worker (usually an Early Intervention Teacher, Speech-Language Therapist or Psychologist) will begin working with a child and their parent/s and teacher/s to further assess and support the identified needs. In response to the particular needs of a child, other specialists may also be involved in the early intervention team, such as advisors on deaf children, physical therapists, and kaitakawaenga (Māori cultural advisors) (Ministry of Education, 2017b). In alignment with Ministry of Education early intervention services, sits the B4 School Check is a national screening programme, administered by the Ministry of Health (Ministry of Health, 2015). This is available to all 4-year-old children and was designed to act as a safety net to identify children's needs prior to starting school (Liberty, 2014).

In 2016, the Ministry of Education began making changes to the way that support services were structured and delivered, starting with a name change from *Special Education* to the more inclusive and strengths-based *Learning Support* (Ministry of Education, 2017a). Gaps were noted in the provision of support services for children's speech-language and communication needs as well as issues with the structure of support for children with behavioural and emotional/social needs (Ministry of Education, 2016). The changes were based on feedback from key stakeholders and partner organisations in the education sector that acknowledged a number of concerns including issues with the accessibility and efficiency of service provisions as well as the need for parent/whānau collaboration and training for teachers to identify and address concerns as early as possible (Ministry of Education, 2015b, 2015c, 2015d).

### **Rationale for Research**

This research aimed to investigate teachers' beliefs about their role within the referral process and about the process itself, in response to a notable lack of research into this area. This field of enquiry is important because it is imperative that we understand what factors may be helping or hindering those children who need support from receiving it. Bruggink, Goei, and Koot (2016) argued the centrality of early childhood teachers' roles in the identification and referral of children's additional needs. Research suggests that teachers' may not feel 'expert' enough about children's additional needs to confidently identify concerns about development or they may be unsure of how to proceed if they do

(Aspden, 2003; Samms-Vaughan & Franklyn-Banton, 2008; Smeets & Roeleveld, 2016). Additional needs can be a sensitive and difficult subject for all involved, including parents and the children themselves, and careful communication and collaboration is required (Nwokah & Sutterby, 2014; Roffey & Parry, 2014). Another issue to be explored is the perceived quality or usefulness of the services themselves, including appropriateness of assessment/intervention and long wait-lists for services that can adversely affect 'early' identification prior to a child starting school.

Based on a similar study completed by Aspden (2003), this replication offers the opportunity to compare findings and suggest if there have been any shifts in perspective or practice in the 14 years between the studies. Through analysis of this information, we can make inferences about what potential barriers teachers face and, in turn, what may be hindering access to early intervention services for children with additional needs. The first phase of Aspden's (2003) study collected survey responses from 50 early childhood teachers from the Auckland area. The second phase brought together a small number of survey participants to a focus group to discuss issues raised in the survey in more detail. The final phase documented the process followed by one early childhood education provider to develop a policy and procedures to guide the identification and referral process. Findings highlighted a number of factors that influenced teacher referral, including parent/whānau involvement, cultural considerations, assessment, professional training and development, and the existence of formal referral procedures. Replication, as a research method, sits within the core of scientific principles in that it adds to the body of knowledge either through corroborating or challenging previous findings (Schmidt, 2016). Therefore, a further aim of this study was to identify similarities and differences in teachers' responses between the 2003 and 2017 surveys, in light of a changing educational context.

The curiosity that drove me to complete this research was both professional and academic in nature. With experience as a primary school teacher in New Zealand and the United Kingdom, as well as experience working as a Special Education Adviser for the Ministry of Education, the subject of this research aligns with my personal and professional interests. Of particular interest, was the unique perspective that teachers can offer about their experiences of referral for government-funded early intervention services. My experience from working in the special education sector and being assigned referrals for support services suggests that teachers often feel unsure and sometimes unsupported or

unprepared when it comes to identifying concerns about their students and what course of action to take. The focus, ultimately, was to gain a better understanding of how teachers can be better supported to make appropriate identification and referral as early as possible, to ensure the best outcomes for children in Aotearoa New Zealand.

### **Research Aims**

This study sought to explore early childhood teachers' experiences, attitudes, and beliefs regarding the identification of children's additional needs and subsequent referral for specialist early intervention. This aim was framed by two questions; (1) what are early childhood teachers' experiences related to identification and referral? and; (2) what factors, attitudes and beliefs influence early childhood teachers' identification and referral practices?

### **The Structure of this Thesis**

This thesis is organised into five chapters. The first chapter has provided a general overview of the research. The second chapter presents a review of the literature relevant to early childhood teachers' identification of children's additional needs and subsequent referrals for specialist early intervention. The third chapter details the methodological approach employed and the design of the study. Chapter four presents the results of the survey. The fifth chapter discusses the results and makes links to the literature through careful analysis and comparisons with the previous study. The implications and limitations of the present study are also discussed before the research is summarised in a brief conclusion.

## **Chapter 2 Literature Review**

The following literature review explores the current body of knowledge relating to early childhood teachers' attitudes, beliefs, and experiences of referral for specialist early intervention services. The characteristics of the population of children who require early intervention will first be considered, then the role of early childhood teachers' in the identification and referral process. The review will delve into the factors that influence teachers' identification and referral practices, with a look to how teachers' attitudes, beliefs, and experiences can impact a decision to refer a child for early intervention support. Further to this, the context of current early intervention services provisions will be explored, in terms of teachers' experiences and beliefs of them. Drawing on this literature and the work of Aspden (2003), the study upon which this research is based, this review highlights the need for further research into early childhood teachers experiences and beliefs related to early intervention, identification, and referral.

### **Early Identification and Intervention**

If 'early' means as soon as possible after a child's additional needs have been identified and 'intervention' refers to specifically-designed strategies implemented to reduce or eliminate identified risk factors, then logic dictates that we cannot provide early intervention without early identification (Cullen & Carroll-Lind, 2005). Early identification and referral for early intervention support services are not always associated, but the latter cannot occur without the former. Assessment for early intervention is a widely researched area with many facets (McLachlan et al., 2013). In Aotearoa New Zealand, access to specialist early intervention is largely dependent on assessment and subsequent referral from parents, teachers, or health providers (Liberty, 2014). At a national level, universal screening protocols are in place at a number of points in children's early years with targeted services, such as Tamariki Ora/Well Child that start at infancy and span to the B4 School Check that takes place when a child is approximately 4 years old (Liberty, 2014). With recent statistical data suggesting that 96.5% of all four-year-olds are currently enrolled in licenced early childhood education, the likelihood of engagement with this screening programme is increased (Ministry of Education, 2015a). Approximately 90% of children receive at least one screening prior to starting school, however, concerns have been raised that many children's



additional needs are only first being identified at age four through the B4 School Check, which may not allow for timely intervention (Liberty, 2014).

A growing body of literature proposes that effective assessment for early intervention must be ecological in nature, family-centred, and developmentally appropriate, if truly meaningful outcomes are to be achieved (Bagnato, 2007). This aligns strongly with the theoretical underpinnings of New Zealand's ECE curriculum, *Te Whāriki*, which is founded on the principles of holistic development, relationships, family and community, and empowerment (Ministry of Education, 2017c). An ecological perspective places importance on the complex interrelationships between a child and their environment (Gargiulo & Kilgo, 2014). This model includes varying systemic levels of influence, spanning out from the child's most direct relationships with their immediate environment (e.g., family, home and school) to the wider societal context in which they live (e.g. government, overarching culture/values) (Bronfenbrenner, 1992; Gargiulo & Kilgo, 2014). Within an ecological approach, collaboration is successful through strong and empowering relationships and communication with families/whānau, who are seen as key stakeholders in their child's education and development (Gargiulo & Kilgo, 2014; Gordon-Burns, Gunn, Purdue, & Surtees, 2012b; Ministry of Education, 2017c, 2017d; Shuker & Cherrington, 2016).

Successful early identification of children's additional needs is more likely when assessment is based on sound skills and knowledge (Smith, 2013; Wright, 2010). Current literature suggests that professional knowledge of child development forms the basis of assessment for early intervention (Bagnato, 2007; Mathieson, 2007; Whitebread, 2012). This is also evident in *Te Whāriki*, the New Zealand ECE curriculum guideline, which states that teachers should have a "knowledge and understanding of child development and a clear understanding of the context in which they are working" (Ministry of Education, 2017c, p. 48).

Although typical developmental milestones provide a baseline for identification, there will always be individual variations in a child's developmental pathway (Mathieson, 2007). The non-linear nature of these variations, coupled with the differences in children's development across multiple domains, can create challenges when it comes to assessing and identifying developmental delay (Gargiulo & Kilgo, 2014). Furthermore, Tesar (2016) argued that a developmental perspective does not necessarily align with the more holistic, socio-cultural ideologies that underpin ECE in Aotearoa New Zealand. *Te Whāriki* views

children's learning and development as "intricate patterns of linked experience and meaning rather than emphasising the acquisition of discrete skills" (Ministry of Education, 2017c, p. 48). ECE teachers may not be as likely to refer to universal developmental milestones, instead favouring mapping the development of each child individually in a more strengths-based approach (Tesar, 2016). Furthermore, teachers may not feel equipped with the necessary developmental knowledge, or may feel uncomfortable doing so in a pedagogical context that focuses on strengths-based assessment (Foster-Cohen & Bysterveldt, 2016; Shuker & Cherrington, 2016; Tesar, 2016).

### **The Role of the Early Childhood Teacher**

Children with more easily identified needs are more likely to be referred for and receive appropriate early intervention services by the age of two (Liberty, 2014). For example, children with intellectual disabilities are as much as three times more likely to be referred for services than children without intellectual disabilities (Smeets & Roeleveld, 2016). A large number of children with additional needs have less obvious or significant delays. These children may experience delays in identification and referral and, it could be posited that an unidentified number of these children slip through the cracks altogether. Given that early intervention requires early identification by someone familiar with children's development, it follows that early childhood teachers are in an ideal position to identify and assess children's additional needs. Although not compulsory, a large number of children under five years of age attend some form of early childhood education or care, with recent reports indicating that 96.5% of four-year-olds are currently enrolled (Ministry of Education, 2015a). Early childhood teachers may therefore be the first professional outside of the family to engage with the majority of New Zealand's young children, providing the opportunity for appropriately trained early childhood education professionals to identify developmental concerns and initiate necessary referrals.

Early childhood teachers are central to the process of identifying and responding to young children's additional needs, as they are on the front lines in terms of their access and opportunity (Bruggink et al., 2016). This position is made even more unique by their specific knowledge of the individual child and what internal and external factors may be influencing their development. With this knowledge in mind, teachers can apply their professional knowledge and understanding of typical childhood development to help identify potential

concerns. Research suggests that teacher referrals are highly accurate and often precede official diagnoses of children's additional needs (Abebe & Hailemariam, 2008; Dunn, Cole, & Estrada, 2009). However, the literature also suggests that young children's needs are not being identified as early as they could be, particularly by education professionals (Samms-Vaughan & Franklyn-Banton, 2008). Further to this, some have argued that identification and referral is slower for children who are culturally and/or linguistically diverse (Barton, Harris, & Leech, 2016; Shuker & Cherrington, 2016). The identification of children's social/emotional and behavioural needs is reportedly more complex, as they can be difficult to address and are associated with higher levels of stress among children, parents/whānau and teachers (Eklund et al., 2009; Fraser, 2005; Kaiser, 2007).

### **Influences on Teachers' Practice: Experiences, Attitudes and Beliefs**

There has been relatively little specific research into the factors, attitudes and beliefs that influence ECE teachers' identification and referral practices, particularly in Aotearoa New Zealand. The literature suggests that teachers' identification and referral practices are strongly influenced by their sense of self-efficacy, which refers to one's belief in their ability to succeed at something (Bandura, 1997; Ortiz, 1997). Without the expectation of a favourable outcome, there would be little to motivate teachers to refer their students for services (Ortiz, 1997). Therefore, teachers' sense of self-efficacy in the identification and referral of children's additional needs is arguably a foundational component for deciding whether or not to refer. Ortiz (1997) identified three main barriers to teacher self-efficacy in this context: (1) doubts about adequacy of their own expertise or access to those with relevant expertise; (2) concerns about accuracy of their assessment and identification practices in terms of being certain before referring; and (3) belief that adequate support services are not available. Further research extends this framework to suggest that teachers' self-efficacy is influenced by a variety of personal and external factors, including: beliefs about early intervention; the professional context of ECE; parent/whānau involvement; relevant knowledge and training; and beliefs about service provisions (Abebe & Hailemariam, 2008; Bruggink et al., 2016; Ortiz, 1997; Tejada-Delgado, 2009).

**Beliefs about early intervention.** Early intervention can be categorised into two types: specialist early-intervention, where a referral is made to external support services; or in-centre early intervention, where changes are made to the curriculum and environment by

the teachers themselves. These two types of early intervention are not mutually exclusive. Rather, they are grounded in the theory that teachers use their skills and knowledge to support children's additional needs within the centre prior, or in addition, to referral for external support. Given that teaching is largely understood as a values-led profession, the attitudes and beliefs that teachers have toward the theoretical underpinnings of early intervention is fundamental to ensuring children's needs are addressed and well-supported (Clark, 2012). Current literature shows a strong consensus toward the value of early intervention, whether in-centre or external, within the ECE sector (Guralnick, 2008; Guralnick & Albertini, 2006; Liberty, 2014).

**The professional context of teaching in ECE.** Bruggink et al (2016) argued that teachers' perspectives of children's additional needs are contextualised by the practical requirements of their professional environment, in that they are motivated to address children's needs in terms of what changes are needed in their teaching practice. In addition, increasing professional demands on early childhood teachers mean there is limited time and resourcing available for them to dedicate to individual children (Dansinger, 1998). These demands may also impact teachers' feelings of self-efficacy and confidence in their assessment, identification, and referral practices (Abebe & Hailemariam, 2008; Ortiz, 1997). Sheehy (2015) posited that teachers who have access to a collaborative team are able to share their concerns with other teachers, thereby having more opportunity to discuss appropriate actions for identification and referral in a professionally supportive environment.

**Parent/whānau involvement.** Early childhood education in Aotearoa New Zealand, as informed by the *Te Whāriki* curriculum, is firmly grounded in a strengths-based approach that is holistic and family-centered and moves away from traditionally-employed deficit models of children's additional needs (Dockrell, Ricketts, & Lindsay, 2012; Fenton & McFarland-Piazza, 2014; Ministry of Education, 2017c). *Te Whāriki* asserts that the views of parents/whānau should be taken seriously and that decision-making responsibilities for supporting children's additional needs should be shared between the home and centre. Guralnick and Albertini (2006) argued that "being family-centered is among the generally accepted principles for early intervention" (p.2). A key feature of this is the importance of shared responsibility through open educator-parent communication and collaboration,

particularly when it comes to addressing initial concerns about children's additional needs (Fenton & McFarland-Piazza, 2014).

**Knowledge and training.** Some research suggests that delays in teacher identification of children's additional needs are partly influenced by the level of relevant training and preparation that teachers have (Samms-Vaughan & Franklyn-Banton, 2008). Teachers' self-efficacy for referral may also be related to their level of knowledge and confidence across different types of additional needs (Abebe & Hailemariam, 2008; Ortiz, 1997; Smeets & Roeleveld, 2016). In Aspden's (2003) study that investigated the impact of teachers' beliefs and experiences of referral for early intervention, teachers reported the highest levels of confidence for referrals for speech/language and physical needs with the lowest levels reported in referrals for children with social/emotional needs. Twenty-six percent of respondents identified concerns that they were wrong about the child's needs as a potential deterrent. Aspden (2003) reported that 20% of respondents identified either a lack of knowledge about early intervention services or concerns about the service provision. Respondents cited factors such as the length and breadth of their relevant professional experience as a positive influence on their levels of confidence (Aspden, 2003).

Training specific to the identifying features of children's additional needs and the processes by which to assess and refer for early intervention may be difficult given the diverse range of needs and developmental trajectories of pre-school children (Samms-Vaughan & Franklyn-Banton, 2008). Professional knowledge and training in these areas may be gained during pre-service teacher training or as part of ongoing professional development during the span of a teachers' career (Timperley, 2011; Vujičić & Čamber Tambolaš, 2017). Pre-service tertiary training for early childhood teachers provides opportunities for the development of knowledge, skills, and confidence related to the identification of children with additional needs (Meade, Robinson, Smorti, Stuart, & Williamson, 2012). Not all teachers who work in New Zealand ECE settings are tertiary qualified. The New Zealand government only requires a minimum of 50% qualified teachers per early childhood centre/kindergarten although they use funding structure to support a target of 80%, a figure which was reduced from 100% in 2010 (Meade et al., 2012). This is reflected in recent data showing that the current workforce is comprised of approximately 75% qualified teachers (Ministry of Education, 2015a).

**Beliefs about the adequacy of early intervention services.** Prior experiences play a vital role in our perceptions and actions (Bandura, 1997). Teachers' beliefs about specialist early intervention are influenced by their prior knowledge and experiences of identification and referral, including the processes and dealings with the service providers themselves. Dansinger (1998) argued that teachers' beliefs about the effectiveness of early intervention service provisions and the strength of the relationship between educator and specialist service providers impacts teachers' referral decisions. Litty and Hatch (2006) argued that systemic pressures may force teachers to adopt a 'wait to fail' approach to early intervention referral, in that they feel the criteria for services is too severe and creates access barriers for children needing support. In addition, demand for services due to finite funding, staffing, and resources can create delays between referral acceptance and the commencement of early intervention (Liberty, 2014; Reynolds, 2015). These concerns also appear to apply to universal screening programmes, such as New Zealand's B4 School Check, which is available to all children aged 4 years and aims to identify their additional needs prior to starting school (Liberty, 2014; Ministry of Health, 2015). Kettler, Feeney-Kettler, Palladino, Zahra, and Rodriguez (2013) argued that the value of screening systems is dependent on their reliability (consistency of scores) and construct validity (generalisability). Such screening assessments cannot be used for the diagnosis of additional needs but rather to identify 'at-risk' children who would benefit from referral to early intervention (Mindes & Jung, 2015). Expectations of service availability and quality, whether accurate or not, are unique to the individual teacher and their centre and can strongly impact referral decisions and procedures (Abebe & Hailemariam, 2008).

### **Early Intervention in Aotearoa New Zealand: A Changing Landscape**

The Ministry of Education special education service provision, now called Learning Support, is currently evolving in response to nation-wide consultation with parents, educators and specialist professionals (Ministry of Education, 2015b, 2015c, 2015d, 2017a). As a result of this consultation, six main barriers to early identification and specialist intervention for children's additional needs were identified. Concerns were raised about the accessibility of services, educator capability and capacity, parent/whānau engagement, the current special education service model, the reality of interagency coordination, the lack of resourcing, and issues related to service delivery during children's transitions from ECE to

primary school (Ministry of Education, 2015b, 2015c). In a report for the Ministry of Education, Alliston (2007) argued that identification of children's additional needs does not guarantee access to early intervention support services; rather, the process of accessing services can be a barrier in itself. This report also suggested that early childhood educators need to have a sound knowledge of typical early childhood development, specific training on how to identify potential signs or risks of developmental delay, and confidence to communicate collaboratively and effectively with others around the child (e.g. parents/family/whānau). There are a number of barriers to early identification and intervention that can have a direct or indirect impact on teachers' identification and referral practices. These findings affirm the critical importance of the teacher's role, and the need to understand their perspectives and practices in relation to identification and referral.

### **Addressing the Gap: Examining the Context of ECE Teachers' in Aotearoa New Zealand**

In terms of the New Zealand literature, only one previous study has specifically investigated the impact of teachers' beliefs and experiences of referral for early intervention (Aspden, 2003). This study collected survey responses from 50 early childhood teachers from the Auckland area, many of whom were tertiary-qualified and highly experienced in both the ECE sector and early intervention referral. Teachers' reported referral confidence was the highest for children's speech-language and communication needs and physical disabilities, with the lowest confidence levels reported for children's social and emotional needs. Although 32% of participants identified no factors that discouraged their decision to refer, nearly half (48%) felt that potential parent reaction would deter them from making a referral. Twenty-six percent identified concerns that they were wrong about the child's needs as a potential deterrent and around 20% identified either a lack of knowledge about early intervention services or concerns about the service provision.

The Aspden (2003) study revealed important insight about how New Zealand early childhood teachers were conceptualising and actioning referrals for early intervention services. Findings from this study reported that an overwhelming majority of teachers believed in the importance of specialist early intervention services, however, many concerns over the delivery and provisions of those services were also noted. Since the original study 14 years ago, the political and educational landscape has changed and is arguably even more aligned with the inclusive principles that support early intervention through both

policy and curriculum (Ministry of Education, 2017c). Specialist early intervention services have evolved, particularly in terms of government-funded provisions and the implementation and impact of a national screening programme (Liberty, 2014). Additionally, increases in enrolment and the higher ratios of qualified teachers can now be observed in many mainstream ECE settings (Ministry of Education, 2014, 2015a).

## **Conclusion**

The current context of change in New Zealand's early intervention service provisions has partly motivated this replication study, as did the need to address a gap in the body of knowledge about the factors that influence teachers' identification and referral practices for children's additional needs. Aspden's (2003) study, which was completed as a master's thesis, represents the only available source of information specifically designed to examine early childhood teachers' beliefs and experiences of early intervention referral in a New Zealand context. Drawing on the previous work of Aspden (2003) and the currently changing service provisions in New Zealand, an opportunity for replication has arisen. In researching teachers' perspectives and making connections and contrasts between the data from the previous and present studies, this study may be able to further investigate the factors that influence teachers' identification and referral practices for children's additional needs. The following chapter outlines the methods used in this study, including participant recruitment, data collection, survey design and dissemination, data analysis, and ethical considerations.



### **Chapter 3 Methodology**

The present study is a replication study based on the previous work of Aspden (2003) and investigates early childhood teachers' beliefs, experiences, and practices related to referral to early intervention support services. The aim of the study was two-fold; to capture data about the current perspectives of early childhood teachers and the way in which they enact their current identification and referral practice, and secondly, to identify similarities and differences in teachers' responses between the 2003 and 2017 surveys, in light of a changing educational context. Because of the replicative nature of the study, decision-making for research design and structure was guided by the form of the original survey, in order to support some comparison between the two data sets. This chapter will outline the methodology employed, compare and align the present and original study, and provide a rationale to justify the appropriateness of method selection. Through use of a mixed-methods survey design, both quantitative and qualitative techniques have been employed. The survey was disseminated to eligible teacher-led early childhood education services whose contact information was accessed through a publicly available database. This study was deemed to be low-risk and was approved by the Massey University Human Ethics Committee (MUHEC). Approval was also obtained from relevant professional associations that represented some of the participants.

#### **Research Questions**

This study aimed to explore early childhood teachers' experiences, attitudes, and beliefs regarding the identification of children's additional needs and subsequent referral for specialist early intervention. This aim was framed by two research questions: (1) what are early childhood teachers' experiences related to identification and referral? and; (2) what factors, attitudes, and beliefs influence early childhood teachers' identification and referral practices? Although these questions are largely qualitative in nature, the methods employed to collect data were both qualitative and quantitative.

#### **Methodological Approach**

In order to answer the proposed research questions and allow for some replicative comparison, this study has pragmatically adopted a mixed-methods approach, combining qualitative and quantitative methodology in its theoretical underpinnings, design, and analysis. The emergence of the mixed-methods research approach rejects the traditionally

held belief that researchers must make a choice of qualitative or quantitative methods that automatically demarcates the theoretical lens through which their research is framed (Morgan, 2014b, 2016). A paradigm-driven approach to research design requires the researcher to first select a theoretical paradigm. For example, qualitative methodology is likely to be associated with constructivism, where meaning is drawn from individual social experience, or interpretivism, where meaning is assigned by the individual to a certain situation or behaviour that helps them to make sense of the world (Punch, 2014). On the other hand, quantitative research is more likely to be associated with positivism – which is founded on the belief that universal laws and objective accounts can be found to explain the world (Punch, 2014). Pragmatism, as a philosophical framework for research, posits that a researcher’s choice of approach should be dictated by their research questions and how best to answer them (Biesta, 2010). This philosophy naturally lends itself to mixed-methods research (MMR) design although it is often inaccurately assumed that pragmatism fits best or fits only with MMR (Biesta, 2010; Hall, 2013; Morgan, 2014b).

Pragmatism also lends itself to the decision-making process when replicating previous research (Morgan, 2014a). The design of this survey was largely guided by an intention to draw comparison against results from Aspden’s (2003) study. Schmidt (2016) argued that replication is at the basis of scientific research principles in that replication can corroborate or challenge the findings of one study and almost always adds value to the overall body of knowledge. In this way, replication can either increase or decrease the generalisability of reported results (Cozby & Bates, 2012; Hibberts, Johnson, & Hudson, 2012). However, study replication can create ambiguity and very few studies in the social sciences involve direct replication (Schmidt, 2016, 2017). Justification of the value of direct replication helps researchers to decide whether or not a replication study is the most appropriate course of action (Schmidt, 2016). Follow-up studies (also known as extension studies) provide the closest and most manageable method of replication where parts of a study are directly replicated but adjustments are made to new conditions (Schmidt, 2016, 2017).

### **Participant Recruitment**

In order to be eligible to participate in this survey, participants had to be early childhood teachers who held a current permanent role at a teacher-led kindergarten or

early childhood education and care service in the Auckland area. The original survey was disseminated to licenced early childhood education providers in Auckland's North Shore with the belief that this would provide a broad cross-sectional sample (Aspden, 2003). For the purposes of this replication, the current study extended the geographical area to include the wider Auckland area. The nature of the online survey methodology meant that increasing the sample size was low cost and had the potential benefit of obtaining a sample more representative of the target population.

The survey sample was accessed through a publicly available database called the Early Childhood Education (ECE) Services Directory from the Education Counts website (Education Counts, 2017). The ECE directory contains basic demographic statistical and contact information for all licenced early childhood education and care services in Aotearoa New Zealand. Filters were applied to the directory that yielded potential participating ECE providers that were in the "Auckland region" and were either institutionally classified as "Kindergarten," "Education and Care," or "Casual education and care." Search results yielded 1,100 records that matched these criteria. As the invitation to participate was to be distributed via email, any records without email contact details or those with duplicate email addresses were removed which left a total of 795 participating sites. Duplicate email addresses generally meant that there was only one contact for several centres therefore it was assumed that the invitation would still reach potential participants in all relevant providers. These 795 were then split into four lists/groups; non-affiliated ECE providers (N=688); Auckland Kindergarten Association settings (N=77); Northern Auckland Kindergarten Association settings (N=12); and Counties Manukau Kindergarten Association (CMKA) settings (N=18). Later information from the CMKA confirmed that the survey would be disseminated to 29 eligible providers, adding an additional 11 potential settings that were not included on the open-access database. This amended the total sample pool to 806 early childhood services, each with multiple teachers.

### **Ethical Considerations**

The MUHEC screening questionnaire completed by the researcher indicated that a low-risk ethics application was appropriate, which was supported by peer-review and discussion with thesis supervisors. A low-risk ethics application was processed and approved by MUHEC on 13<sup>th</sup> April 2017 (see Appendix A). Prior to commencement, letters were sent

to relevant kindergarten associations for approval (see Appendix B). Details of this study were reviewed and approved by the Auckland, Northern Auckland, and Counties Manukau Kindergarten Associations, respectively. The low-risk nature of this study, involving an adult population, meant that limited ethical implications were apparent. Three key ethical issues were identified and addressed accordingly. These issues were: how informed consent was obtained, anonymity of participants, and how participant contact information was sourced.

Informed consent was attended to through the provision of an Information Sheet to all potential participants at the beginning of the survey (see Appendix C). The nature of the study was such that all details could be freely shared with participants, who could choose whether or not to participate by selecting to 'agree' or 'disagree' before proceeding to the first survey section. The Information Sheet also outlined that participants were under no obligation to complete all or any parts of the survey but that, by completing the survey, informed consent was implied. Thus, there was no coercion for participants to respond to all or any part of the survey. The contact details of the researcher, supervisors, and MUHEC were also included for any questions or concerns. Participants were not required to provide any identifying information, and the nature of the online survey was such that all responses were anonymous. Ethical access to participants was gained through a publicly available database or, in the case of CMKA, communication was facilitated by a governing professional body following due diligence.

### **Data Collection Methods**

**Survey methodology.** In the original study, a survey was disseminated to participants via mail, followed by a small workshop and development of a policy framework for making referrals with one early childhood service provider (Aspden, 2003). This follow-up study aimed to collect the most meaningful data while optimizing time-constraints and aiming for a larger sample, thus an Internet-based online survey method was selected. Internet-based data collection is increasingly common in social research and offers many effective and efficient benefits to academic researchers (Cozby & Bates, 2012; Reips, 2012). A myriad of online survey software providers offer services where researchers can design questionnaires with a range of question types and review responses almost instantly (Cozby & Bates, 2012).

The practical requirements of this replication study dictated that survey methodology be utilised, while the decision to adopt an Internet-based collection approach was guided by the desire to optimise uptake and efficiency. Some argue that Internet-based data collection methods may alienate people within a target population that are not as likely to engage with an online medium (Cozby & Bates, 2012; Punch, 2014). However, in the context of this study, it is unlikely that aversion or inability to engage with an Internet-based survey would have a significant impact on uptake, as such tools are common within the education sector. Other important limitations of Internet-based survey research include factors and variables that are unmeasurable, unknown, and potentially detrimental to the validity of the research results (Cozby & Bates, 2012). Participants may misrepresent themselves and there is simply no way for researchers to control for this, however, it is generally believed that respondents are no more likely to misrepresent themselves in online surveys than in other data collection methods (Cozby & Bates, 2012). In fact, a growing body of evidence suggests that online survey results are qualitatively comparable to traditional survey methods (Reips, 2012).

Aside from the choice of survey methodology itself, the way a survey is designed also has strong implications on participant responses that can affect the validity of a study (Stalans, 2012). This includes the ways that question wording can impact not only the respondents' ability to answer with validity, but also how wording can create ambiguity or prime participants to respond in certain ways (Cozby & Bates, 2012). Through supervised design and piloting, this survey was analysed for any such flaws in its structure and wording, and efforts were made to increase simplicity and avoid ambiguity.

**Survey design.** The survey was created using SurveyMonkey, a web-based platform used internationally for a wide range of research. According to Punch (2014), the process of survey design should be conceptually mapped and follow a framework that is purposeful and tailored to the proposed research question/s. In an effort to create direct replication where possible and prudent, the design of this questionnaire was based directly on that of the previous study with minor exceptions. The structure and sequence of the original survey were amended and organised into five sections in order to enhance clarity and flow. The first section collected key demographic information that would be used to describe the participants, such as age, gender, years of teaching experience, and teaching qualifications. The second section focused on participants' referral practices and experiences, and the third

section related to the process of referral. The fourth section asked participants about their beliefs about the value and process of referral. The final section included questions about participants' professional support and development relating to early intervention referral.

A large portion of the present survey directly replicated that of the original study. Some minor changes were made to the wording and multiple-choice options from the original questionnaire. Wherever prudent, questions were amended to multiple choice with open-ended comment options. An option for gender demographic was also added in the first section. Many of the surface changes were reflective of current terminology including types of ECE services, roles held by respondents, early intervention service providers, and types of additional needs. Researcher and supervisor moderation assured that changes made to the wording of questions only minimally impacted the meaning or integrity of the replication, if at all.

The original study included two belief statements for respondents to indicate how essential they felt these beliefs were using a 5-point likert scale. In the present study, this section was moved to a more appropriate place in the survey sequence, the likert anchors were changed and two additional belief statements were added. The likert labels were changed from a scale labelled 'very essential' to 'not at all essential' to 'strongly agree', 'neither agree nor disagree', and 'strongly disagree'. The 5-point scale was maintained thus keeping the integrity of the original questionnaire. The additional statements added were; (1) I believe that the current early intervention services available are able to adequately support children with additional needs, and; (2) I believe that it is important to support children with additional needs through collaboration with teachers, parents/whānau, and other appropriate professionals (e.g., specialists). The decision to add these dimensions was reflective of the researcher's intention to collect additional data about teachers' beliefs about current service provisions and delivery.

Data about teachers' referral practices and experiences was collected in the second section of the current survey which closely resembles the original survey structure. Key definitions of the terms 'referral' and 'early intervention/identification' were added at the beginning of this section to ensure a common understanding and contextualise the survey questions. Because at least one of the participating kindergarten associations offered internal early intervention support services, a note was also made to further define 'referral' as being to external agencies. Instead of the 4-point scale used in the original study, a 5-

point likert scale was used to indicate the level of confidence respondents felt they had in making referrals for services across different types of additional needs. The anchors at either end of the scale were amended from 'very confident' and 'uncertain' to 'very confident' and 'not at all confident' to create more cohesion for respondents.

The third section collected information about the processes of referral for early intervention at participants' workplaces. As in the original study, participants were asked who was primarily responsible for referrals, what their procedure for referral was, whether or not it had been formalised and to what degree family/whānau and culture impact referral. At the time of the original survey, there was no national screening process in place to identify children's additional needs prior to starting school in Aotearoa New Zealand. This led the author to include a key question about whether teachers saw a need for such a screening process. More than half of respondents did not feel that a national screening process would be valuable. Instead, they responded in favour of more funding, training and support to enable teachers to identify and support children's additional needs or to strengthen existing intervention and support services (Aspden, 2003). However, in 2008, The B4 School Check national screening initiative was implemented (Ministry of Health, 2015). Therefore, participants in the present survey were asked whether they felt that the B4 School Check is useful for identifying children with additional needs.

Both the original and the replication surveys included an open-ended question about whether participants felt that they would benefit from more training and support in the area of early intervention referral. The current study extended this section by adding a precursor multiple-choice question asking participants to indicate the types of training and support they had already received in this area; important baseline data that was not collected in the original study. The decision to add this question was motivated by nearly half of original survey respondents indicating they felt they had limited or inadequate professional development and 70% indicating a desire for further training.

Prior to final dissemination, the online questionnaire was piloted to 10 graduate students who were engaged in early years research projects at Massey University. All but one test respondent had previous teaching experience in the early childhood sector. Overall, pilot participants supported the design and structure of the survey. Their feedback was received and reviewed by the researcher, leading to some minor amendments, although no

major structural or content changes were recommended. A copy of the final online survey can be found in Appendix E.

### **Dissemination of the Survey**

As the state kindergartens are governed by regional associations, prior approval to invite participants was sought from the Auckland, Northern Auckland and Counties Manukau Kindergarten Associations (respectively). The Auckland and Northern Auckland Associations agreed for email invitations to participate to be sent directly to by the researcher, while the CMKA preferred to send initial survey invitations out directly through their own internal processes. The large body of education and care services were also contacted directly, as each have their own management and governance structures. Excluding the CMKA providers who distributed the invitations by proxy, the remaining three lists were uploaded into separate databases on the researcher's web-based mailing account with Mailchimp. Email invitations were tailored specifically for each list to include information about relevant approval from kindergarten associations. Initial email invitations were sent to the AKA, NAKA and ECE lists via Mailchimp on 12/06/2017 and to the CMKA list on 13/06/2017 via the association's administrator. A sample of the email invitation can be found in Appendix D. Reminder emails were sent to all mailing lists on 28/06/17 and 10/07/2017 using the same contact methods previously described. The survey was open from 13/06/2017 and closed on 15/07/2017.

### **Data Analysis**

SurveyMonkey was the online platform used to design the survey and collect response data. The raw data was exported from SurveyMonkey in Excel™ format as a master from which copies were created to reorganise data for analysis. Prior to analysis, disqualification criteria were applied to any respondents that had not continued beyond the first survey section. The first section collected only demographic and background information that were not considered useful for the purposes of this research when provided in isolation. Analysis of data from each survey question was completed separately before connections between and across data were made.

The design of the survey questions was largely pragmatic due to the replicative nature of the study, and included a number of open-ended questions to add depth and breadth to the results. The mixture of both quantitative and qualitative questions meant



that different methods of data analysis were employed. Due to the empirical nature of quantitative data, statistics are the language used in analysis (Cozby & Bates, 2012). In relation to qualitative data, researchers commonly employ a range of techniques to analyse and interpret participant responses (Punch, 2014). These techniques, although varied and responsive to the diversity of the social realities that they aim to examine, must be systematic and disciplined in order to ensure validity (Punch, 2014). The most common tool in qualitative analysis is coding, which categorises data according to an identified set of themes. Once data is coded, it can then be examined for patterns or themes that emerge. These themes then serve as the basis for the generalisation and discussion of the research findings. The way in which these data analysis approaches were applied is outlined in the following sections.

**Quantitative analysis.** Quantitative data was organised and either analysed according to the number of responses or converted to percentages, allowing the reporting of simple descriptive statistics. Due to differences in response rates across questions, the percentages were calculated based on the number of participants who had responded to each particular question, rather than the number of participants overall. The percentages were used to identify key patterns and trends within the data.

**Qualitative analysis.** A large number of survey questions elicited open-ended responses from participants which led to the use of an inductive approach for qualitative analysis (Thomas, 2006). Inductive analysis is a data-driven approach that allows researchers to “allow findings to emerge from the frequent, dominant, or significant themes inherent in raw data” (Thomas, 2006, p.238). Data from each survey question were organised into categories and analysed using thematic coding techniques. The coding techniques employed in the analysis align with grounded theory and consisted of open coding, where categories were derived from readings of the raw text (Gibbs, 2015). Each response to a given question was coded, with some more comprehensive responses being coded in more than one category. The fidelity of the categories for coding was ensured through careful note-taking and the peer-review of academic supervisors. If, during the coding process, a new category emerged, it was then added to the coding framework. The coding process involved looking for key words and larger thematic ideas that were then refined using an iterative process, to narrow and focus the analysis and discussion. Once coding was completed, key quotes from each category were selected based on the degree to which they illustrated that category.

Additionally, any responses or quotes that were considered outliers to the majority view were also noted. In the final phase of qualitative analysis, comments were cross-checked against the categories to ensure that all intended meaning had been appropriately coded. This process also identified any categories that recurred across all or parts of the entire survey and highlighted key patterns or themes in the data.

### **Conclusion**

This study was designed to examine early childhood teachers' beliefs and experiences of identification and referral for children's additional needs. With an intention to draw some comparisons between this and the previous work of Aspden (2003), the design of the survey was largely pragmatic. A variety of quantitative and qualitative data were collected using a mixed-methods survey design, delivered via an Internet-based survey which captured data about teachers' beliefs, practices, experiences, and processes of identification and referral. Ethical considerations were carefully considered and addressed in order to ensure the appropriateness and validity of the research. This chapter has aimed to provide sufficient information about the methodological approach used to allow for moderation and accurate replication of this study. The following chapter provides an overview of the findings of the present study.

## Chapter 4 Results

The purpose of this study was to examine the factors that influence early childhood teachers' identification and referral practices, through a survey that reported their experiences, attitudes, and beliefs relating to specialist early intervention. Early childhood teachers working in teacher-led centres in the Auckland area were invited to participate in an online survey about their practices and beliefs in regard to referral for early intervention services. The survey included a mixture of open and closed-ended questions. In this chapter, the results are presented in five sections reflecting the organisation of the survey: (1) demographic and background information; (2) referral practices and experiences; (3) the referral process; (4) beliefs about early intervention referral; and (5) professional development and training. After closure of the survey, a total of 95 responses had been received. However, 17 were excluded from the dataset as the participants had not completed any questions beyond the initial demographic data. Therefore, a total of 78 responses were included in the final analysis. Not all participants provided responses for each question; when responses were less than the full number of participants, data is reported with N= to denote the number of responses received. This chapter presents both quantitative data using basic descriptive statistics, and qualitative data as analysed by key themes.

### Background Information

Demographic and background information data were collected from survey respondents, including age, gender, years of ECE experience and details of respondents' current work context. This information was collected to describe the sample population.

**Demographics.** The survey sample was made up of 75 females, 2 males, and 1 respondent that did not answer. The majority of respondents (49%) indicated that they were aged 50 or above with 28% between 40-49 years, 18% between 30-39 years, 4% between 20-29 years and only 1% indicating that they were aged under 20 years.

**Early childhood experience.** Respondents reported a wide range of years of experience working in the early childhood sector (see Table 4.1). All respondents reported at least five years of experience, while 87% had at least 10 years of experience. The average years of experience across the sample was 20.

Table 4.1

*Respondents' years of experience in ECE, N=78*

Years of Experience	No. of Respondents	Percentage of N
5-9	10	13%
10-14	18	23%
15-19	9	12%
20-24	16	21%
25-29	8	10%
30-34	7	9%
35-39	3	4%
40 or more	7	9%

**Early childhood qualifications.** Respondents were asked to indicate the early childhood qualifications that they held (see Table 4.2). All respondents were qualified early childhood teachers, with just one respondent currently in training. Of respondents, 55% held a Bachelor of Teaching (ECE) with a further 33% having either a Diploma of Teaching (ECE) or a Graduate Diploma of Teaching (ECE). A small proportion (5%) had a primary teaching qualification. Twenty respondents identified 'other' early childhood qualifications that included Montessori, early intervention, Masters in Education, special education, or relevant overseas qualifications.

Table 4.2

*Respondents' early childhood qualifications, N=78*

Qualification	No. of Respondents	Percentage of N
Bachelor of Teaching (ECE)	43	55%
Graduate Diploma of Teaching (ECE)	11	14%
Diploma of Teaching (ECE)	23	29%
Primary teaching qualification	4	5%
Currently in training	1	1%
No teaching qualification	0	0%
Other	20	26%

**Current teaching position.** The large majority of respondents (75%) indicated that they currently held a position as a supervisor/head teacher/centre manager (see Figure 4.1). Twenty-one percent indicated that they held a position as a teacher and 4% selected the 'team leader' option.

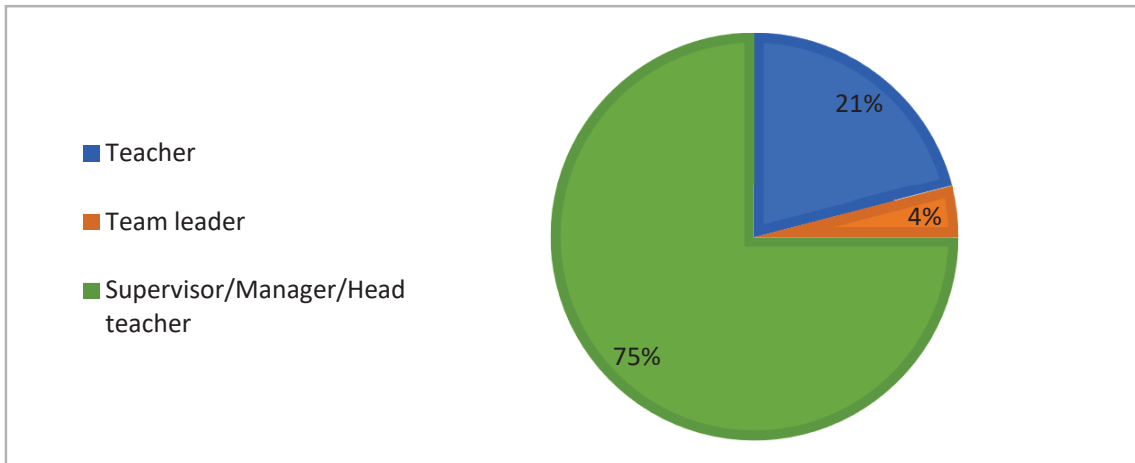


Figure 4.1. Respondents' current teaching role (N=78)

**Current work context.** Respondents were asked to identify the type of ECE provider they worked for (see Figure 4.2). The majority (46%) were employed in private early childhood education and care centres, while 28% worked in a public kindergarten, and 21% in community-based ECE, which reflects the typical demographic of ECE services in New Zealand. Four respondents specified 'other' and noted a centre attached to a tertiary institute, a national not-for-profit ECE, a private ECE with age limits and a Montessori preschool.

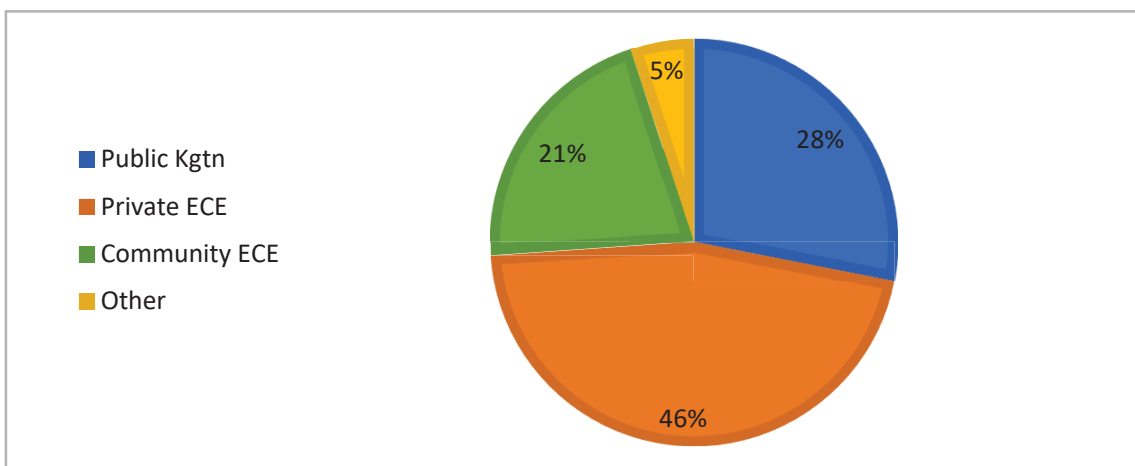


Figure 4.2. Respondents' current work context (N=78)

## Referral Practices and Experiences

**Actual referral experience.** Respondents were asked to indicate how many early intervention referrals they had been involved in making in the last 12 months. The number of referrals ranged between 0-20, while the average number of referrals was four. As shown in Figure 4.3, the majority of respondents (64%) had been involved in between one to five referrals with a further 23% involved in between six to ten referrals.

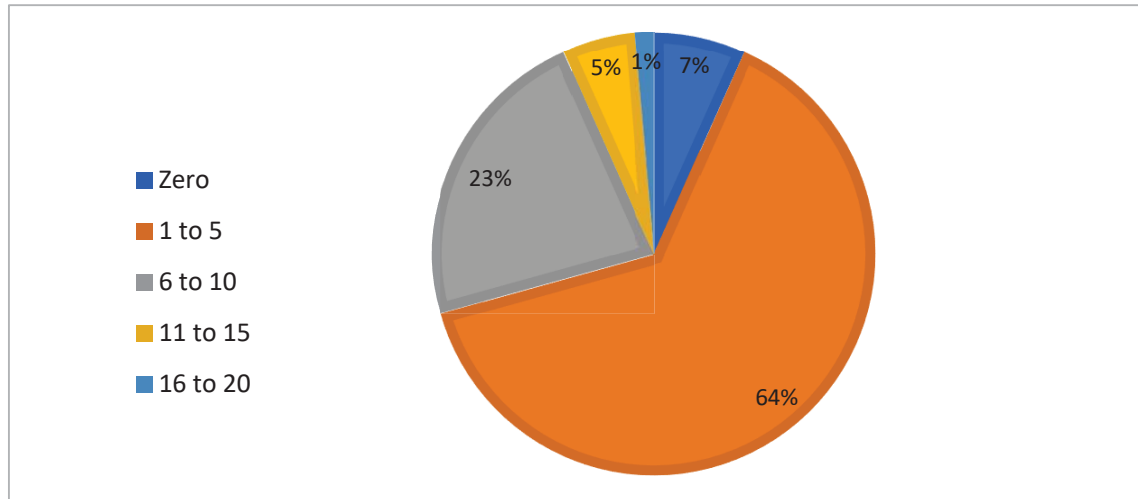


Figure 4.3. Previous referrals by no. per respondent (N=75)

Respondents then identified the number of referrals that they had been involved in making across different early intervention service providers. Options provided were: the Ministry of Education’s Learning Support service; CCS New Zealand; non-ministry speech-language and communication service providers; GP/health providers and; other independent accredited service providers (see Figure 4.4).

Respondents were involved in approximately 334 referrals across all provider options over a 12-month period. The large majority of these referrals were made to the Ministry of Education Learning Support (188) with a further 92 made to non-ministry speech-language and communication service providers. Thirty-two referrals were made to GPs or other health providers. Results indicated that six referrals were made to CCS New Zealand, who are contracted by the government to offer early intervention services. Sixteen respondents indicated their involvement in referrals to other independent accredited early intervention service providers however they were not asked to specify who these providers were, so it is not clear who those may have been.

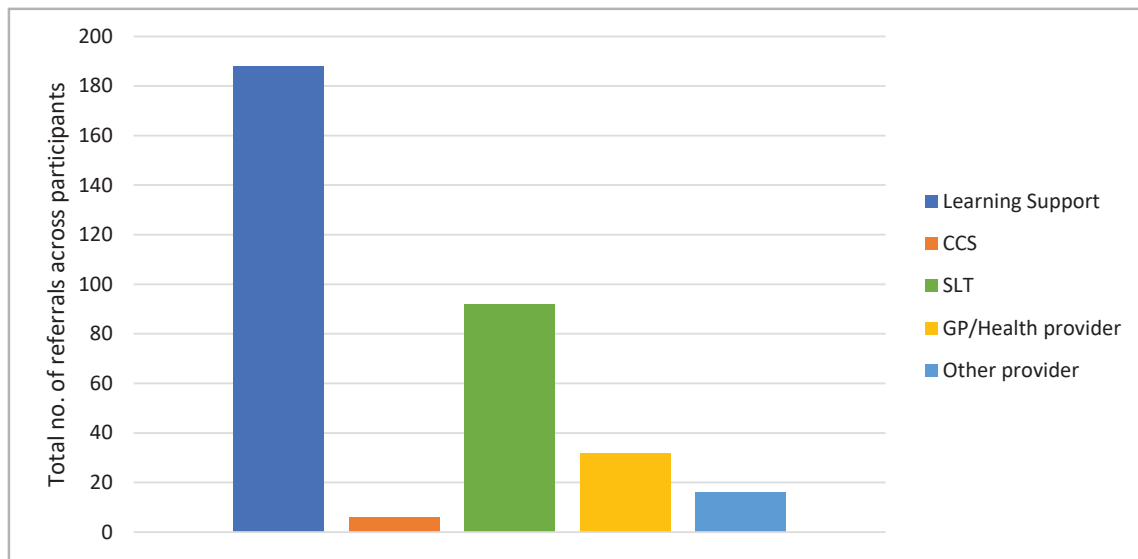


Figure 4.4. Total number of referrals to different early intervention service providers (N=75)

Respondents were then asked to indicate the types of additional needs/concerns that their referrals were made for (see Figure 4.5). This data does not directly relate to the number of referrals made, as respondents were asked only to indicate if referrals had been made for each particular need, rather than nominating a number of referrals. It is also important to note that referrals may sometimes have been made for more than one type of need.

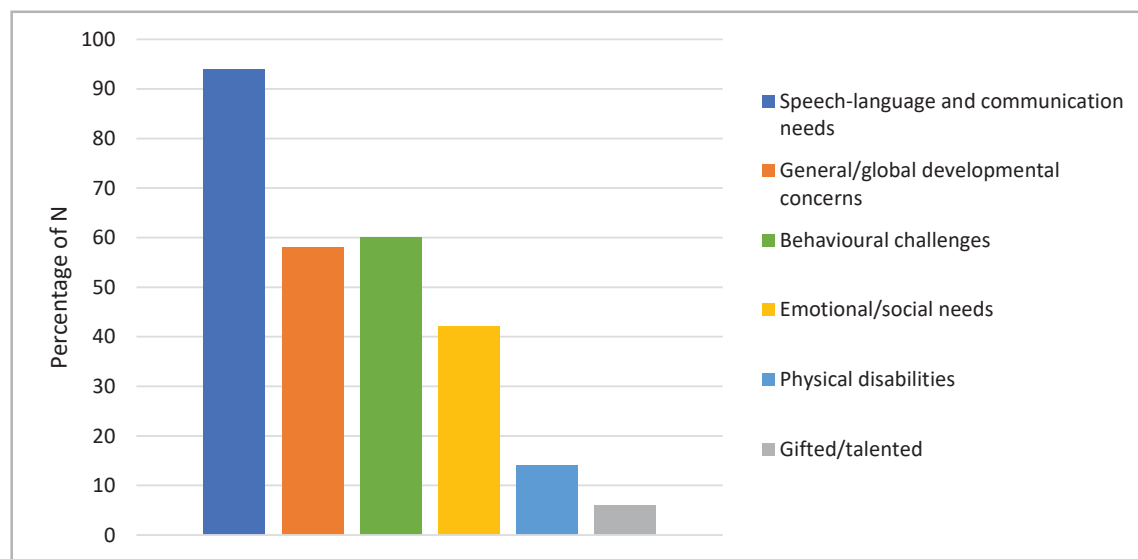


Figure 4.5. Types of additional needs included in referral (N=72)

In relation to the types of referrals, the majority (94%) of respondents had referred children in relation to speech-language and communication needs. A further 60% had referred children for behavioural challenges and 58% for general/global developmental concerns. Forty-two percent had referred children for emotional/social needs. Only 14% had been involved in referrals for children’s physical disabilities, with the least frequent reason for referral being support for children who are gifted and talented (6%).

**Referral confidence.** Further to the data related to the type of early intervention service providers, respondents were then asked to rate their level of confidence in making referrals for each type of additional need, across an anchored five-point scale, with 1 being very confident, and 5 being not confident at all (see Figure 4.6). While there were noted differences in confidence across the different domains, overall, levels of reported confidence were high to very high. The highest levels of confidence reported were for referrals for children with speech/language and communication needs and physical disabilities, while more moderate levels of confidence were noted in relation to referrals for children who are gifted/talented.

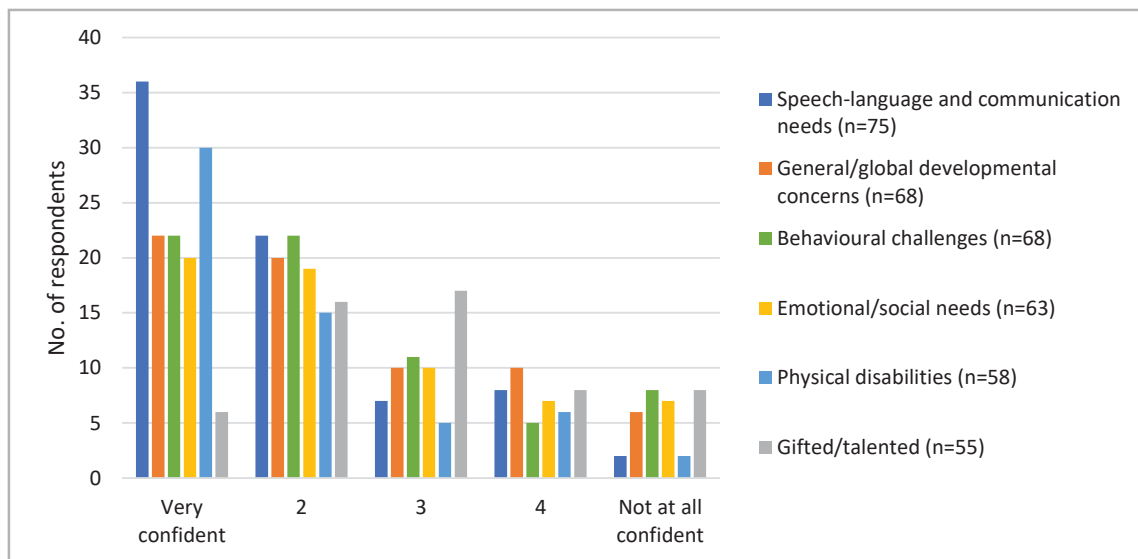


Figure 4.6. Respondent ratings of referral confidence across type of needs

The next question asked respondents to identify what, if any, factors influenced the level of confidence they had reported in the previous question; a total of 69 responses were received. In analysing these responses, a number of key themes were identified; (1)



previous experience; (2) beliefs about the quality or adequacy of services; (3) qualifications and training; (4) team support and collaboration; and (5) parental factors (see Figure 4.7).

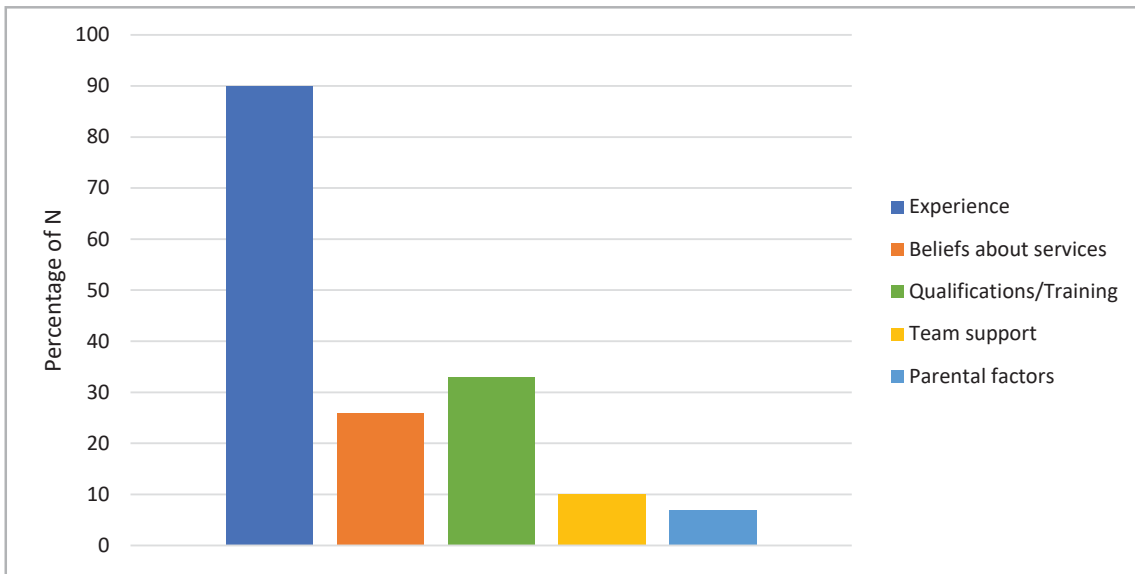


Figure 4.7. Factors influencing referral confidence (N=69)

**Experience.** One of the most commonly reported factors was level of experience, with 90% of respondents making reference to it. Most respondents described professional experience related to their work in the early childhood sector and a small number cited personal experience such as parenting. Professional experience was defined by respondents in a number of ways and reflected a continuum spanning positive to negative influences on referral confidence. One respondent reported the positive impact of their experience in early childhood:

*“Many years of experience in working with children with a diverse range of needs/behaviours; and experience in approaching whānau. This helps to identify needs.”*

Other respondents highlighted the impact of their previous experience with referrals to early intervention service providers:

*“I have been referring children with additional learning needs for over 20 years so I am very confident about how to do this”*

With prior experience with service providers came pre-established relationships that were viewed by some respondents as a positive influence on their referral confidence. One

respondent commented that *“over many years we have built up a strong, collaborative relationship with MOE, and we feel confident in seeking support if we need it”*, whereas other respondents cited the impact of negative prior experiences with service providers as a factor in their referral confidence. These negative experiences were largely concerned with service provisions (i.e., lack of resourcing, funding and extended wait times) and, to a lesser extent, the quality of the services themselves. One respondent cited having *“no confidence in providers”* with another describing a *“lack of resource [and] time taken to process and get a response”* as significant factors. Another respondent described their concerns as follows:

*“...sometimes we feel we desperately need help but there are not enough support workers to help. We don’t get as much time as we feel the child needs for support. It can take a long time for the referral process to be completed and action plans to be put in place.”*

**Beliefs about services.** A number of other respondents (26%) discussed the negative impact of previous experiences and relationships with early intervention service providers on their referral confidence. One respondent referred to an apparent concern about the outcomes of referral in their comment that *“...my confidence isn’t based on my ability to make the referral but what will happen when it’s made.”*

**Qualifications and training.** The positive impact of teaching qualifications and relevant knowledge (i.e., typical child development) was identified by 33% of respondents. This was best captured in the following quote:

*“...I am aware of the processes and feel confident in my, and my team’s ability as fully qualified teachers to refer children.”*

Training and professional development, either general or specific to children’s additional needs or the referral process/provision itself, was cited by 16 respondents. Most responses simply cited training or professional development as a factor. Some referred to specific training or lack thereof, for example:

*“Level of training around this has meant that I am not that confident in speaking to parents around any challenges then referring children on...”*

**Team support and collaboration.** This theme was observed in comments from 10% of respondents who described their level of team support as an influencing factor on their referral confidence. Most respondents simply cited *“team support”* or *“peer communication”*.

**Parental factors.** Seven percent of respondents also identified the impact of parent reaction on their referral confidence. Parental factors related to the quality of relationships and the perceived sensitivity to or denial by parents to the identification or referral of their child’s additional needs.

**Factors that discourage referral.** Respondents were asked to indicate what factors, if any, discouraged them from making a referral when a concern had been identified. Respondents were able to select one or more options from the options provided, as well as identify any ‘other’ factors not listed or to expand upon their answers.

Figure 4.8 shows that 29% of respondents felt that there were no factors that discouraged referral. Nearly half of respondents, respectively, felt that potential parent reaction and concern that the support services would not be able to provide help or resources would affect their referral practices. A further 15% of respondents indicated they didn’t feel that a referral to early intervention services would make a difference. Concerns about lack of knowledge of available services were identified by 19% of respondents, with another 16% citing concerns over being wrong about the child’s needs. Only one respondent indicated a belief that it is better to refer once the child is at school.

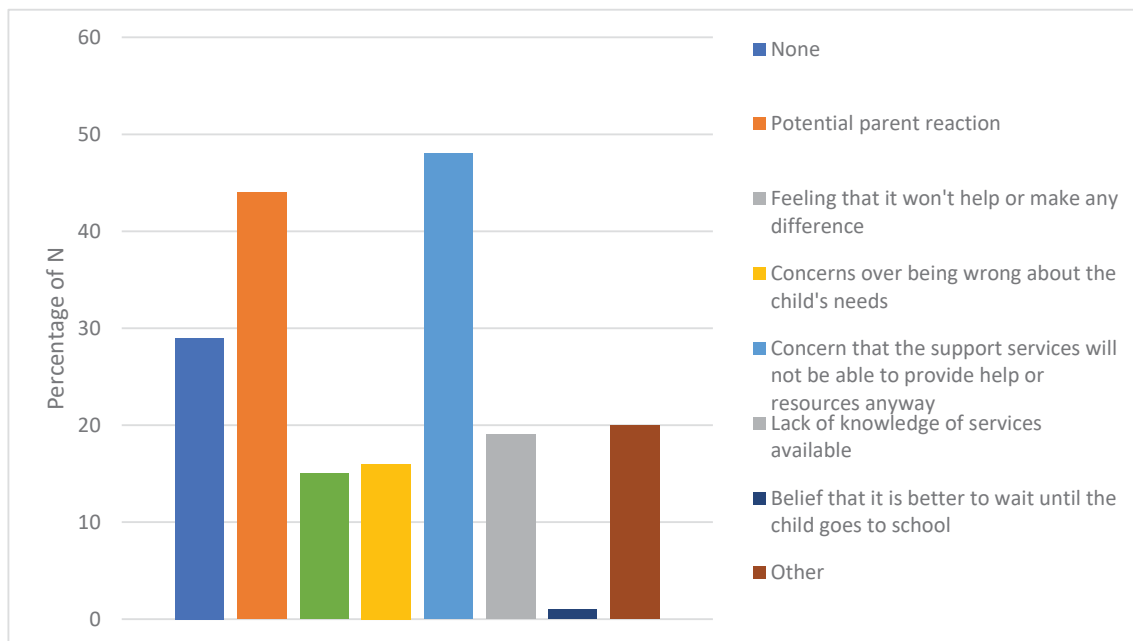


Figure 4.8. Factors that discourage teachers from making referrals (N=75)

Respondents who identified 'other' factors that influenced referral practices and were able to detail these in an open-ended comment box. Such responses included lack of specific training/professional development in terms of services available and how to access them, acknowledgement of the need for parental consent for referral and that there is *"always concern regarding potential parent reaction and of being wrong about the situation..."* Additionally, respondents commented on beliefs about the importance of early intervention and how this impacts on their beliefs about whether or not to make a referral, even when there are challenges. Comments about the inadequacy of service provisions were also noted and spanned various areas of concern, including the efficacy of specialist professionals, slow responses and long wait-times, lack of staffing and resources, and concerns about accessibility of services with regards to meeting service criteria. One respondent, acknowledging their concerns that the support services would not be able to provide help or resources anyway, commented that *"although this is an area of concern about the support service it would not stop me from referring."*

### **Processes of Referral**

**Responsibility for referral.** Respondents were asked to identify the person or persons who were primarily responsible for the referral of children in their centre (see Figure 4.9). Responses indicated that the responsibility typically rested with those in leadership positions, with 61% of teachers selecting Supervisor/Manager/Head Teacher or Team Leader. Collaboration within a team was cited by 21% of respondents, indicating a relatively strong basis for team decisions. In contrast, only 3% of respondents indicated that individual teachers were responsible for referrals. A further 6% opted for the 'other' option, most citing parent and family/whānau input and consent and all included a degree of collaboration. Two of these respondents also mentioned the key roles held by the head teacher/centre manager in terms of liaising with parents/family/whānau.

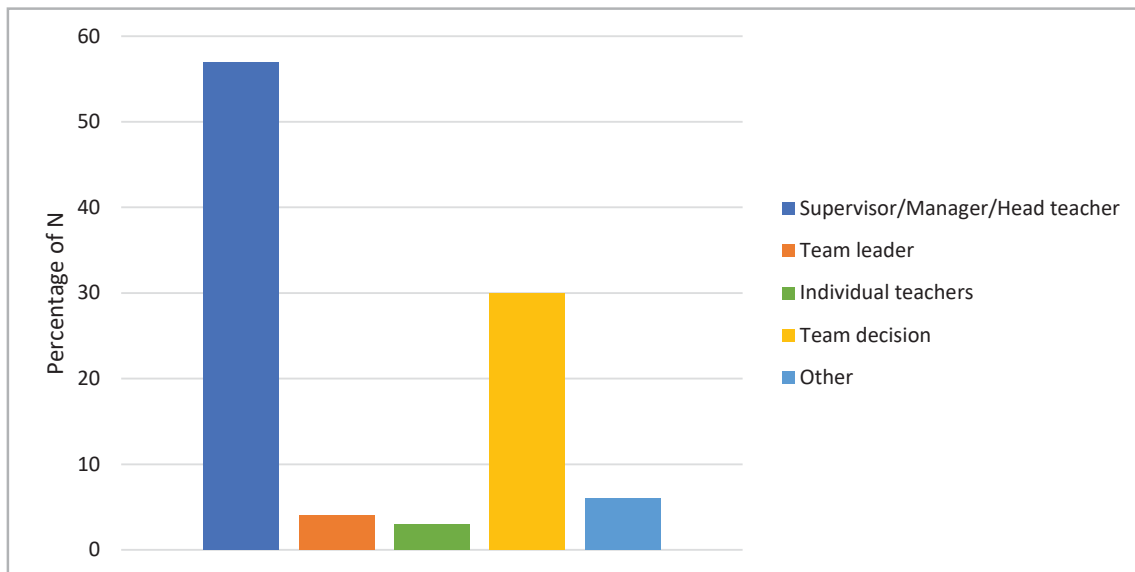


Figure 4.9. Person/s primarily responsible for referral (N=69)

**Formal referral procedures.** Respondents were asked to identify whether, to their knowledge, their centre currently had a formal policy or procedure in place for identifying children for early intervention referral. Results yielded a fairly even split in responses between respondents indicating that their centre did (45%) and did not (55%) have a formal procedure or policy in place.

**Actual referral procedures.** An open-ended question asked respondents to briefly describe the actual procedure followed at their centre when deciding whether or not to refer a child to early intervention services. This question received 68 responses. Respondents were prompted to consider factors such as timing, who is involved, the role of parents and whānau, use and type of observations/assessments, records and the influence of intuition. Responses commonly included the following elements: (1) observation and assessment; (2) team discussions; (3) parental involvement; and (4) processing of referral. The following quote is representative of responses that included all four elements:

*“When teachers notice a concern, it is written down, discussed at a meeting, where other factors are disclosed if necessary, e.g., child’s age, developmental stage, home situations etc... If there is agreement within the team written observations are made, discussion with the parents takes place, further observations if necessary, a referral form is filled out with parental consent and input, parents read the form then it is sent.”*

As shown in Figure 4.10, 82% of respondents directly referred to observation, assessment, and evidence-gathering to support referrals. Seventy-nine percent of respondents detailed team meetings or collaboration as part of their process. Ninety percent of respondents included parental consultation and consent, to varying degrees and at different stages in the process which is examined in further detail in a later survey question. Fifty-three percent of the responses made direct mention of the act of referral itself, whether related to the process of completing required forms or gaining parental consent.

A small portion (4%) of respondents indicated that discussions with agencies prior to referral were part of their process. A further 15% percent described the implementation of in-centre changes/plans (prior to or instead of referral for external specialist support). The quality/adequacy of specialist early intervention service provisions were the subject of three unprompted comments. This was captured in one respondent’s comment that *“we... try to refer as quickly as possible after ridiculously slow responses from MOE”* as well as another’s suggestion that in-centre plans are *“much quicker than waiting for Support Services and often more effective”*.

The role of teacher instinct and intuition in the referral process was noted by three respondents. This was evidenced by comments such as *“[it] starts with a gut feeling”* and *“intuition does play a big part”*. One respondent referred to an outsourced consultation where they *“ask other professionals/teachers (from school we feed to) in to observe”*.

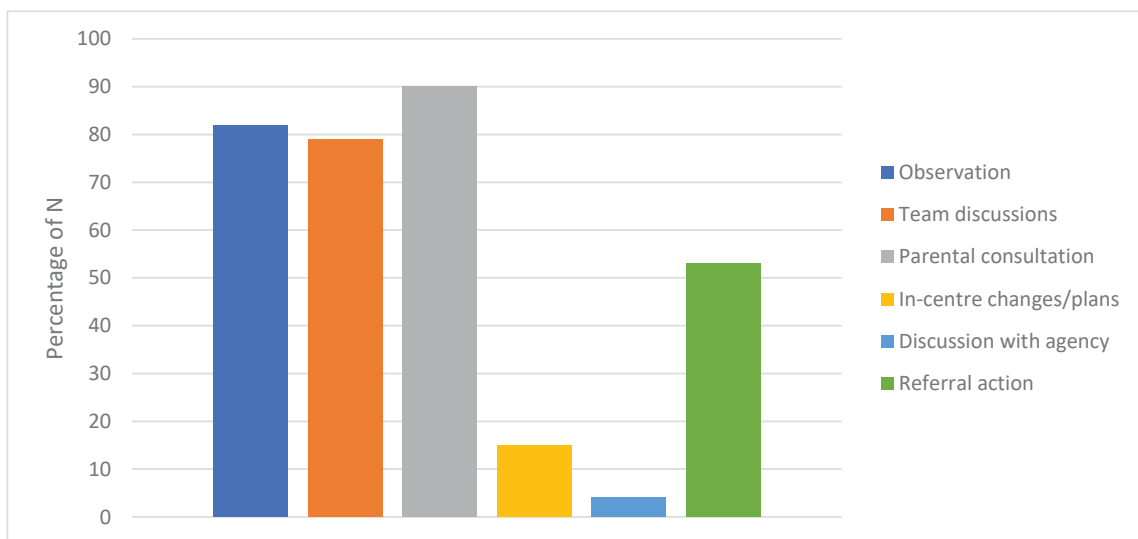


Figure 4.10. Elements of actual referral procedures described (N=68)

**Parent/whānau involvement.** Survey respondents were asked to describe the point at which parents/family/whānau would be involved in the referral process and what their perceived role was. This question was answered by 69 respondents. Responses were categorised by the timing of parent/whānau involvement and the respondents' perception of the parents' role in the process.

Responses about the timing of parental involvement in the referral process were varied and based on individual and subjective understandings of the referral process itself, i.e., at what point, formally or informally, the referral process began. For instance, two respondents described parent/whānau involvement *“all through the process”* or *“right at the beginning”*, neither of which specify under what conditions the referral process is deemed to have begun. The timing of parental involvement was also described in relation to whether or not the centre had conducted observations and discussed concerns. These responses sat on a continuum representing varying processes and timeframes regarding observation and discussion. Parental involvement, as described by one respondent, occurred *“after the discussion as a team and data/observations have been gathered”* and by another as *“after 3 months of observations”*. Another respondent referred to the role of communication in that they had *“regular discussion about issues as they arise, so that [it] is no surprise when approaching them about a referral”*.

In terms of their role, parents/whānau were described in three broad ways. Firstly, as sources of information, which is evident in the following respondents' comments:

*“...When parents are approached about how their child is tracking developmentally we always ask what they are noticing and if they have any concerns. This information will serve as the basis to move forward in the discussion as to what we see and how we think the child is tracking”*

*“... we always talk to the parents about their child and whether they feel the same/have noticed certain behaviours”*

Secondly, parents/whānau were also considered by respondents to be collaborators/joint owners of the referral, as evidenced by the following respondent quotes:

*“Parents will play a collaborative role in supporting the referral and will contribute their concerns too. Throughout the whole process parents will be communicated with and share their feedback”*

*“Our aim is to work with parents in collaborative partnerships so they have a lot to say about any intervention offered to their children and they are always present for observations and discussions”*

*“... working together as a team for the positive outcomes of their children...”*

Finally, respondents described parents/whānau as providers of consent for referral; describing their legal right to accept or decline early intervention referral and/or services for their child. As one respondent commented, *“the referral cannot be made without parental support. We only act after discussing our concerns with whānau and having [them] on board with the referral process”*.

**Cultural considerations.** Using an open-ended format, respondents were asked to outline the considerations given to a child and their family’s cultural background in the referral process. The 68 responses received represented a continuum of cultural considerations from those who considered it an important part of the process to those who did not, for various reasons. Of note was the depth of the following description of the cultural considerations at one respondents’ ECE setting:

*“We always have to give strong consideration to this. We will work with MOE and whānau to find a way to meet cultural needs... Mostly, we find that putting in time to build the relationship (whānaungatanga) is the best way forward. We are very aware that for some of our cultures, having a child with a 'problem' is viewed by the community as a judgement on the parents. We will always seek to find ways around this. In some cases, we have worked with large extended families, meeting with people over several days and reassuring them and answering their questions...”*

Teachers who asserted beliefs about the importance of cultural considerations described the following reasons: (1) to be more **responsive** to the child; (2) in **respect** for the child, their family and the relationship they have; (3) to support children when English is an additional **language**; (4) in relation to understanding the families’ **beliefs, values and aspirations** for their child; and (5) to support the child’s **identity**. Table 4.3 provides respondent quotes to represent each of these themes.



Table 4.3

*Respondents' comments about the importance of cultural considerations in referral practice*

Reason	Quote/s
Responsiveness to the child	<p>"We find out all that we can about an individual child before we make any decisions, this includes cultural practice"</p> <p>"A lot because we believe that will has a huge influence on the child"</p>
Respect for the child, their family and the relationship they have	<p>"Knowing the families and how this will affect their culture and position in their family is paramount to us as teachers."</p>
Support where English is an additional language	<p>"...if English is a second language with... families who are related to the child. Looking at body language of child and how we approach them and how they communicate back to us."</p>
Understanding families' beliefs, values and aspirations for their child	<p>"[The] teaching team strive to facilitate strong and respectful relationships that enable sharing of culture and aspirations. Culture is valued highly and diversity celebrated"</p>
Supporting the child's identity	<p>"All due consideration is given to a child's cultural background and with the mohiotanga that the child brings with them into our setting"</p>

Further along the continuum, some respondents did not consider culture important in referral because they believed that all children should be treated the same, regardless of their culture, for example:

*"There should be none as we believe that all children are individuals and regardless of their culture we should be focusing on their development"*

Other respondents stated that they felt that culture had no bearing on the referral process, as illustrated in the following sample responses:

*"If we believe a referral should be made it will be in the best interests of the child so would generally treat each child and process in the same way."*

*"... referring a child for a concern of any development issue has nothing to do with the family background."*

A number of responses highlighted the language features of cultural diversity with many citing the use of translators to ensure clear communication and parent understanding throughout the referral process. This is evident in one respondent's comments that they

would “inform the whānau/parents of all the support and Special Education Services that are available to support the process. If necessary a translator is provided”.

**National screening programme.** Since the original study in 2003, the government has introduced a national screening programme called the B4 School Check. Survey respondents were asked to reflect on this tool and identify whether or not they felt it was useful in identifying children with additional needs who may benefit from early intervention support. Of the 64 teachers that responded to this question, 63% felt that the B4 School Check was not useful in this way. A further 51 respondents provided comments to justify their answer. These were organised into four distinct themes identified during analysis: (1) concerns about timing; (2) concerns about format/content; (3) concerns about outcomes; and (4) positive comments about the check (see Figure 4.11).

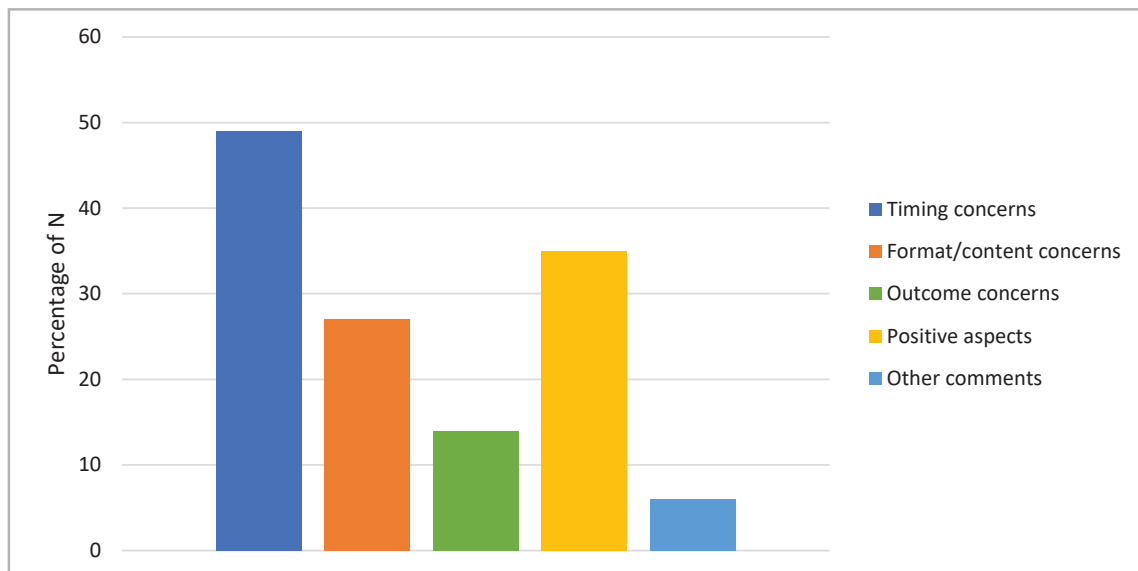


Figure 4.11. Comments on the usefulness of the B4 School Check (N=51)

**Timing.** Concerns about the timing of the B4 School Check were highlighted by nearly half of respondents (49%). These teachers identified concerns that screening at age four was too late and/or that they believed children’s additional needs would have already been identified prior to screening. As these respondents commented:

*“... As this check is done at 4 years old there is often not enough time to arrange for support before they go to school”*

*“For nearly all children it is a waste of our time. We have a small centre and know the children and families very well. Usually any referrals have already been made long before the B4 School check is done...”*

**Format/content.** Other negative comments related to the limitations of checklist-type screening programmes, as well as their perceived alignment with a more deficit-oriented model of children’s needs. Survey respondents reported a number of concerns that the checklist was *“too general”* and that the criteria can often *“apply to someone requiring assistance or not”*. This theme was best captured in one comment that *“checklists can be restricting and not give the whole picture”*.

**Outcomes.** The 14% of teachers that commented on concerns about outcomes of the B4 School Check focused on two themes. The first related to whether or not support was received after children’s needs were identified via screening. One respondent described their experiences as follows:

*“I know children who have had these [checks], it has been identified they are well behind and support has not been put in place”*

The second theme related to the service provisions themselves, with particular attention to difficulties in contacting specialist service providers and experiences of long wait times after referrals had been made. This concern was best captured in a comment from this respondent:

*“... There seems little point in making a referral due to the long wait families experience before getting any help - by that time they have gone to school”*

**Positive comments.** Comments from 35% of respondents described positive aspects of the B4 School Check, to varying degrees. A small selection of respondents noted specific types of needs that they felt were suited to the screening programme, such as hearing or vision needs. A number of these comments noted that the screening assessments were useful to confirm concerns already held by teachers, either for purposes of service accessibility or to support parent reactions and acceptance. For example:

*“...I think it is useful if we have raised concerns and they have also highlighted concerns that this would help speed up the process of getting assistance”*

*“...It is a good tool if the parent denies the fact that their child may have behavioural issues.”*

## **Beliefs About Early Intervention, Identification and Referral**

In this section, survey participants were asked to rate how a series of four statements reflected their personal beliefs about early intervention and related referral. A 5-point likert scale was used with anchor points of strongly agree (1) to strongly disagree (5). Table 4.4 outlines the data collected.

**Early intervention beliefs.** Responses to the first statement reflected a high level of importance placed on the value of specialist early intervention, with 86% of respondents indicating that they 'strongly agree' that the need for early intervention for young children is essential. Responses to the second statement reflected a fairly even spread in terms of respondents' preference for in-centre changes rather than specialist referral. The small majority (35%) of respondents took a non-committal position, another 35% disagreed or strongly disagreed and the remaining 30% agreed or strongly agreed with the statement.

**Current service provisions.** The fourth statement asked respondents to rate the degree to which they believed the current early intervention service provisions offered adequate support. Responses to this statement reflected high levels of disagreement, with 38% of respondents opting to strongly disagree and a further 27% indicating disagreement. In contrast, only 23% of respondents indicated an average to strong agreement.

**Beliefs about collaboration.** The large majority of respondents (93%) strongly agreed with the final statement, which posited that it is important to support children with additional needs through collaboration with teachers, parents/whānau, and other appropriate professionals. Interestingly, 4% of respondents opted to strongly disagree with this position, although no clarification is provided for this rating.

Table 4.4

*Respondents' beliefs about early intervention and referral*

Statements <i>I believe that...</i>	1 Strongly agree		2		3 Neither agree nor disagree		4		5 Strongly disagree	
	N	%	N	%	N	%	N	%	N	%
... the need for specialist early intervention services for children is essential (N=66)	57	86	6	9	1	2	1	2	1	2
... it is best to support the children through changes to our centre environment or programme, rather than seeking outside help (N=66)	7	11	13	20	23	35	8	12	15	23
... the current early intervention services available are able to adequately support children with additional needs (N=66)	6	9	9	14	8	12	18	27	25	38
... it is important to support children with additional needs through collaboration with teachers, parents/whānau, and other appropriate professionals (e.g. specialists) (N=69)	64	93	2	3	0	0	0	0	3	4

## Professional Support and Development

The final survey section asked survey participants to identify what level of training and support they had previously received in the area of referring children for early intervention services. As shown in Figure 4.12, 69 participants responded to this question and were able to select all categories that applied to them. Peer learning and courses, workshops, and conferences were both cited by over half of respondents. A further 43% noted self-directed learning. Fourteen percent of respondents selected the 'other' type of training and support option before describing them in further detail; in addition to describing courses and self-directed study, these comments also featured practical experience from teachers' work in ECE, relevant professional experience as a university lecturer, and personal experience.

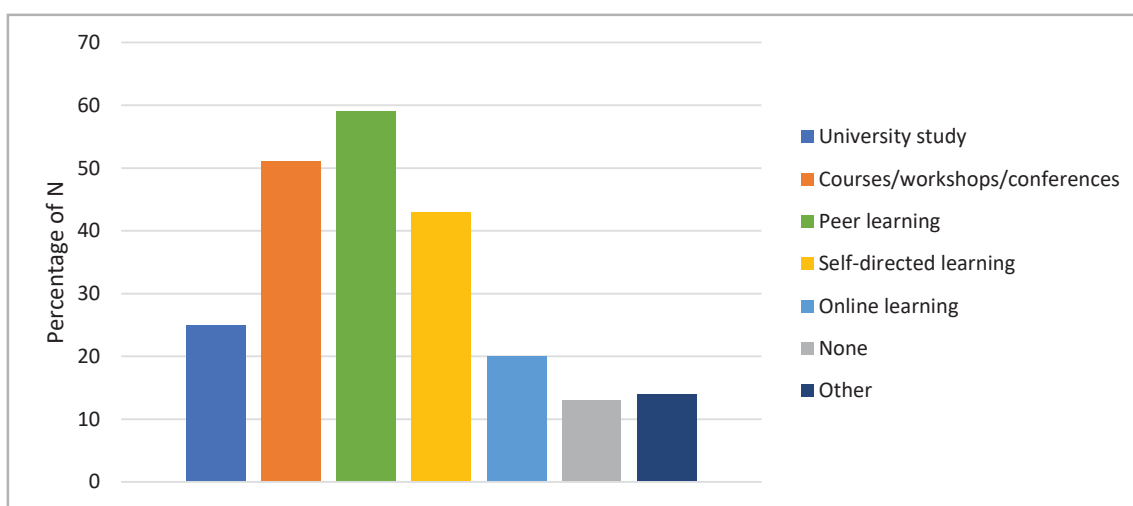


Figure 4.12. Previous training and support for early intervention referrals (N=69)

When asked, 72% of respondents agreed that they would like more training and support in the area of early intervention referral. Respondents who answered 'yes' were then asked to provide specific areas of training they felt would be most valuable to them. Of these respondents, 39 made comments which were then organised into key themes including the identification of needs, knowledge of available support, referral processes, strategies to support children's needs, and the format of training (see Figure 4.13).

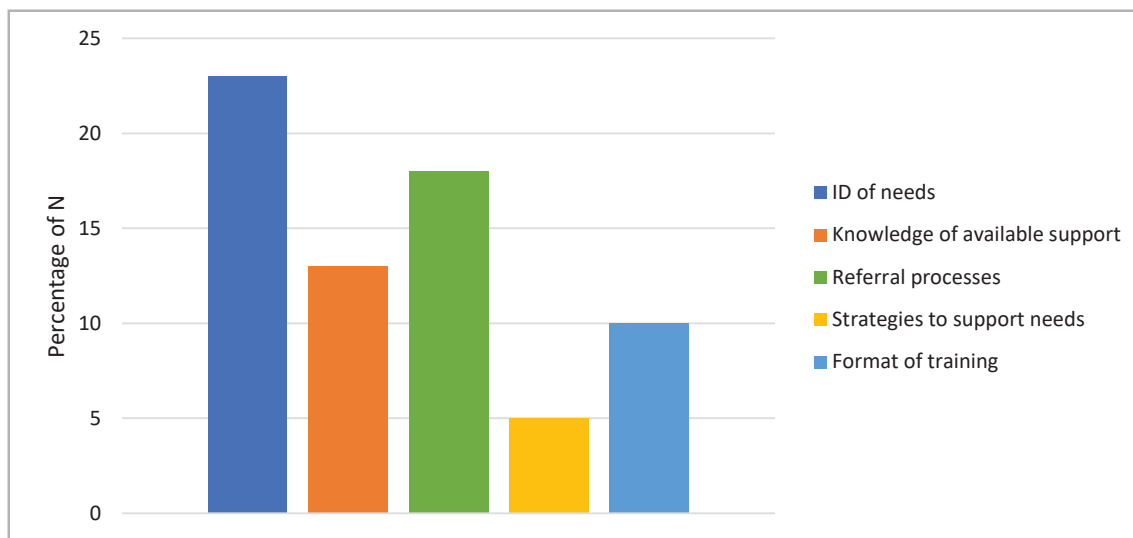


Figure 4.13. Comments on valuable areas of further training (N=39)

The results affirmed the need for ongoing training and support in relation to identification and referral, in order to best support children’s additional needs. As one respondent commented:

*“This area is quite complex and new findings come to light every now and then. Just because I have a specialised qualification and experience in the area does not mean It is the end of my learning. It has to be on-going and so many factors can contribute to what becomes of a child.”*

A need for further training and professional development in the area of identification and referral was also highlighted. One respondent commented about a need for *“any training that will enhance my ability to identify and understand signs and behaviours”*.

Another area of desired training and support for respondents focused on their knowledge of what early intervention services were available. One respondent described the value of *“having resources available telling you what services are available and what they support with”* and another detailed *“education about what sort of support is realistically available”*. This also linked to a number of responses that cited a need for training on referral processes, as evidenced by the following examples:

*“It would be good to know what they are looking for when we fill out the forms. As*

*the demand is so high and there are so many children need[ing] additional support it is good to know what will be done to help that child stand out when being referred”*

*“Information about the different criteria that must be present in the child's development in order to refer the child to the correct specialist service and whether or not it is worth seeking that support in the first place...”*

*“it would be great if centres had a guide to refer to that showed the process with each organisation, timeframes and who to refer to for what.”*

Some respondents commented on the need for further training on strategies to use to support children’s needs. One respondent described a need for *“strategies other than cue cards, visual markers, Makaton, such as guiding the behaviour, coping with hypersensitivity etc.”*.

The final area of comment focused on the format of respondents’ desired training and support. Some responses highlighted formal or individualised learning modalities, such as *“more individual courses”* or a *“short night course in my area”*. Another described contextual support that linked to specific referrals:

*“If we have a child with a specific need we ask the service providing support to the centre to come and give us professional development. This is for the whole centre. It would be helpful to have a staff member trained specifically in the teaching and support of special needs”*

## **Summary**

This chapter presented the results from a mixed-methods survey, drawing on responses from 78 early childhood teachers from the Auckland region. Findings suggested that teachers held high levels of confidence to make referrals across different types of additional needs and strong beliefs in support of early intervention. Factors that enabled identification and referral related to experience, effective collaboration within teams and between teachers and parents/whānau, clear identification and referral procedures, and knowledge of available services. Factors that were reported as barriers to identification and referral were largely concerned with beliefs about the adequacy of early intervention service provisions and potential parent reaction. The next chapter will discuss the implications of these findings, linking them with relevant literature and drawing comparisons to the original work of Aspden (2003).



## Chapter 5 Discussion and Conclusion

In Aotearoa New Zealand, access to specialist early intervention is largely based on referral by parents/whānau, teachers, or other professionals, with increasing enrolment rates creating more opportunities for referrals from the early childhood education (ECE) sector (Sargisson, Stanley, & de Candole, 2013). This replication study aimed to address a gap in the body of knowledge regarding the factors that influence early childhood teachers' identification and referral practices in an effort to identify any potential barriers to this support that children who need it may be facing. With a currently changing landscape in special education support systems at a national level, this research was considered timely and appropriate (Ministry of Education, 2015d). As one survey respondent commented, *"I am thrilled this is something being looked at as this is such an important area in early childhood education which I think is not looked at as much as... it certainly needs to be"*.

This research was designed to investigate early childhood teachers' experiences, attitudes and beliefs regarding the identification of children's additional needs and subsequent referral for specialist early intervention. This aim was framed by two questions: (1) what are early childhood teachers' experiences related to identification and referral? and; (2) what factors, attitudes and beliefs influence early childhood teachers' identification and referral practices? This final chapter links survey findings with relevant literature, as well as drawing comparisons between the previous and present studies, to address the research questions and identify the key themes and implications of this research.

The survey results revealed that although individual teachers did not often consider themselves to be 'decision-makers' in the referral process, their role in the identification and assessment of initial concerns was vital. Teachers' roles in referral processes also varied depending on a range of personal and external factors, which influenced their beliefs, attitudes, and practices. Personal factors included prior experience, relevant knowledge and skills, qualifications/training, and self-efficacy. External factors included parent/whānau reaction and involvement, team support, confidence in specialist early intervention services, and opportunities for ongoing professional development. The findings of this study affirm the continued importance of early childhood teachers' in the identification and referral of children with additional needs, with particular attention to how teachers' attitudes, beliefs and experiences impact their practice.

### **Describing the Sample: Demographics and Background Information**

In order to examine the possible generalisability of the results, demographic data can be compared to the target population and, in turn, the context of ECE in Aotearoa New Zealand. Overall, the survey sample was fairly reflective of the current New Zealand ECE sector, in terms of teacher gender and type of early childhood setting where respondents were employed (Ministry of Education, 2013, 2015a). None of the participants were unqualified teachers, though one indicated that they were still completing their training. This trend was somewhat expected, but not fully representative of the current landscape of ECE in New Zealand. Although a number of ECE providers across the country operate with close to 100% qualified teaching staff, the national average sits around 75% (Ministry of Education, 2014), with some services only having a 50% qualified workforce. The findings therefore reflect the position of qualified staff, and do not consider how this topic may be viewed differently by those who are unqualified members of ECE teams; a potential topic for further investigation.

Respondents of the survey represented a highly experienced and qualified group of teachers. This highlights a potential limitation of the sample in that the growing population of younger, less experienced teachers, may not be proportionately represented. Nearly half of respondents were aged 50 years or older with only 5% indicating that they were 29 years or younger, which is consistent with the average reported level of ECE experience of 20 years. Interestingly, most respondents (75%) held a position as either a supervisor, head teacher or centre manager. This suggests a disproportionate representation of respondents in supervisory/leadership positions. The survey results therefore may not represent the teachers who may likely be first to notice and identify concerns about children in their settings. Given that referrals for early intervention commonly involve teachers in leadership positions, the survey responses arguably contain valuable data from teachers who have had practical experiences upon which to base their responses.

### **Experiences of Identification and Referral: Perspectives of Early Childhood Teachers**

The majority of teachers who responded to this survey had high levels of experience in being involved in early intervention referrals, with respondents involved in an average of four referrals over a 12-month period. This may reflect respondents' years of ECE experience and their likely employment in a leadership role, given that 61% of respondents

identified a senior staff member as the person primarily responsible for the referral of children in their centre. As anticipated, the majority of referrals were made to the Ministry of Education (MoE) Learning Support service, as this is the current model of government-funded service provision in New Zealand. However, there was some evidence that teachers were also referring to alternative providers which is likely reflective of currently high demands for early intervention services (Ministry of Education, 2015b), and participants noted concerns about the responsiveness of current government-funded provisions.

The findings suggested that there is a differentiation in the nature of early intervention referral, in terms of the service providers accessed and types of additional needs that are referred to them. Within the current model of support operating in New Zealand, most types of additional needs could be referred to MoE Learning Support, however, support and extension for children who are gifted/talented tend to be referred to non-government providers (Tapper & Riley, 2015). Children with physical disabilities and some developmental concerns are often more likely to be identified by health professionals and tend to receive intervention earlier through health-based services due to the nature of their needs (Mathieson, 2007). Findings suggest that referrals were more commonly made to the Learning Support service for children with speech-language and communication needs, followed by those with behavioural, emotional and/or social needs. These trends are supported by current literature suggesting that one-in-five children are entering formal schooling with some type of communication difficulty (Bercow, 2008; Roffey & Parry, 2014). Although most young children will exhibit issues with self-regulation at some point, the identification of behavioural and/or emotional and social concerns in young children can be difficult, given the complex nature of their development during the preschool years (Mathieson, 2007). Research also suggests that it can be difficult to differentiate between behavioural challenges and social or emotional needs, with much of the literature either grouping them or using the terms interchangeably (Eklund et al., 2009; Roffey & Parry, 2014). This is of concern given the varied ways in which these needs can manifest, from internalising to externalising behaviours, and the impact of interpretative bias regarding identification (Kauffman & Landrum, 2013).

**Identification and referral processes.** The issue of whether or not to refer children for early intervention and, in turn, where to refer, can be clouded by complex and convoluted system structures. With clear expectations of how to identify children with

additional needs and access to appropriate specialist services, teachers are better equipped to take early action to support these children (Kienapple, Lyon, & McSorley, 2007). More than half of the survey respondents indicated that there were no formal referral procedures in place at their centre, suggesting that either they did not exist or that the teachers were unaware of them. Aspden (2003) argued that without the expectations of formal identification and referral policies and procedures, teachers are left to ad-hoc practices that lack accountability. It is important to note, however, that formalised procedures need not be overly prescriptive or rigid to be effective in supporting teachers to identify needs and make referrals, but should offer support for team decision-making based on agreed and informed approaches. In describing the actual procedures followed, whether formalised or not, the findings illustrated a number of common elements in the process that teachers followed, including collaboration, observation and assessment, team discussions, parental involvement, and the processing of the actual referral itself. Collaboration appeared to be at the core of these elements, therefore it is through this lens that we consider teachers' referral practices.

***Collaboration within the centre.*** *Te Whāriki*, the New Zealand early childhood curriculum framework, establishes that teachers should be working collaboratively to identify and support children's additional needs (Ministry of Education, 2017c). One particularly important theme that emerged from this research was that individual teachers were unsurprisingly often the first to identify initial concerns that then led to referral, further supporting the importance of their role (Bruggink et al., 2016). The consensus view was that although initial concerns were often highlighted by individual teachers, they were then shared with other members of the teaching team, including those in leadership roles. When asked who was primarily responsible for the referral of children in their centre, 61% of teachers identified a senior team member and 30% indicated that it was shared amongst a team. Teachers' descriptions of their identification and referral processes were generally collaborative in nature, however, making referrals and liaising with parents/whānau and early intervention service providers appeared to be the responsibility of senior staff. This may be indicative of the sensitive nature of identification and referral processes, the importance of ensuring that teachers and whānau feel supported, and the skills needed to undertake the referral with external agencies.

***Collaboration with parents/whānau.*** Best practice and curriculum guidelines recommend that collaboration and partnership between the centre and parents/whānau is essential to successfully identify and support children’s additional needs (McLachlan et al., 2013; Ministry of Education, 2017c; Roffey & Parry, 2014). This involves home-centre communication that helps parents/whānau to “be welcomed and be comfortable and involved in the programme in ways that are meaningful to them and their child” (Ministry of Education, 2017c, p. 64), which enables relationships that provide holistic and inclusive support for children’s strengths and needs. Underpinning this home-centre collaboration is the requirement that referrals for specialist early intervention services in New Zealand must have parental consent. Most teachers reported that they shared their concerns with parents/whānau fairly early in the identification and referral process, likely after at least some initial observations and discussions with other teachers had taken place. The timing and the nature of the way in which teachers raise their concerns with families appears of significance. Some teachers indicated that when relationships with families are developed early in the child’s enrolment in the service, then broaching concerns about a child’s development is easier, and a natural part of the ongoing communication. Others noted that concerns would not be raised with families until much later in the assessment process, which reflects that teachers want to be sure about their assessment, but this could cause a breach in the parent/teacher relationship.

It is recognised that parents/whānau have a right to provide a voice for their child and family that is valued and acknowledged by teachers and specialists (Bercow, 2008; Doell & Clendon, in press; Keen, 2007). Therefore, the way that teachers perceive the role of parents/whānau is fundamental to the identification and referral process. Nearly all survey respondents (90%) identified some level of parental involvement when describing their referral procedures but, when asked to detail this involvement, responses varied in terms of the way the parent/whānau role was conceptualised. Thus, teachers described their perception of the role of parents/whānau in three ways, none of which were mutually exclusive. Parents were described as: (1) sources of information; (2) collaborators/joint owners in the referral process; and (3) providers of consent for referral to go ahead. Arguably, one of the most important facets of successful collaboration is effective communication, which is underpinned by reciprocal and respectful relationships between teachers and parents (Nwokah & Sutterby, 2014). When it comes to addressing atypical

development or concerns about a child's needs, the strength of the home-centre relationship may be tested as it presents stakeholders with complex, sensitive and sometimes stressful situations (Roffey & Parry, 2014). Therefore, it stands that strong existing relationships between parents and teachers can serve to reduce experience of stress related to identification and referral.

***Collaborative referral processes and cultural considerations.*** Research suggests that children with additional needs who are culturally and/or linguistically diverse may not be referred as early for specialist intervention (Barton et al., 2016; Ortiz, 1997), due to the complexity of culturally-responsive assessment and untangling what concerns might be related to development, or perhaps reflecting cultural or linguistic differences. When education professionals identify children's additional needs and refer for specialist early intervention, robust cultural considerations are paramount (Este, 2013). Cultural considerations can be a complex and challenging space for teachers, and may be even more so in relation to their identification and referral practices (Shuker & Cherrington, 2016). There is potential for teachers and parents alike to misinterpret important information, for example if English is not the parents' first language or if there is a discord between what is considered to be of concern (Este, 2013). Findings from this survey suggested that teachers' understanding of culture, in relation to identification and referral, sat on a spectrum. This indicates a potential lack of cohesion that may be contributing to wider disparities in culturally responsive referral practice within the ECE sector. Effective collaboration between parents/whānau and home and centre is arguably founded in culturally responsive practice that requires a common understanding of culture and its role in identification and referral (Verdon, Wong, & McLeod, 2016).

A theme observed in many of the survey responses was the perception that culture and ethnicity were one and the same, with many teachers commenting on how to address language barriers. Clearly ethnicity and language should be important cultural considerations but there are far more facets to culture that are often overlooked, perhaps due to their more complex nature (Verdon et al., 2016). Take, for example, a situation in which the needs of the child are interpreted differently by the parents/whānau and the teachers because of their differences in culture. Teachers might view the child's needs based on their personal and professional experience and set of beliefs. This view might not always be shared by parents/whānau who have a different set of ideals, experiences, and

values. One survey respondent captured this when describing that “[the] teaching team strive to facilitate strong and respectful relationships that enable sharing of culture and aspirations. Culture is valued highly and diversity celebrated.”

Although a number of teachers expressed inclusive and strengths-based referral practices, in terms of cultural considerations, the lack of consensus is of concern. Teachers described the cultural considerations in their referral processes that sat on a continuum, spanning across language barriers, differences in cultural norms, and the value of a child and their family’s cultural capital. Without a closer consensus on culture and its’ role in teachers’ identification and referral processes, there is a risk that the disparities for culturally/linguistically diverse children will continue (Barton et al., 2016).

### **Factors, Attitudes, and Beliefs that Influence Identification and Referral Practices**

Early childhood teaching, as described by Clark (2012, p. 346), is a “values-led profession which is concerned with improving the lives of individuals and ultimately society as a whole”. With this in mind, it is conceivable that the values that teachers hold, particularly about identifying and supporting children’s additional needs, are deeply rooted in their attitudes and beliefs. The overarching aim of this study was to examine the factors that influence early childhood teachers’ identification and referral practices. The focus of this study rests on the contention that multiple variables directly and indirectly influence a person’s beliefs and attitudes, and furthermore, that these beliefs and attitudes affect actions (Bandura, 1997). The following section attempts to identify and critique a complex set of factors, both personal and external, that appear to influence teachers’ beliefs and attitudes about specialist early intervention and referral.

Findings from this study suggested that teachers’ confidence to identify and refer children for early intervention is influenced by a variety of personal and external factors. Figure 5.1 provides a representation of the way that these personal and external factors, such as prior experience or confidence in service adequacy, influence teachers’ overall confidence to identify children’s additional needs and make referrals for specialist support. Teachers reported that potential parent reaction may have a strong influence on their identification and referral practices. Of significance, the results of this survey highlighted the predominance of teachers’ concerns about the adequacy of current early intervention service provisions in Aotearoa New Zealand. To unpack these findings, we first examine the

personal factors that appear to influence teachers' identification and referral confidence before considering the external contributing factors. The discussion considers the way in which the identified factors may act as enablers or barriers to teachers' identification and referral of children with additional needs.

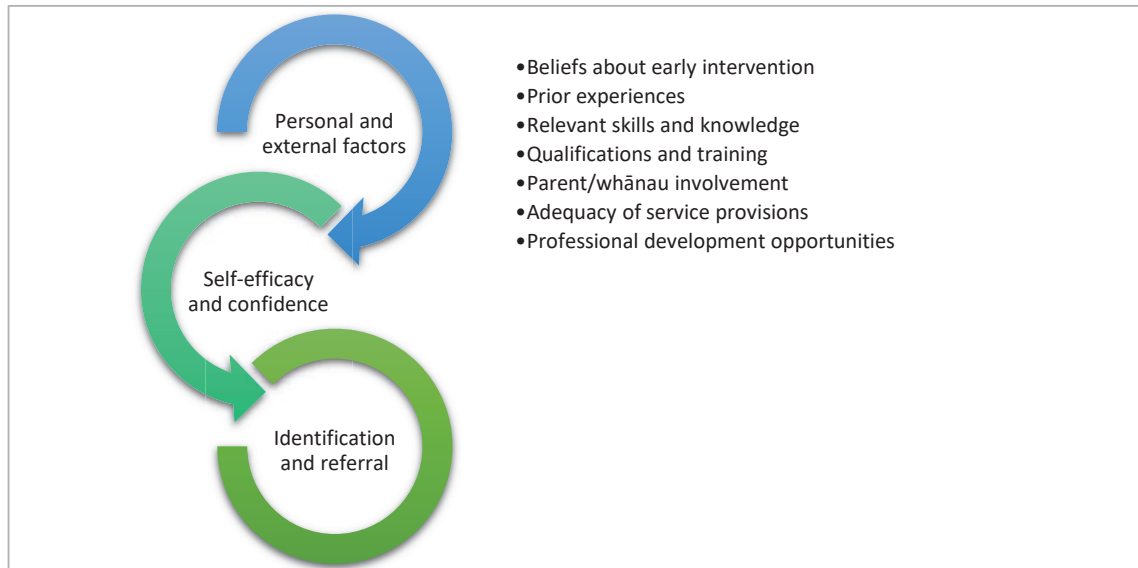


Figure 5.1. Pathway to ECE teachers' self-efficacy to identify and refer for early intervention

**Personal factors.** In the context of this discussion, personal factors are considered to be largely influenced by the individual themselves, whether consciously or otherwise. Self-efficacy is concerned with the belief a person has in their ability to succeed (Bandura, 1997). In the context of this study, self-efficacy refers to ECE teachers' perceptions and expectations of success in relation to identification and referral. Low self-efficacy reduces confidence which can result in a decreased likelihood of successful identification and referral for early intervention. Ortiz (1997) described three conditions under which teachers may feel discouraged from making referrals: (1) where there are doubts about the adequacy of their own skills or access to others with necessary skills and knowledge; (2) if they have concerns about the accuracy of their identification and referral practices; and (3) if they hold beliefs that the available support services are not able to adequately address childrens' identified needs. Underpinning these facets is the idea that a teacher's perception of the probability of success, whether realistic or not, is an extremely powerful motivator underpinning their decision to support a referral (Aspden, 2003; Ortiz, 1997). When



teachers described influences on their confidence in making referrals, the following personal factors were identified: (1) relevant knowledge and skills; (2) qualifications, training and support; and (3) beliefs and experiences of early intervention. A number of respondents (29%) also felt that there were no factors that would discourage them from making a referral, suggesting that regardless of any concerns they may have, teachers still felt it best to progress with a referral if appropriate.

**Relevant skills and knowledge.** When asked about their level of confidence to refer across different types of additional needs, teachers reported high levels of confidence overall, particularly for speech-language communication needs and physical disabilities. The main area of uncertainty to emerge related to the limited experience and lack of knowledge of available supports for children who are gifted/talented. Interestingly 16% of teachers also expressed concerns over being wrong about the child's needs as a deterrent for referral. However, based on the overall findings, there is no compelling reason to argue that the type of additional need being identified or referred carries significant impact on teachers' levels of self-efficacy. Kienapple et al. (2007) put forward the view that without support and knowledge of what services are available to their students, teachers are unable to effectively support referrals for early intervention. Aside from simply having knowledge of available services, the systems around the services themselves should be accessible and uncomplicated, so that the process is not "a matter of chance" (Kienapple et al., 2007, p. 71).

**Qualifications and training.** Pre-service teacher education equips teachers with knowledge and understanding about childhood developmental norms that form the basis of identification and early intervention referral (Bagnato, 2007). On average, early childhood education providers in New Zealand employ 75% tertiary qualified teachers, with a national target of 80% (Ministry of Education, 2015a). Survey respondents represented an even higher percentage of qualified teachers, with all but one having completed their teacher training. Perhaps surprisingly, teaching qualifications and relevant knowledge (e.g. childhood developmental norms) were only identified as a key referral confidence factor by 10% of respondents. This suggests that teachers may prioritise other factors, such as prior experience, parent reaction or beliefs about service adequacy, over their training, in shaping their confidence. The way in which teachers feel prepared for identification and referral

within their pre-service programmes, as supports to the development of self-efficacy and confident practice, appears to be a valuable focus for future research.

A further 23% of teachers felt that their confidence to identify and refer children's additional needs was influenced by their level of training and support. Somewhat surprising was that only 25% of respondents cited their university study. Professional learning for teachers is not limited to their pre-service training, rather, best practice encourages teachers to engage in ongoing training and support to effectively respond to the changing needs and context of the ECE sector (Howes, Hamre, & Pianta, 2012; Vujičić & Čamber Tambolaš, 2017). Interestingly, 16% of respondents indicated that they had had no previous training and support in the area of referring children for early intervention services. The most commonly reported type of previous training and support was peer learning, further supporting the argument for team collaboration, followed by courses, workshops and conferences, and self-directed study. These findings lend support to the work of Timperley (2011, 2015), who advocates the importance of teachers' ongoing professional learning to support children and increase successful educational outcomes. This may be particularly challenging in the current professional development context in New Zealand, which has seen significantly reduced funding and scope of provision (Cherrington & Wansbrough, 2010).

***Beliefs about early intervention.*** Research suggests the benefits and importance of early intervention in early childhood are widely accepted among educators (Alliston, 2007; Guralnick & Albertini, 2006). The importance placed on early intervention was supported by the 95% of respondents who agreed that the need for specialist early intervention services is essential. To clearly draw a distinction between general teaching practices with a support focus and *specialist* early intervention, teachers were asked whether they felt it best to support children's additional needs through changes to the centre environment or programme, rather than seeking outside help. This received a varied response, suggesting a broad understanding of how children's additional needs are addressed and how this may impact processes and decisions to refer externally for early intervention. Of significance, it appeared that prior experiences of identification and referral were influential in terms of teachers' confidence in the early intervention services. Any prior experiences of identification and/or referral arguably impact teachers' beliefs and attitudes about early intervention and, thus, influence their practices going forward (Abebe & Hailemariam,

2008). The most recent update to *Te Whāriki*, based on feedback from teachers across the country, acknowledged a desire from teachers to have more guidance to support and include all children and that it should provide specific direction for differentiating for children's additional needs (Ministry of Education, 2017c, 2017d).

**External factors.** These factors are defined in the context of this discussion as influences over which an individual has limited or no control. Teachers reported a number of external factors that influenced their identification and referral practices, including parent/whānau involvement, opportunities for training and support and the provisions of specialist services. The findings uncovered three main external factors that appeared to influence ECE teachers' confidence to identify children's needs and make subsequent referrals for early intervention. The first factor identified that teachers may feel discouraged by potential parent negative reaction to a referral for specialist early intervention support. The second factor highlighted that many teachers held concerns about the ability of specialist early intervention services to provide appropriate and timely resources and support. Finally, a large majority (72%) of teachers identified a need for ongoing training and support in the area of early intervention referral. These issues are explored further in the following sections.

**Parent/whānau reaction.** Parents and teachers alike can have concerns about a child's development or progress and these concerns are often the first step toward early intervention (Roffey & Parry, 2014). In Aspden's (2003) survey, nearly 50% of participating teachers felt that potential parent reaction would deter them from making a referral. Findings from the present study were similar, with 44% of teachers highlighting this as a discouraging factor, indicating that this is a continuing concern for practitioners. Approaching parents with concerns can be a complex and sensitive issue for early childhood teachers, who are aware of the implications of such actions and wish to be strengths-focussed but still address children's needs as early as possible (Fenton & McFarland-Piazza, 2014; Nwokah & Sutterby, 2014). Ray, Pewitt-Kinder, and George (2009) highlighted the way that professionals, including teachers, experience uncertainty in how to approach parents/whānau with concerns about their child. These authors went on to affirm the need for close ongoing relationships between teachers and parents that allow for such conversations to occur in a more supportive and non-confrontational way. Successful inclusive practice and early intervention both require effective collaboration and

communication between teacher and parents (Moffat, 2011). Teachers in this study reported an overwhelmingly strong belief in collaboration with parents/whānau, other teachers, and other professionals to support children with additional needs.

***Concerns about early intervention service provisions.*** Although 95% of teachers supported the need for specialist early intervention services, responses across the study showed a significant disharmony toward the practicalities of currently available service provisions. When asked if they believed that the current early intervention services available were able to adequately support children with additional needs, some interesting trends came to light. A significant number of teachers (65%) disagreed or strongly disagreed, indicating a notable negativity toward current service provisions. Further to this, nearly half of survey respondents cited a belief that the available early intervention services would not be able to provide adequate support or resources. This combined data suggests that, based on their beliefs, attitudes, and prior experiences, teachers have a lack of confidence in current service provisions that may be impacting their inclination to make referrals.

Response times following referral appeared to be of significant concern for teachers, many citing that this factor would discourage them from making a referral when a concern had been identified. Furthermore, a number of teachers described frustration in establishing and maintaining contact with specialist service providers. The Ministry of Education recently undertook a consultation with teachers and parents/whānau, which acknowledged an issue with service provisions and resourcing that contributed to the lengthy wait times experienced by some children, families and ECE centres (Ministry of Education, 2015b, 2015c, 2015d). This was followed by announcements for changes to the systemic structure of Learning Support which have since been boosted by a recent change of government in New Zealand (Ministry of Education, 2015d, 2017a).

Some have argued that teacher-rated screening procedures are equally, if not more, effective in identifying children eligible for intervention than traditional methods based solely on teacher judgement (Eklund et al., 2009). However, research also suggests that the value of screening systems, in terms of accurately assessing 'at-risk' young children, is based on their reliability (consistency of scores) and construct validity (generalisability) (Feeney-Kettler, Kratochwill, Kaiser, Hemmeter, & Kettler, 2010; Kettler et al., 2013). Beyond the scope of direct referrals to Learning Support, the B4 School Check national screening programme reportedly provides a safety-net to identify children's needs prior to starting

formal schooling (Liberty, 2014; Ministry of Health, 2015; Sargisson et al., 2013). Results from this screening are often used to initially identify children's additional needs and pave the way for early intervention referral. Teachers in this study were asked about their beliefs regarding the usefulness of the B4 School Check screening programme, in terms of identifying children eligible for referral. Interestingly, 63% of teachers did not feel that the B4 School Check is a useful tool for identification and referral. In justification of this, responses yielded the following themes: (1) concerns about the format and content of the check; (2) issues with the timing of the check; (3) that the results can often confirm concerns already apparent; and (4) concerns about the outcomes of the check.

Teachers reportedly felt that the B4 School Check was too general and included ambiguous criteria. Bagnato (2007) posited that, although screening in early childhood can be an efficient way to identify children for assessment and referral, the brief and universal nature of checklist assessments can create false negatives and cause some children's needs to fall through the cracks. A number of comments in the survey noted the deficit connotations of focusing on what a child cannot do and that the nature of such an assessment was potentially counterproductive to inclusively supporting children's additional needs. Some respondents felt that the check was useful because it may confirm concerns that they already had about a child's needs. This would be especially useful in the cases where teachers' concerns of being wrong about children's needs may hinder their confidence to identify and make referrals (Ortiz, 1997). More teachers expressed concerns that screening at age four is too late. Further to this, they reported that the additional needs would have often already been identified, formally or informally, by those at the centre or kindergarten. The most concerning theme that emerged from the results was the lack of faith in the efficacy of the service processes and provisions themselves, in terms of the administration and follow-up from the B4 School Check. Teachers reported situations in which children had been identified as needing support but that it had not been put in place. Further to this, the amount of time between identification from the check to referral then to receiving services appeared to be of concern for teachers.

*Te Whāriki* draws upon holistic and inclusive theories of childhood development and education that lend themselves to the importance of early intervention (Ministry of Education, 2017c). Interestingly, teachers in this study reported high levels of support for early intervention but a distinct lack of confidence in specialist services and in the presently

available national screening processes. This could be attributed in part to the aforementioned concerns over wait-times and the provisions of specialist early intervention, however, a dichotomy between the holistic and inclusive theories that underpin early childhood education and the ideologies that are associated with specialist early intervention may also contribute (Gordon-Burns, Purdue, Rarere-Briggs, Stark, & Turnock, 2012; Purdue et al., 2011; Tesar, 2016). Inclusive education is a theme that is firmly grounded in a strengths-based approach, and has been the focus of a growing body of literature in the last two decades (Cullen & Carroll-Lind, 2005; Fenton & McFarland-Piazza, 2014). Early childhood education in Aotearoa New Zealand has embraced this theme, progressively moving toward the use of inclusive practices in ECE through changes in policy, curriculum, and emphasis in pre-service teacher training (Gordon-Burns, Gunn, et al., 2012a; Gordon-Burns, Purdue, et al., 2012; Liberty, 2014; Ministry of Education, 2017a, 2017c, 2017d). The nature of assessment and criteria for specialist early intervention has traditionally been more deficit-focused, by identifying children's delays, weaknesses, or areas of need (Newman, 2012). This may sit in conflict with the ECE sectors' holistic view of child development, that sees growth and learning as "intricate patterns of linked experience and meaning rather than emphasising the acquisition of discrete skills" (Ministry of Education, 2017c, p.48; Tesar, 2016). The scope of the current study did not provide an opportunity to specifically explore this, therefore an investigation into the degree to which this dichotomy may contribute to referral practices would be of value.

***Opportunities for ongoing training and support.*** Ongoing professional development for early childhood teachers is at the cornerstone of ensuring best practice in the identification and referral of children's additional needs (Howes et al., 2012; Timperley, 2011, 2015). Baker (2017) argued that, although professional development is considered essential, teachers' voices and input into the content and context of their ongoing training is often overlooked. The benefits of further training/support in the areas of identification and referral were affirmed by a large number of survey respondents (72%). Teachers commonly reported wanting more training and support in the identification of children's additional needs, followed by increased knowledge of available services and understanding of referral processes. Only four respondents noted their preferred format of training and support, citing formal individualised learning (i.e., courses and workshops) and targeted training from early intervention specialists for individual children who have been referred. These

suggestions raise an interesting point about utilising a meaningful context for training and support (Cherrington & Wansbrough, 2010). A number of traditional and emerging training delivery methods can support teachers' ongoing professional development, including face-to-face learning, self-directed learning (usually now delivered online), and professional coaching/supervision (Howes et al., 2012; Stone-MacDonald & Douglass, 2015). Given the significant number of teachers wanting further training/support and their reported lack of knowledge about service provisions and guidelines to access them, ongoing professional development is of importance to address the factors that discourage referral.

### **Comparing Findings: Previous Study vs. Present Study**

While the present study provides valuable insights into the current beliefs, attitudes and practices of early childhood teachers, replicating the survey from Aspden's (2003) research offered the opportunity to consider whether there had been shifts in teachers' perspectives and practices over the 14 years between the two iterations. A detailed comparison table of findings from both studies can be found in Appendix G. The survey from the present study is included in Appendix E and the survey from the 2003 can be found in Appendix F. Results from the 2003 study indicated that teachers felt their referral practices were influenced by factors such as: concerns about parental reaction; considerations of culture; assessment appropriateness; ongoing training and professional support (or lack thereof); and a need for guidance via policies and procedures for referral. These issues continue to resonate in the current findings. Furthermore, as found in the 2003 study, notable themes to emerge were concerned with teacher self-efficacy, potential parent response, and issues with service provisions.

**The changing landscape of ECE in Aotearoa New Zealand.** Since the 2003 study, there have been a number of changes to the way that early childhood intervention services have been structured and delivered in Aotearoa New Zealand. The shift toward inclusive practice in early childhood education has evolved and New Zealand has seen a period of population and economic change. As well as increases in engagement in early childhood education and care, and increases in national cultural diversity, the amount of tertiary qualified teachers employed in each centre has also grown (Ministry of Education, 2015a). In addition, the B4 School Check screening programme, available to all children under five, was

implemented from 2008 with the intention to identify children eligible for support services as early as possible (Liberty, 2014).

**Comparing the survey samples.** Teachers across both studies worked in the Auckland region, however, the respondents from the previous study were restricted to the North Shore area and the current study was extended to include the Greater Auckland. The use of an Internet-based survey allowed the distribution of the present survey to a wider geographical area, and a greater pool of teachers. All teachers in the present study worked in a teacher-led centre (either kindergarten or early childhood care and education centre) whereas the previous study also included respondents working in parent-led centres (i.e., playcentres), apart from kōhanga reo.

A total of 50 teachers responded to the Aspden (2003) survey compared with the 78 teachers whose responses qualified for the present study. Gender and age distribution data were not reported in the previous study but, given what we know about the climate of early childhood teaching in New Zealand at that time, it is safe to assume that, like the present study, the majority of respondents were female. The level of qualified teachers one would expect to see in a New Zealand early childhood education centre or kindergarten has increased over the past 14 years and this is reflected in the increase from 78% qualified (previous) to 99% qualified (present) teachers across the studies. High levels of experience in early childhood were reported across both studies, however, the present study included more teachers who currently worked in supervisory or managerial roles.

**Key comparisons and implications.** Collaborative practices, in a wider sense, were apparent in survey responses across both studies, with relationships and communication between teachers and parents/whānau at the heart of successful identification and referral. Team support and collaboration was a theme in both the previous and present studies, however, there was a slight shift toward actual referral responsibility being placed on those in leadership roles in the present study. It is important to note, however, that the majority of survey respondents in the present study were in fact in leadership positions themselves. Additionally, more than half of survey respondents in both studies did not identify having knowledge of any formal referral procedures in their centre. These findings highlight a potential ongoing issue with lack of consistency in the way that children are referred across the ECE sector.



Although findings suggest an increase in teachers' overall level of confidence to make referrals for specialist early intervention, similar concerns and potential discouraging factors are apparent across both sets of findings. Factors that discourage referral were identified by respondents in the present study as being largely focused on the adequacy and quality of early intervention services or, to a lesser extent, concerns over potential parent reaction as a barrier to referral. Interestingly, teachers in the 2003 study expressed more concern over potential parent reaction than service inadequacy; a trend that reversed in findings from the present study. Teachers across both studies described varying conceptualisations of the role of parents/whānau in the referral process, and the timing at which they became involved. The present study was extended to include a belief statement about the importance of collaboration with parents/whānau, with which the vast majority of teachers (96%) agreed. Concerns about referral wait times and the inadequacy of resources and funding for specialist early intervention were noted in both studies. Results from the previous study also highlighted concerns about service provisions, however, potential parent reaction was reported as more concerning at that time. Findings suggest that further action and consultation with teachers is required in order to address these continued concerns that may be adversely affecting children's access to specialist early intervention.

### **Limitations/Implications for Further Research**

It is important to acknowledge that this study may be subject to a number of limitations. The first relates to the generalisability of the survey sample to the target population of early childhood teachers in Aotearoa New Zealand. This survey sample was made up of generally older teachers with more ECE experience, with many holding leadership positions. This highlights a lack of representation from younger, less experienced teachers who have more recently completed their pre-service training. Additionally, the survey sample was drawn only from the Auckland region. Arguably, the cultural and economic diversity in Auckland cannot be found in other parts of New Zealand. Smaller cities, provinces and rural teaching contexts are therefore underrepresented in the sample. The second potential limitation draws on issues of validity related to self-reported survey research. The literature suggests that survey research can be subjective, and perspective driven, with an Internet-based modality creating potential difficulty in controlling or

identifying unknown variables (Cozby & Bates, 2012). In designing this study, it was speculated that because internet-based survey tools are common within the education sector, such limitations would be minimal and were unlikely to significantly impact the results.

The present study, drawing on comparisons with Aspden's (2003) previous research, has gone some way towards enhancing our understanding of the factors, attitudes and beliefs that influence early childhood teachers' identification and referral practices. In terms of future research, our approach could be extended to include a more diversely representative sample. Furthermore, the themes of self-efficacy and concerns about service provisions that were highlighted in our results could be further examined through the use of more in-depth interviews, as was completed in the previous study. Finally, these findings could be applied to future research that directly aligns with the currently changing landscape of specialist early intervention services in New Zealand.

## **Conclusion**

This study identified a number of factors that influenced early childhood teachers' identification and referral practices, some of which acted as enablers and others as potential barriers. Given the highly experienced survey sample and the proportion of teachers in leadership positions, the results from this study reflected a richness in prior experiences related to specialist early intervention. Overall, teachers appeared confident to make early intervention referrals across different domains of children's additional needs. Findings also suggested that a collaborative approach to identification and referral, with other teachers, had a positive influence on teachers' levels of confidence and self-efficacy. In addition, strong parent-teacher relationships and team support throughout assessment and decision-making processes appeared to be of importance.

What remains are the persistent concerns observed across the 2003 and 2017 studies. Parent reaction was reported as a potential barrier to referral and, significantly, teachers reported considerable concerns over the adequacy of current government-funded early intervention services. These concerns related to resourcing, funding and particularly wait-times between referral and service delivery. Arguably, these negative perceptions of specialist services may be contributing to a lack of teachers' confidence to make referrals. Teachers must be engaged in ongoing consultation and be provided with opportunities for

quality professional development and support if these perspectives are to shift. This professional development should be ongoing, relevant, and designed to support teachers to feel more confident in their identification and referral practices. Early intervention in Aotearoa New Zealand is currently in a context of change, with a new government, updated ECE curriculum, and a review of the structure of the Ministry of Education's Learning Support service. This awards us a chance to make positive and lasting changes through more advocacy and support for teachers, increases in funding, and stronger connection between service providers and ECE centres. Ultimately, attending to these issues has the potential to help more of New Zealand's young children receive the support that they need.

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## Appendices

### Appendix A: Approval from Massey University Human Ethics Committee

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**From:** humanethics@massey.ac.nz  
**Sent:** Thursday, 13 April 2017 10:15 PM  
**To:** A.Lindsay@massey.ac.nz; Stacey.Baxter.1@uni.massey.ac.nz;  
K.M.Aspden@massey.ac.nz; S.Clendon@massey.ac.nz;  
T.W.McLaughlin@massey.ac.nz  
**Cc:** M.E.Thomas@massey.ac.nz  
**Subject:** Human Ethics Notification - 4000017485

HoU Review Group

Ethics Notification Number: 4000017485  
Title: ECE teachers' identification and referral for early intervention

Thank you for your notification which you have assessed as Low Risk.

Your project has been recorded in our system which is reported in the Annual Report of the Massey University Human Ethics Committee.

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

If situations subsequently occur which cause you to reconsider your ethical analysis, please log on to <http://rims.massey.ac.nz> and register the changes in order that they be assessed as safe to proceed.

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

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

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

If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Dr Brian Finch, Director (Research Ethics), email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz). "

Please note that if a sponsoring organisation, funding authority or a journal in which you wish to publish require evidence of committee approval (with an approval number), you will have to complete the application form again answering yes to the publication question to provide more information to go before one of the University's Human Ethics Committees. You should also note that such an approval can only be provided prior to the commencement of the research.

You are reminded that staff researchers and supervisors are fully responsible for ensuring that the information in the low risk notification has met the requirements and guidelines for submission of a low risk notification.

If you wish to print an official copy of this letter, please login to the RIMS system, and under the Reporting section, View Reports you will find a link to run the LR Report.

Yours sincerely

Dr Brian Finch  
Chair, Human Ethics Chairs' Committee and Director (Research Ethics)

## Appendix B: Letter to Kindergarten Associations Requesting Approval

### ***How do ECE teachers' beliefs and attitudes impact decisions to refer for early intervention?***

#### **Request for Kindergarten teacher participants**

Kia ora,

My name is Stacey Baxter. I am currently completing a Master of Educational Psychology with Massey University. I am undertaking a research project that investigates teachers' attitudes and beliefs about referral for early intervention services.

The key focus of this research is to examine what factors impact an ECE teacher's decision to refer a child for early intervention services.

I would like to send an email invitation to all of the teachers in your Kindergarten Association to participate in my research. I am requesting your permission to contact your teachers by e-mail. The email invite will provide a link to an anonymous survey, and the teachers are under no obligation to accept the invitation. If the teachers do decide to participate, the completion of the questionnaire will imply consent.

The survey will ask teachers questions about their relevant employment experience, including qualifications and length of service, the kinds of needs they have referred for early intervention in the past and what process they use to make referral decision in their place of work.

This online survey is expected to take approximately 30 minutes to complete. The survey is completely anonymous and no identifying questions will be asked. The data collected for this research will only be used for the completion of this thesis and any resulting publications of this work, and the data will be stored in a secure and confidential place for five years before being disposed of.

I have included a copy of the teacher invitation letter and information sheet for your reference. Please feel free to contact either myself or my supervisors if you have any questions regarding this research project.

Thank you for your consideration of my request. I look forward to hearing from you.

**Researcher:**

Stacey Baxter      [ev.B@hotmail.com](mailto:ev.B@hotmail.com)

**Supervisors:**

Karyn Aspden      [K.M.Aspden@massey.ac.nz](mailto:K.M.Aspden@massey.ac.nz)  
Sally Clendon      [S.Clendon@massey.ac.nz](mailto:S.Clendon@massey.ac.nz)

*This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher named in this document is responsible for the ethical conduct of this research. If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher, please contact Dr Brian Finch, Director (Research Ethics), email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz).*

## Appendix C: Information Sheet

### ECE TEACHERS' BELIEFS AND EXPERIENCES OF REFERRAL FOR EARLY INTERVENTION SUPPORT

#### INFORMATION SHEET

My name is Stacey Baxter and I am completing a Master of Educational Psychology with Massey University. I am seeking early childhood teachers that currently hold a permanent position at a teacher-led early childhood education provider and are willing to complete an online survey.

The purpose of this survey is to find out more about how young children are referred for special education/learning support by their early childhood educators. The results of this survey will be collated and analysed and discussed to try and gain a better understanding of how current processes in Aotearoa New Zealand are supporting at-risk young children and their access to learning support.

If you are an early childhood teacher that currently holds a permanent position at a teacher-led ECE provider in the Auckland region, I would like to invite you to participate in this important research by completing a survey. The survey should take approximately 20-25 minutes to complete.

All information is anonymous and no identifying information is being requested. Data will only be used for the completion of this Master's thesis and any emerging presentations and publications and stored securely for 5 years, after which it will be disposed of.

A summary of findings can be requested by emailing me now at [stacey.baxter.1@uni.massey.ac.nz](mailto:stacey.baxter.1@uni.massey.ac.nz). A summary will then be emailed to you at the conclusion of the project (November 2017).

Completion of this survey implies consent. You have the right to decline to answer any particular question or discontinue the survey at any point.

If you have any questions or concerns, please contact:

Researcher:	Stacey Baxter	<a href="mailto:stacey.baxter.1@uni.massey.ac.nz">stacey.baxter.1@uni.massey.ac.nz</a>
Supervisor/s:	Dr Karyn Aspden	<a href="mailto:K.M.Aspden@massey.ac.nz">K.M.Aspden@massey.ac.nz</a>
	Dr Sally Clendon	<a href="mailto:S.Clendon@massey.ac.nz">S.Clendon@massey.ac.nz</a>

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

*If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Dr Brian Finch, Director, Research Ethics, telephone 06 356 9099 x 86015, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz).*



## Appendix D: Sample Email Invitation to Participate

### ECE TEACHERS' BELIEFS AND EXPERIENCES OF REFERRAL FOR EARLY INTERVENTION SUPPORT

#### SURVEY INVITATION

Kia ora,

My name is Stacey Baxter and I am completing a Master of Educational Psychology with Massey University. I am seeking early childhood teachers that currently hold a permanent position at a teacher-led early childhood education provider and are willing to complete an online survey. I would very much appreciate if you could share this email with early childhood teachers at your centre who may be willing to participate.

**If you are an early childhood teacher that currently holds a permanent position at a teacher-led ECE provider in the Auckland region, I would like to invite you to participate in this research by completing the survey which can be found by clicking the link below. The survey should take approximately 20-25 minutes to complete.**

The purpose of this survey is to find out more about how young children are referred for special education/learning support by their early childhood educators. The results of this survey will be collated and analysed and compared with the results of a similar project completed by Dr Karyn Aspden (2003). Findings will be discussed to try and gain a better understanding of how current processes in Aotearoa New Zealand are supporting at-risk young children and their access to learning support.

The survey is anonymous. By choosing to complete the survey, it will be assumed that you consent to your responses being used in the research project.

The link to the survey is:

[www.surveymonkey.com/r/LKFQ7SC](http://www.surveymonkey.com/r/LKFQ7SC)

If you have any questions or concerns, please do not hesitate to contact either myself or my supervisor/s.

<b>Researcher:</b>	Stacey Baxter	<a href="mailto:stacey.baxter.1@uni.massey.ac.nz">stacey.baxter.1@uni.massey.ac.nz</a>
<b>Supervisor/s:</b>	Dr Karyn Aspden	<a href="mailto:K.M.Aspden@massey.ac.nz">K.M.Aspden@massey.ac.nz</a>
	Dr Sally Clendon	<a href="mailto:s.clendon@massey.ac.nz">s.clendon@massey.ac.nz</a>

Thank you in advance for sharing your time and valuable knowledge.

Ngā mihi

Stacey Baxter

*This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research. If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Dr Brian Finch, Director, Research Ethics, telephone 06 356 9099 x 86015, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz).*

## Appendix E: Survey from Present Study

### ECE Teachers' Beliefs and Experiences of Referral for Early Intervention Support

#### Introduction and Information

My name is Stacey Baxter and I am completing a Master of Educational Psychology with Massey University. I am seeking early childhood teachers who currently hold a permanent position at a teacher-led early childhood education provider and are willing to complete an online survey.

The purpose of this survey is to find out more about how young children are referred for special education/learning support by their early childhood educators. For the purposes of this study, the term referral is used to describe a formal process used to refer children for additional support from early intervention services. Early intervention/identification describes processes designed to identify and provide support to preschool children with additional needs. The results of this survey will be collated and analysed and discussed to try and gain a better understanding of how current processes in Aotearoa New Zealand are supporting at-risk young children and their access to learning support.

If you are an early childhood teacher who currently holds a permanent position at a teacher-led ECE provider in the Auckland region, I would like to invite you to participate in this important research by completing a survey. The survey should take approximately 20 minutes to complete. This research has been reviewed and approved by the Auckland, Northern Auckland, and Counties Manukau Kindergarten Associations.

All information is anonymous and no identifying information is being requested. Data will only be used for the completion of this Master's thesis and any emerging presentations and publications and stored securely for 5 years, after which it will be disposed of.

A summary of findings can be requested by emailing me at [stacey.baxter.1@uni.massey.ac.nz](mailto:stacey.baxter.1@uni.massey.ac.nz). A summary will then be emailed to you at the conclusion of the project (November 2017).

Completion of this survey implies consent. You have the right to decline to answer any particular question or discontinue the survey at any point.

If you have any questions or concerns, please contact:

Researcher: Stacey Baxter                      [stacey.baxter.1@uni.massey.ac.nz](mailto:stacey.baxter.1@uni.massey.ac.nz)

Supervisor/s: Dr Karyn Aspden                      [K.M.Aspden@massey.ac.nz](mailto:K.M.Aspden@massey.ac.nz)  
Dr Sally Clendon                      [S.Clendon@massey.ac.nz](mailto:S.Clendon@massey.ac.nz)

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

*If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Dr Brian Finch, Director, Research Ethics, telephone 06 356 9099 x 86015, email*

*humanethics@massey.ac.nz*

\* 1. \*I have read the above information and I voluntarily agree to participate. I confirm that I am an Early Childhood teacher with a permanent position in a teacher-led centre in the Auckland region.

- I agree
- I disagree

Background Information

2. What is your age group?

- under 20
- 20-29
- 30-39
- 40-49
- 50 or above

3. What is your gender?

- Female
- Male

4. How many years of experience do you have working in the early childhood sector?

5. Please indicate your qualification/s in the early childhood sector (select all that apply)

- Bachelor of Teaching (ECE)
- Graduate Diploma of Teaching (ECE)
- Diploma of Teaching (ECE)
- Primary teaching qualification
- Currently in training
- No teaching qualification
- Other (please specify)

6. What best describes your current place of employment?

- Public kindergarten
- Private early childhood education and care (ECE) service
- Community-based early childhood education and care (ECE) service
- Other (please specify)

7. What is the position you currently hold there?

- Teacher
- Team Leader
- Supervisor/Head Teacher/Centre Manager

Referral Practices and Experiences

**Key definitions:**

For the purposes of this study, the terms **early intervention/identification** describe processes designed to identify and provide support to preschool children with additional needs.

The term **referral** is used to describe a formal process used to refer children for additional support from early intervention services. Please note that the survey relates only to referrals to external agencies rather than internal support within an organisation, such as your kindergarten association.

8. In the last 12 months, how many referrals have you made (or been involved in making) to each of the following early intervention service providers?

*(Please enter number values in the boxes provided)*

Ministry of Education Learning Support (formerly Group Special Education)  
*(this includes early intervention services from EI teachers, Advisers on Deaf Children, Kaitakawaenga, psychologists, and speech-language therapists)*

CCS New Zealand

Speech-Language and Communication (Non-Ministry of Education)

Referral to GP/Health Provider

Other independent accredited early intervention service provider

9. Of these referrals, please indicate which type/s of needs these included  
(Select all that apply)

- children with speech-language and communication needs
- children with general/global developmental concerns
- children with behavioural challenges
- children with emotional/social needs
- children with physical disabilities
- children who are gifted/talented

Other (please specify)

10. Please rate your overall level of confidence in making referrals to specialist early intervention services for the following types of needs:

	Very confident			Not at all confident	
Children with speech-language and communication needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children with general/global developmental concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children with behavioural challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children with emotional/social needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children with physical disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children who are gifted/talented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Are there particular factors that you feel influence the levels of confidence you indicated in question 10?

*For example, level of training, previous experiences, team support, relationship with support service providers?*

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

*Select all that apply*

- None
- Potential parent reaction
- Feeling that it won't help or make any difference
- Belief that it is better to wait until the child goes to school
- Concerns over being wrong about the child's needs
- Concern that the support services will not be able to provide help or resources anyway (e.g. child will be wait-listed or won't meet service criteria)
- Lack of knowledge of services available
- Other (please specify)



Processes of Referral

13. Who is primarily responsible for the referral of children in your centre?

- Supervisor/Head Teacher/Centre Manager
- Team Leader
- Individual Teachers
- Referrals are usually a team decision
- Other (please specify)

14. Please write a brief description of the actual procedure that you follow in deciding whether or not to refer a child to early intervention services.

*Consider factors such as timing, who is involved, the role of parents and whānau, use and type of observations/assessments, records, the influence of intuition, how you determine your final decision etc.*

15. Does your setting have a **formal** procedure/policy for identifying children for referral to early intervention services?

- No
- Yes

16. At what point would you involve the parents/family/whānau in the referral process? What role do they have in the decision to refer their child for early intervention services?

17. What considerations are given to a child and their family's cultural background in the referral process?

*Please describe.*

18. Have you found the B4 School Check a useful tool in identifying children with additional needs who may benefit from early intervention support?

Yes

No

Please comment

Beliefs About Referral

19. Please indicate which response to the following statements best reflects your beliefs

	Strongly agree		Neither agree nor disagree		Strongly disagree	
I believe that the need for specialist early intervention services for children is essential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that it is best to support the children through changes to our centre environment or programme, rather than seeking outside help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that the current early intervention services available are able to adequately support children with additional needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that it is important to support children with additional needs through collaboration with teachers, parents/whānau, and other appropriate professionals (e.g. specialists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Professional Support and Development

20. What training and support have you had in the area of referring children for early intervention services?

Select all that apply

- University study
- Courses/workshops/conferences
- Peer learning (e.g. discussions with other professionals)
- Self-directed learning (e.g. reading books, journal articles)
- Online learning (e.g. websites, participation in forums, blogs)
- None
- Other (please specify)

21. Do you feel you would benefit from more training and/or support in the area of referring children for early intervention services?

- No
- Yes (please comment below)

If yes, please identify any specific area of training you feel would be most valuable to you.

Thank you for your time

Thank you very much for your contribution and your time. The results of this survey will hopefully provide valuable insight into some of the factors that influence children's access to early intervention support.

22. Do you have any other comments, questions, or concerns?

Appendix F: Survey from Previous Study (Aspden, 2003)

***Referral to Early Intervention Services***

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

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

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


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

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

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

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

1	2	3	4	5
Very essential				Not at all essential

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

1	2	3	4	5
Strongly agree				Strongly disagree

7. Who is primarily responsible for the referral of children in your centre?  
 (this question relates only to the role of the person, not their real name)

Supervisor/Head Teacher       Individual teachers       Team decision  
 Other, please specify.....

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

**No. of referrals:**

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

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

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

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

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

10b. Please rate your confidence in referring each of these groups for early intervention support  
 (Please circle one response for each group, with 1 being very confident, and 4 being uncertain)

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

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

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

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

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

**Please discuss**

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

**If yes, please give a brief outline**

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**14.** Do you think that there should be an official national screening process for all children under five, that would assess for special needs? **YES/NO**

Please comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15.** Please write a brief description of the actual procedure that you follow in deciding whether or not to refer a child to early intervention services. Consider factors such as timing, who is involved, the role of parents and whanau, use and type of observations, records, the influence of intuition, how you determine your final decision, etc....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16.** At what point would you involve parents in this process? What role do they have in the decision making? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**YES/NO** *(please circle one)*

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

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## Appendix G: Comparison of Data from Previous and Present Studies

Table A.1

Comparison of data from Aspden (2003) and present studies

Comparison	Previous study	Present study
<b>Section One: Background information</b>		
No. of respondents	50	78
Sample location	North Shore, Auckland	Auckland region
Gender distribution	N/A	97% F, 2% M, 1% no answer
Age distribution	N/A	49% aged 50 or older
Service types	Licensed teacher and parent led (except Kōhanga Reo)	Licensed teacher-led
ECE experience (years)	64% 10+ yrs, 88% 5+ yrs	87% 10+ yrs, average 20 yrs
Teaching qualifications	78% tertiary qualified (12% BEd, 66% dip or adv dip ECE)	99% qualified, 1% in training
Work context	64% ECE, 12% kindergarten	55% BEd, N=34 Dip or Grad Dip ECE 46% ECE, 21% community-based, 28% kindergarten
Current teaching role	54% supervisor, 32% qualified teacher, 8% in training, 2% unqualified	75% supervisor/head teacher/manager, 4% team leader, 21% teacher
<b>Section two: Referral practices and experiences</b>		
No. of referrals in previous year	92% at least 1 referral, 18% 5 or more referrals	Average 4 referrals, 64% 1-5, referrals, 23% 6-10 referrals
Service type referred	N=58 SLT, 47 GSE, 9 CCS, 4 to other 3 options	N=188 to MoE LS (incl SLC), 92 to Non-MoE SLT, 6 to CCS, 32 to Health, 16 to other

Comparison	Previous study	Present study
<i>(Section two continued)</i>		
Type of additional needs involved in referrals	68% speech-language/communication (SLC), 48% behaviour, 46% emotional/social, 30% developmental delay, 12% physical disability	94% SLC, 60% behavioural, 58% developmental delay, 42% emotional/social, 14% physical disability, 6% gifted/talented
Referral confidence by need	Most confidence reported for SLC and physical disabilities, lowest confidence for emotional/social needs	Overall high across all types of needs, especially SLC and physical disabilities, low-moderate for gifted/talented
Factors that influenced referral confidence	50% cited external factors (e.g., parent reaction and concerns about service provisions)	90% cited prior experience, 33% qualifications/training, 26% concerns about service provisions, 10% team support, 7% parental factors
Factors that discouraged referral	48% parent reaction, 32% no factors, 26% concerns over being wrong, 20% concerns about service adequacy, 18% lack of knowledge of services, and 14% negative prior experiences	Highest reported concern over service adequacy (48%), then parent reaction (44%) and no factors (29%). Close spread across lack of knowledge of services (19%), concerns about being wrong (16%) and feeling it won't help (15%). 12 respondents selected 'other' and cited concerns about service quality/adequacy

Comparison	Previous study	Present study
<b>Section three: Processes of referral</b>		
Responsibility for referral	46% team decision, 29% supervisor/head teacher, 17% team with supervisor final decision, 4% individual teachers	57% leadership role, 4% team leader, 30% team decision, 3% individual teachers, 6% responded 'other' and cited collaboration (family and within-centre)
Formal procedures	54% identified no knowledge of formal procedures	55% indicated no knowledge of formal procedures
Actual procedures	Not specifically asked but anecdotally reported as part of above question. Key elements included observations and team discussion	Key elements identified: observations/assessment, team discussions, parental involvement, processing of referral, with some respondents who cited in-centre changes or contact with services prior to referral
Parent/whānau involvement in referral	Timing was either from the beginning of the referral process, after observations had been completed or after a decision to refer had been made by teachers. Parents role was as a source of information, owners of the process, or as partners in referral	Timing dependent on respondents' subjective understanding of referral process. Cited factors on timing included whether observations had been completed and prior relationships with parents. Role of parents was as sources of information, collaborators/joint owners of referral, providers of consent for referral.

Comparison	Previous study	Present study
<i>(Section three continued)</i>		
Cultural considerations	Range of understanding included culture as ethnicity, family lifestyle and beliefs. The level of importance placed on culture sat on a continuum ranging from high to moderate to low. Most responses sat within the moderate range.	Continuum of understanding about cultural considerations for referral within and beyond ethnic and linguistic differences. Reasons for beliefs included responsiveness to and respect for the child and their family, supporting linguistic diversities, understanding families' beliefs, values and aspirations, and supporting the child's identity
National screening programme	No screening programme in place at the time. 58% did not believe that there should be an official screening process in place to identify needs prior to age 5.	63% felt B4 School Check was not a useful tool in identifying children with additional needs who would benefit from early intervention
<b>Section four: Beliefs and attitudes about early intervention referral</b>		
Belief about the importance of specialist early intervention	88% very essential, 10% essential	86% strongly agree, 9% agree
Belief about preference for in-centre changes rather than external referral	Broad response, 40% non-committal, 40% toward disagreement, 16% toward agreement	Broad response, 35% non-committal, 35% toward disagreement, 30% toward agreement
Belief that current specialist service provisions are adequate	N/A	65% disagreed or strongly disagreed, 12% neither agreed nor disagreed, 23% agreed or strongly agreed

Comparison	Previous study	Present study
<i>(Section four continued)</i>		
Belief that collaboration with parents, teachers and specialists is important to support children's additional needs	N/A	96% strongly agreed or agreed, 4% strongly disagreed
<b>Section five: Professional support and development</b>		
Previous training and support related to referral for early intervention	12% no previous training, 14% some (more than one course), 11% extensive training	59% peer learning, 51% courses/workshops, 43% self-directed learning, 25% university study, 20% online learning, 13% no previous training, 14% other (responses included university study and workshops/courses)
Value of further training/support	70% of respondents expressed a desire for further training/support	72% of respondents expressed a desire for further training/support
Details about desired training/support	Multiple formats of training cited; workshops, written material, relationships with support agencies, mentoring, and advice/support specific to certain topics	23% wanted training regarding the identification of children's needs, 18% related to referral processes, 13% knowledge of available support, 5% strategies to support children's needs